



INVESTIGATIVE REPORT: Injury Management and Scholarship Renewal in the University of Illinois Urbana-Champaign Division of Intercollegiate Athletics Football Program

**Peter G. Land
Jennifer A. Smith
Eric L. White
Jamel A. R. Greer**

November 6, 2015

FRANCZEK RADELET
ATTORNEYS & COUNSELORS

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	EXECUTIVE SUMMARY	1
	A. Sports Medicine	1
	1. Standards Applicable to Medical Judgments	2
	2. Assessment of Extent to Which Standards Were Violated	2
	B. Scholarship Renewals	3
	C. Other Alleged Coaching Abuse	3
III.	INVESTIGATIVE APPROACH	4
	A. Investigative Team	4
	B. Scope of Investigation	4
	C. Summary of Information Collected and Considered	6
	1. Interviews – University and Carle Personnel	6
	2. Interviews – Football Players	8
	3. Documents and Other Information	8
IV.	BACKGROUND	9
	A. University of Illinois Football Program: Reporting Structure	9
	B. University of Illinois Division of Intercollegiate Athletics Sports Medicine Department	10
	1. Director of Sports Medicine	10
	2. Head Football Athletic Trainers	10
	C. Team Physicians	11
	D. University of Illinois Division of Intercollegiate Athletics Compliance Office and Academic Services	12
	E. Football Program under Coach Beckman	12
	1. Team Culture and Environment	13
	2. Academic and Athletic Performance	15
	F. Sports Medicine Support for Football Program	15
V.	SPORTS MEDICINE – INJURY MANAGEMENT STANDARDS AND FINDINGS	16
	A. Relevant Compliance Structure	17
	1. NCAA Injury Management Standards	18
	2. University Injury Management Policies and Procedures	20
	3. Institutional Control Standards Regarding Injury Management	21
	B. Sports Medicine Investigation Findings	25
	1. Interference with Players Reporting Injuries to Athletic Trainers/Doctors	26
	2. Interference with and Failure to Defer to Physician Decisions	32
	3. Assistant Coach Involvement and Perspective	38
	4. Administrative Oversight	39

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

VI. SCHOLARSHIP REMOVAL	42
A. Scholarship Management Standards	42
B. Scholarship Investigation Findings	43
1. Beckman's Mid-Year Replacement Planning	43
2. 2014 Mid-Year Replacement Decisions and Communication	44
3. Scholarship Management Concerns	47
4. NCAA Rules	49
VII. OTHER PLAYER MISTREATMENT ALLEGATIONS.....	50
A. Scholarship Removal Threats	50
B. Alleged Punitive Drug Testing	50
C. Weight Management Allegations	51
D. Coach Beckman's Purported Physical Altercations	54
VIII. REMEDIAL MEASURES	55
A. Sports Medicine Adjustments	55
B. Mid-Year Scholarship Management	57

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

I. INTRODUCTION

In May 2015, former members of the University of Illinois Football Program raised complaints through social media, traditional media outlets, and a formal complaint to the University's Dean of Students Office about management of injuries, scholarship removal for fourth-year players in 2014, and other alleged coaching misconduct. This Investigative Report analyzes all of these complaints, which relate primarily to former Head Coach Tim Beckman.

The information obtained through more than 100 interviews and review of more than 200,000 documents reveals that sports medicine personnel made substantial efforts to safeguard student-athletes consistent with applicable sports medicine standards and protocols. In contrast, although Coach Beckman supported student-athlete welfare in various respects, he also employed a wide array of motivational tactics directed primarily at players and athletic trainers that violated such standards and protocols in meaningful and systemic ways. Furthermore, to create room for new players joining the program for the spring 2015 semester, Coach Beckman caused four players to be pressured to relinquish their scholarships at the end of the fall 2014 semester against those players' express wishes. With respect to other alleged coaching abuse, we did not find evidence corroborating player concerns, other than Coach Beckman's habit of threatening players with potential loss of their scholarships to attempt to motivate them. In addition to explaining the basis for these findings, this Investigative Report describes the Division of Intercollegiate Athletics' efforts to implement remedial measures since our investigation began.

II. EXECUTIVE SUMMARY

The University of Illinois at Urbana-Champaign through Campus Legal Counsel Scott Rice engaged Franczek Radelet P.C. to conduct an independent investigation into the management of injuries, scholarship renewal practices, and other player treatment issues in the Football Program during Head Coach Tim Beckman's tenure. Below, we describe the scope of our investigation and provide a summary of our findings.

A. Sports Medicine

Our investigation of sports medicine matters within the Football Program focused on the extent to which former Head Coach Beckman's program pressured student-athletes to play through injuries or return to athletic participation too early after suffering an injury. We evaluated whether and how extensively Coach Beckman sought to manage injuries with motivational tactics directed toward players and sports medicine personnel. Through interviews with sports medicine personnel, coaches, and players, we learned that Coach Beckman discouraged student-athletes from seeking assistance from sports medicine personnel and, when players sought medical assistance, challenged and questioned medical judgments indirectly but routinely.¹

¹ In light of privacy protections attendant to student-athlete medical information, the number of players involved with the Football Program, and the systemic nature of Coach Beckman's communication strategies, this

To frame our analysis of these sports medicine related findings, we start by explaining the guidelines that inform proper decision making for medical assessments of players' ability to participate in football activities. We then address the extent to which we have determined that such guidelines were violated under Coach Beckman's leadership.

1. Standards Applicable to Medical Judgments

The injury management protocols established by applicable policies and best practices relating to sports medicine include three primary components:

- (1) players must report injuries to athletic trainers and doctors;²
- (2) athletic trainers and doctors must decide whether restrictions on the player's activities are necessary to protect the player from further or worsening injury without inappropriate interference from coaches;³ and
- (3) athletic trainers practice under the direction of a physician.⁴

In many respects, sports medicine personnel involved with implementing these standards have worked hard to provide proper care for student-athletes. Many players reported positively on their own experiences. At the same time, we learned of systemic problems that demonstrate failures to abide by these guiding principles.

2. Assessment of Extent to Which Standards Were Violated

Our investigation uncovered examples of actions Coach Beckman and others took over the past several years that undermine the Football Program's ability to abide by and satisfy each of the three standards outlined above in various and overlapping ways. Although Coach Beckman made efforts to care for players' health and attend to difficulties created by significant injuries (e.g., visiting players in the hospital after surgery), when not certain of the extent of players' injuries, he pushed players and athletic trainers beyond reasonable limits in systematic fashion, without customizing such motivational tactics to each player's specific circumstances. Head Football Athletic Trainers left the program repeatedly and team physicians felt compelled to adjust their involvement with the Football Program several different times to ensure protection of student-athlete welfare. The negative impact of Coach Beckman's pressure on players and sports medicine staff supports the conclusion that Coach Beckman and one Head Football Athletic Trainer under his leadership violated applicable standards for injury management protocols. In other words, the line between aggressive coaching and inappropriate influence

Investigative Report focuses primarily on program-wide concerns and does not identify specific players or include player-specific attributions for the examples that support our findings with respect to sports medicine issues.

² University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (Revised 10/29/14) (Appendix at Tab 2).

³ 2014-15 NCAA Sports Medicine Handbook (Diagnosis, management, and return-to-play determinations for the college student-athlete are the responsibility of the institution's athletic trainer (working under the supervision of a physician) and the team physician) (Appendix at Tab 3); Illinois Athletic Trainers Practice Act (225 ILCS 5) (Appendix at Tab 4).

⁴ Illinois Athletic Trainers Practice Act, 225 ILCS 5/3 (Appendix at Tab 4).

regarding medical decisions may be difficult to define precisely, but it was clearly and systematically crossed under Coach Beckman's leadership.

Examples of the issues we uncovered include: (1) coach interference with player reports of injuries to athletic trainers and doctors through demeaning criticism in public settings, belittling commentary regarding injuries and injured players, preaching perseverance through injuries to an inappropriate extent, and encouraging players to minimize reports of injuries; (2) coach interference with and failure to defer to physician decisions by exerting excessive pressure on athletic trainers that led some head athletic trainers to leave, one athletic trainer to prioritize football team goals over student-athlete medical concerns, and physicians to intervene multiple times; and (3) administrative oversight deficiencies regarding the response to reports of concerns from team physicians and athletic trainers. Coach Beckman created pressure on sports medicine staff and players in incremental fashion, building a culture that tended to blame players for being injured, dissuaded reports of injuries, and favored athletic trainers who pushed medical decision-making boundaries. Student-athletes received proper medical care when sought, but Coach Beckman's leadership did not prioritize student-athlete welfare with respect to injury management in accordance with applicable standards.

B. Scholarship Renewals

We also investigated allegations that, to make room for players joining the Football Program in January 2015, several football players with one year of eligibility remaining were pressured in December 2014 to relinquish their scholarships during the middle of their fourth year in the program. The players at issue all stated they intended to remain scholarship students during the spring 2015 semester to complete academic pursuits, such as completion of a minor, though all were technically eligible to graduate in December 2014. During the fall 2014 football season, the coaching staff judged these students unable to contribute sufficiently to the football team from an athletic perspective. Such student-athletes were pushed to graduate and leave midyear.

A total of four students relinquished their scholarships. We determined that, because of direction from football coaches, those four players agreed in early December 2014 to leave school and give up their scholarship for the spring 2015 semester against their stated wishes and without anyone telling them they had a right to a scholarship for the entire 2014-2015 academic year. One player who sought to rescind his agreement was eventually reinstated to his scholarship for the spring 2015 semester, but he was first subjected to retaliatory treatment by Coach Beckman. Athletic Director Mike Thomas and Executive Senior Associate Athletic Director Jason Lener ensured that the one complaining player remained on scholarship and instructed Coach Beckman that his actions toward that player were inappropriate, but they took no actions with respect to the other three players.

C. Other Alleged Coaching Abuse

We investigated a series of additional player allegations accusing Coach Beckman of various efforts to punish players who did not comply with his programmatic requirements. Our

investigation revealed that Coach Beckman did threaten to remove players' scholarships for performance-related deficiencies as a means of motivating them, but that he never actually removed a scholarship for poor performance (prior to graduation). He also engaged in one inappropriate physical episode with a player in 2012, for which Athletic Director Mike Thomas issued an immediate written reprimand. We did not find evidence to substantiate other concerns.

III. INVESTIGATIVE APPROACH

A. Investigative Team

Franczek Radelet P.C.'s investigation was led by Partner Peter G. Land, Partner Jennifer A. Smith, Associate Eric L. White, and Associate Jamel A. R. Greer. Scott Rice, Campus Legal Counsel and chief legal officer for the Urbana-Champaign campus, and Jason A. Sweet, Assistant University Counsel, coordinated the investigative team.

B. Scope of Investigation

On May 1, 2015, a former starting player finishing his last semester as a student reported concerns about injury management, scholarship renewals, and other issues to Gina Lee-Olukoya, an Associate Dean of Students. The former player summarized his complaints in a letter,⁵ which Lee-Olukoya provided to Kenneth Ballom, Dean of Students. Because the letter raised issues beyond the purview of the Dean, he shared the letter with Mike DeLorenzo in the Chancellor's Office. As the University prepared to respond, the former player made his concerns public via his Twitter account on May 10, 2015. A sampling of the former player's initial tweets follows:⁶

I stopped playing football because of my physical health. I was asked to push myself past pain until I didn't want to play anymore. #truth

My knee had a tear in the meniscus. Takes 6 months to heal if repaired. Ask @drose Instead I was told it was no big deal. Back in two weeks 8 months later I found out my meniscus is almost completely gone. No MRI's no surgery pictures for 8 months

We don't talk about how we're mistreated because we're then "not a team player" or "soft" but no one pays the bill when we're gone.

@coachbeckman and staff systematically removed our voices by holding scholarships over our head. #truth

I didn't want this to get out because I love my school. But they seem to not care @Illinois_Alma @IlliniAthletics @coachbeckman #Illini

Or make you hate football. This is @coachbeckman's strategy, conform, or you'll really hate it.

I'm not the only horror story of abuse and misuse of power by @coachbeckman

I quit football because the pressure to get back on the field was too much from @coachbeckman and his staff. I was too injured to continue.

I have to see therapy for the rest of my life because I

I didn't want to come into work after my "boss" told me

⁵ See letter attached in Appendix at Tab 1.

⁶ See <https://twitter.com/illinisi>, May 10, 2015.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

wasn't given an option to have my knee repaired.

my pain is in my head. I know my body so don't tell me your opinion when I know the truth.

Coaches think they're doctors but haven't even played 10% as much as I have @coachbeckman
#47yearscoach lol

Why does @coachbeckman have is wear a purple jersey and call us "cats" when we are hurt? He's literally calling us pussies for being hurt

The @NCAA doesn't care, the @BigTenNetwork doesn't care, and the @Illinois_Alma doesn't care
#followthemoney

If I'm hurt I'm hurt. I don't need to be called a pussy to make me make bad decisions for my body.

WHEN @coachbeckman is fired you'll hear plenty more stories but right now he's dangling scholarships like a carrot

It's a terrible mentality is what I'm saying. Make the hurt players the enemy.

Why don't my medical records match what happened in meetings with doctors?

If I'm hurt the chances go up. I barely like the chance I have when I'm healthy.

These tweets sparked public comments from several other former players in a series of media reports.⁷

Taken together, the former players raised concerns that, under Head Coach Tim Beckman's leadership, players were mistreated in various respects relating to injury management, scholarship relinquishment, and other issues. Director of Athletics Mike Thomas requested, and then-Chancellor Phyllis Wise agreed, that an outside investigation was warranted. The Office of University Counsel for the Urbana-Champaign campus retained our firm to review all issues raised regarding the Football Program under Coach Beckman. In particular, our investigation focused on the following issues:

Injury Management/Pressure to Play. We examined whether University personnel and Carle Foundation Hospital ("Carle") physicians complied with applicable policies and practices regarding student-athlete welfare with respect to player injury treatment, initial clearance-to-play decisions, rehabilitation, and return-to-play decisions during the time Coach Beckman led the Football Program (2012 to August 2015). Allegations examined include whether:

⁷ See Ryan, S. (2015, May 10). Ex-Illini Simon Cvijanovic accuses Tim Beckman, football staff of mistreatment. *The Chicago Tribune*. <http://www.chicagotribune.com/sports/college/ct-simon-cvijanovic-tim-beckman-illinois-spt-0511-20150510-story.html>; Lancaster, M. (2015, May 15). Former Illinois player: Tim Beckman 'the worst coach I ever met'. *Sporting News*. <http://www.sportingnews.com/ncaa-football/story/2015-05-13/tim-beckman-illinois-nick-north-simon-cvijanovic-allegations-twitter-illini-toledo>; Volk, P. (2015, May 13). [More Former Tim Beckman players allege improper treatment by Illinois coach](http://www.sbnation.com/college-football/2015/5/12/8593977/tim-beckman-illinois-football-simon-cvijanovic), *SBNation*, <http://www.sbnation.com/college-football/2015/5/12/8593977/tim-beckman-illinois-football-simon-cvijanovic>; Hinnen, J. (2015, July 8). Ex-Illinois player accuses Tim Beckman of rough treatment. *CBSSportsCNN News*. <http://www.cbssports.com/collegefootball/eye-on-college-football/25236434/ex-illinois-player-accuses-tim-beckman-of-rough-treatment-at-practice><http://www.cnn.com/2015/07/07/us/illinois-athletics-allegations/>.

- Coach Beckman attempted to instill a belief system in players to play through injuries and return too quickly from injuries to benefit the team by pressuring or influencing players not to report injuries or play through them;
- Coach Beckman criticized players who sought medical treatment or were not playing because of injury with demeaning comments and other communication tactics;
- coaches placed their medical judgment above that of physicians and led players to be misinformed regarding medical options and expected recovery time from injury;
- coaches pressured athletic trainers to aggressively interpret physician diagnoses and player restrictions to return injured players to practice prematurely; and
- coaches influenced medical decisions in ways that prioritized the team over the individual player's welfare.

Mid-Year Scholarship Relinquishment. We examined whether University personnel complied with NCAA rules, player-specific scholarship agreements, University policy, and established Division of Intercollegiate Athletics ("DIA") practices with respect to communications with players about giving up their scholarships when they left the Football Program in December 2014 as part of efforts to accommodate incoming players who joined the Football Program in January 2015. We also examined allegations that Coach Beckman:

- delayed informing several redshirt juniors that they would not have a place on the football team after the fall 2014 semester;
- pressured, harassed, and threatened such players to voluntarily relinquish their scholarships in December 2014; and
- retaliated against one player who challenged the requests that he not stay on campus through Spring 2015.

Miscellaneous Other Allegations. We examined whether Coach Beckman engaged in other conduct intended to harass or penalize football players for various reasons through unfair drug testing, abusive physical altercations, punitive weight-management practices, and threats to remove players' scholarships.

C. Summary of Information Collected and Considered

We conducted approximately 100 interviews, involving 76 different witnesses.

1. Interviews – University and Carle Personnel

All of our efforts to secure interviews of University employees and Carle physicians were honored and promptly scheduled without any hesitation by the witnesses involved or the personnel who assisted with scheduling. The specific personnel interviewed were:

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

Football Team Coaching Staff:

Tim Beckman, Head Coach (former) (2x)
Tim Banks, Co-Defensive Coordinator
Al Seamonson, Outside Linebackers
Tom Brattan, Offensive Line (2x)
Mike Bellamy, Wide Receivers
Nathan Scheelhaase, Running Backs⁹
(former)
Aaron Hillmann, Head Strength Coach (3x)
Brandon Ireland, Assistant Strength Coach

Bill Cubit, Interim Head Coach⁸ (2x)
Mike Phair, Co-Defensive Coordinator
Mike Ward, Inside Linebackers
Ryan Cubit, Quarterbacks/Recruiting Coord.
Alex Golesh, Tight Ends/Special Teams (3x)
Chelsea Burkart, Sports Dietician

Andy Grubb, Assistant Strength Coach
Mason Baggett, Associate Strength Coach

Department of Athletics – Administration:

Mike Thomas, Director of Athletics (5x)
Maria Ochoa Woods, Sen. Assoc. Director
Chris Byron, Asst. Dir., Compliance
Keiko Price, Assoc. Dir., Academic Services
Katelyn Christensen, Academic Counselor

Jason Lener, Exec. Sen. Assoc. Director (5x)
Ryan Squire, Assoc. Dir., Compliance (3x)
Annie White, Asst. Dir., Acad. Services
Casey Fonnesebeck, Learning Specialist

Department of Athletics – Sports Medicine:

Paul Schmidt, Dir. of Sports Medicine (3x)
Al Martindale, Dir. of Sports Medicine (former)
Jake Naas, Head Football Trainer (former)(4x)
Scott Brooks, Head Football Trainer (former)
Nick Richie, Head Football Trainer (former)

Jim Halpin, Asst. Athletic Trainer Baseball
(formerly Football)
Eric Streeter, Asst. Athletic Trainer (former)
Chris Walker, Asst. Athletic Trainer
Jeremy Busch, Head Football Trainer

University of Illinois – Administration & Staff:

Phyllis Wise, Chancellor (former)
Mike DeLorenzo, Associate Chancellor
Matthew Wheeler, Faculty Representative
Ken Ballom, Dean of Students

Heather Horn, Asst. Dir., Labor and
Employee Relations
Chris Span, Faculty Representative
Gina Lee-Olukoya, Assoc. Dean of Students

⁸ Coach Cubit also serves as Offensive Coordinator.

⁹ Nathan Scheelhaase is listed as an employee but was also interviewed as a former player under Coach Beckman because he served in both capacities.

Carle Employees:¹⁰

Dr. Robert Gurtler, Head Team Physician (2x)
Dr. Robert Bane, Team Physician (2x)
Dr. Jerrad Zimmerman, Team Physician (2x)
Dr. James Leonard, CEO

Dr. Sean Grambart, Team Physician
Dr. Amy MacDougall, Team Physician
Dr. Keith White, Team Psychologist

2. Interviews – Football Players

We invited all current players to participate in an interview. The University encouraged current players to participate by holding a team meeting where Faculty Representative Matthew Wheeler explained the importance of the investigation and players' input. These initial efforts led only two current players to volunteer for an interview. Despite encouragement to cooperate from University personnel, players were initially very reluctant to meet or talk with us. We then individually contacted 37 current players who had documented injuries, were on the team's Honor Council, or who we identified as a player of interest based on the information we received during the course of our interviews. These requests resulted in 11 additional current players agreeing to sit for interviews. In total, we interviewed 13 current players.

Former players were also initially reluctant to talk with us, including some of those who had been subjects of and contributors to various media reports relating to the subject matter of our investigation as well as others identified by coaches, other DIA staff, or players. After multiple attempts through e-mail and text messages, we ultimately interviewed 11 former players, several of them multiple times.

In total we interviewed 24 players, three parents of players, and one program supporter familiar with many players. The players interviewed comprised a diverse mix of current and former players. We interviewed both scholarship athletes and walk-on athletes, players who logged significant playing time and players who did not, players who were significantly injured and players who were not, and players recruited by the predecessor Head Coach Ron Zook and players recruited by Head Coach Beckman.

3. Documents and Other Information

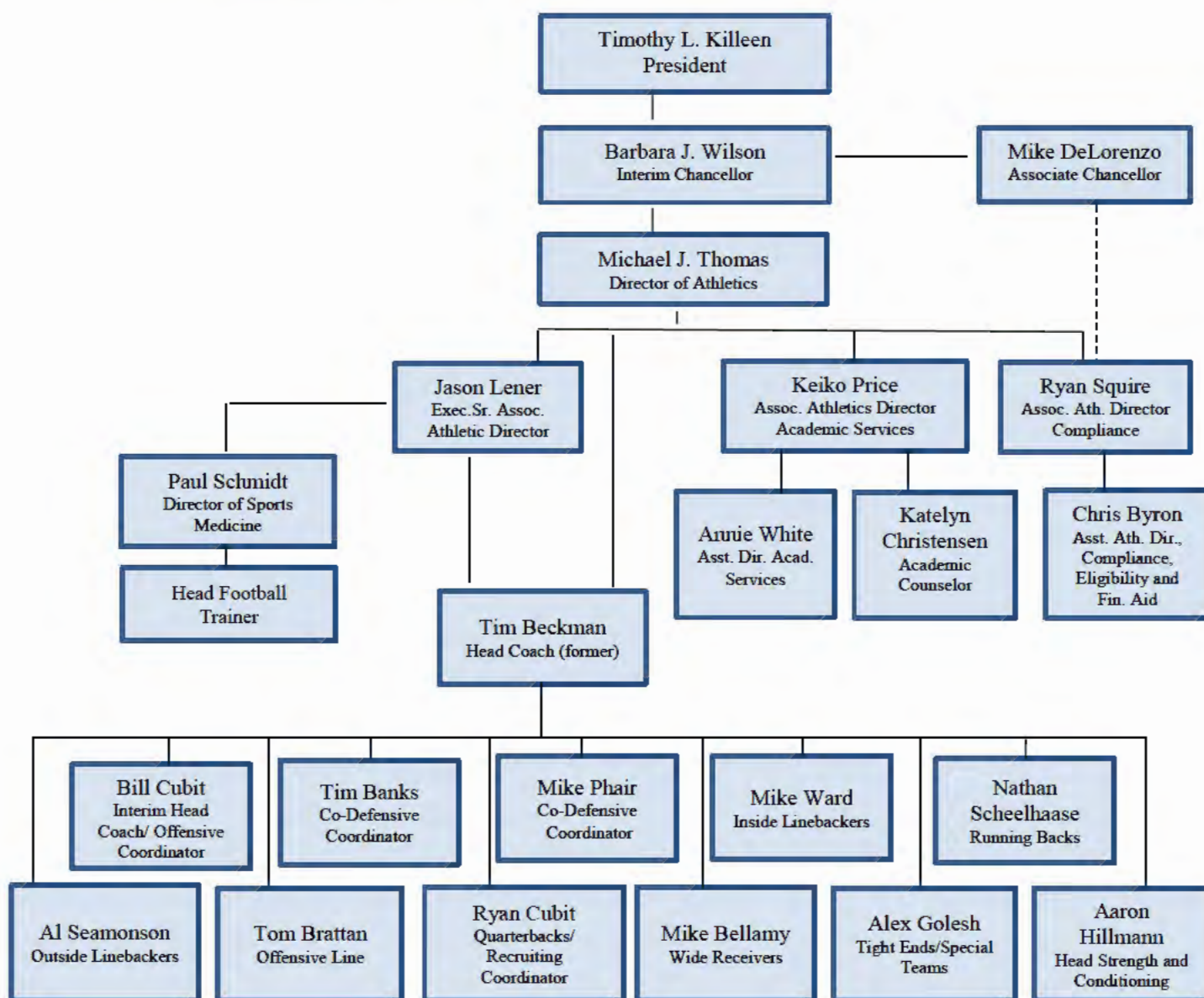
We collected more than 200,000 documents and electronic files, including: policies regarding injury management, coach conduct expectations, athletic conference and NCAA rules related to institutional control standards; scholarship awards and renewal considerations; medical records from physicians and athletic trainers for athletes from a three-year period; extensive e-mail correspondence, text messages, and student-athlete exit interviews; and administrative records. We also reviewed a large volume of practice and game video.

¹⁰ During our initial interviews with Carle physicians, the physicians were limited from discussing any player-specific issues by patient confidentiality laws. They freely discussed systemic aspects of player clearance-to-play decision processes and communication. Once we obtained customized release agreements with some individual players, the physicians sat for additional interviews addressing specifics regarding those particular players.

IV. BACKGROUND

A. University of Illinois Football Program: Reporting Structure

Dr. Timothy L. Killeen was named President of the University of Illinois in November 2014 and began on May 18, 2015, replacing Dr. Robert Easter (President July 2012-May 2015). Dr. Phyllis M. Wise served as Chancellor of the University of Illinois at Urbana-Champaign from October 1, 2011 until August 12, 2015. Dr. Barbara J. Wilson began serving as the Interim Chancellor in August 2015. Mike Thomas has served as the Director of Athletics since 2011. The reporting structure of the Division of Intercollegiate Athletics appears below:



B. University of Illinois Division of Intercollegiate Athletics Sports Medicine Department

The DIA Sports Medicine Department reported to Jason Lener, Executive Senior Associate Athletic Director, until August 8, 2015.¹¹ Oversight of sports medicine was then reassigned to Paul Kowalczyk, Senior Associate Athletics Director. Sports medicine staff consists of certified athletic trainers, registered sports dietitians, and other allied health care providers. Team physicians and team psychologists who work with DIA sports medicine staff are employed by an outside physician group, as explained below. For purposes of this investigation, the most relevant sports medicine staff members are as follows:

1. Director of Sports Medicine

Paul Schmidt is in his ninth year at Illinois. For six years, Schmidt served as the athletic trainer for the Women's Basketball team. In August 2012, he was promoted to Director of Sports Medicine to oversee the Sports Medicine Department. Schmidt is also in charge of athletic training for the Men's Basketball Program. Previously, Schmidt spent four years as Head Athletic Trainer at Wayne State University.

2. Head Football Athletic Trainers

The Head Football Athletic Trainer oversees three assistant athletic trainers, communicates directly with team physicians and coaches, and reports to the Director of Sports Medicine. During Coach Beckman's three-year tenure, six people served as the Head Football Trainer:

Nick Richey (2008-2012) – Served as an athletic trainer for five seasons, including as the Head Football Athletic Trainer for four seasons between 2008 and 2011. He overlapped with Coach Beckman for approximately three months from December 2011 until March 2012, before leaving Illinois to become the Assistant Athletic Director for Sports Medicine at Bowling Green State University. Currently, Richey is the Head Athletic Trainer for football at Wake Forest University.

Chris Brown (2012) – Served as the Head Football Athletic Trainer for two months, from March to May 2012, after working as an Assistant Athletic Trainer for five years.

Scott Brooks (2012) – Served as the Head Football Athletic Trainer from May 2012 until resigning in December 2012, shortly before the 2012 football season ended. Brooks had served as an athletic trainer working with football at the University of Miami, Michigan State University, and the University of Tulsa.

Toby Harkins (2013 off-season) – Joined the Illini in January of 2013 as Head Football Athletic Trainer until resigning eight months later in August 2013. Prior to working for the

¹¹ Lener also has direct oversight responsibilities for the Football Program.

University, Harkins served as an athletic trainer at Marshall University, Charleston Southern University, and Erskine College.

Jake Naas (2013-2015) – Naas served as the Head Football Athletic Trainer from September 2013 until leaving the Football Program at the end of July 2015. Naas joined the Sports Medicine Department as an Assistant Athletic Trainer in early 2012 before being promoted at the beginning of the 2013 season. Before joining the University, Naas worked in athletic training for the Seattle Mariners and other professional baseball organizations.

Jeremy Busch (2015) – Busch joined the University of Illinois as the Head Football Athletic Trainer in August 2015, during our investigation. He gained 10 years of previous experience as an athletic trainer with football programs, including three years at the University of Nebraska, six years at Colorado State University, and one year at Indiana University.

C. Team Physicians

The team physicians and team psychologist are not University employees but, instead, are employees of the Sports Medicine Department at Carle, a full multi-specialty hospital servicing Central Illinois.¹² Carle is responsible for the hiring and supervision of physicians working in its Sports Medicine Department.¹³ Below is a description of physicians who directly treat student-athletes in the Football Program or have oversight responsibilities that extend to such physicians.

Head Team Physician and Orthopedic Surgeon – Dr. Robert Gurtler. Dr. Robert Gurtler joined Carle in 1984 and has served as a team physician for DIA for the past 31 years. He carried primary responsibility for the Football Program for more than 28 years, until the end of the 2012 season (Beckman's first season). He remains the team physician for the Men's Basketball Program. Dr. Gurtler provides assistance and treatment to student-athletes within the football team and other sports on occasion, and he oversees the physicians primarily responsible for the football team.

Orthopedic Surgeon – Dr. Robert Bane. Dr. Bane joined Carle in 2004. He took over Dr. Gurtler's role as the primary orthopedic physician responsible for the Football Program at the beginning of 2013. Before that, he provided treatment and care for student-athletes in many other sports within DIA, and he continues to do so on occasion.

Primary Care Sports Medicine – Dr. Jerrad Zimmerman. Dr. Zimmerman joined Carle in 2005 and has provided primary care for members of the Football Program for the past 10 years. Before joining Carle, Dr. Zimmerman was a physician associated with football programs at the University of Notre Dame and the University of Louisville. He also provides treatment and care for student-athletes in other sports within DIA.

¹² University of Illinois – Sports Medicine/Athletic Training – Policy and Procedures at 1 (Appendix at Tab 5).

¹³ University of Illinois at Urbana-Champaign, Division of Intercollegiate Athletics – Governance Standards at 10-11 (Appendix at Tab 6).

Team Psychologist – Dr. Keith White. Dr. Keith White is a clinical psychologist who joined Carle in 2001 and began providing services to student-athletes at the University in 2003. He is not assigned to particular teams and, until 2014, treated student-athletes referred by team physicians, athletic trainers, or otherwise. During the summer of 2014, the University invited Dr. White and Carle to conduct preliminary assessments of incoming athletes in all sports. Dr. White offers counseling with respect to sports performance issues (confidence, sport-related anxiety, mental recovery from injury, etc.) as well as clinical psychology services. He does not render clearance-to-play decisions for student-athletes but does provide input to other team physicians where appropriate.

D. University of Illinois Division of Intercollegiate Athletics Compliance Office and Academic Services

The DIA Compliance Office and Academic Services staff perform different but interrelated roles. The Compliance Office is tasked with monitoring the athletics program in an effort to maintain the highest level of integrity and help ensure that all personnel and student-athletes conduct themselves in a manner consistent with all University policies as well as NCAA and Big Ten Conference (“Big Ten”) rules. Compliance Office responsibilities include ensuring that student-athletes remain academically eligible to participate in competitive activities. Like all departments within DIA, Athletic Director Mike Thomas has ultimate oversight of the operation of the compliance team, which is led by Ryan Squire, the Associate Athletics Director, Compliance. Associate Chancellor Mike DeLorenzo also functions as a liaison to DIA and has a “dotted-line” supervisory role over the compliance function, in order to provide close communication between DIA and the Chancellor’s office on goals and strategic plans, and to independently monitor whether University and NCAA rules, regulations, and requirements are satisfied.

The Academic Services staff facilitates compliance efforts regarding academic eligibility and assists student-athletes as they progress toward graduation. Such work focuses on advising players regarding course selection, monitoring players’ academic performance in courses, and providing tutoring. Academic Services personnel perform duties distinct from Academic Advising personnel, who provide academic support for specific colleges within the University. Academic Services personnel assigned to football are housed within the football facility, work closely with football coaches and players, and report to Keiko Price, who reports to Athletic Director Mike Thomas.

E. Football Program under Coach Beckman

Coach Tim Beckman spent three seasons as Head Coach of the University of Illinois Football Program (2012, 2013, and 2014), until his dismissal from that position on August 28, 2015. Before joining the Illini, Coach Beckman was the Head Coach of the football team at the University of Toledo for three seasons from 2009 to 2011. During our investigation, Coach Beckman cooperated with all requests for information and answered questions openly. We learned of a variety of points emphasized under Coach Beckman’s leadership of the Football Program that attempted to achieve positive student-athlete experiences, ranging from athletic

success, academic performance, leadership training, and discipline to achieve success in football and beyond.

1. *Team Culture and Environment*

Coach Beckman informed us that, when he arrived in 2011, he sought to change the existing culture within the Football Program to become more disciplined. To do so, Coach Beckman emphasized what he referred to as “The Block I,” which was comprised of four concepts: Foundation, Family, Faith, and Football.¹⁴ Within the “Foundation” concept reside four “Core Values” that all players should aspire to achieve: honesty, trust, treat women with respect, and “RYFP” (Reach Your Full Potential). Coach Beckman positioned upperclassman to serve as mentors to their younger teammates. He formed a leadership council (called the “Honor Council”), comprised of student-athletes from each class, elected by their peers, to serve as a liaison to the coaching staff to raise and consider player concerns. Various leadership-oriented meetings, small-group tasks, and training competitions among groups of players were arranged, and former players and other community members who had achieved success in their lives were regularly invited by Coach Beckman to team meetings before games.

To promote team unity and further motivate players, Coach Beckman promoted the football team’s rivalry with the Northwestern University football team in a variety of symbolic ways pictured below.



Coach Beckman prominently displayed the above countdown clock, which tracked the time remaining before the annual game against Northwestern.

¹⁴ 2014 Fighting Illini Champions Manual at 4 (Appendix at Tab 7).



The above sign depicting a Northwestern logo in a circle with a line through it was hung in multiple prominent locations, including the athletic training room. Players who lost competitive drills during winter training sessions were called “cats” and required to wear purple jerseys for the remainder of the practice sessions. Players too injured to participate at all in football practice were also required to wear purple jerseys while engaged in rehabilitation/conditioning workouts. Coach Beckman explained that the purpose of the purple jerseys was to motivate players to work hard to return to the pride of wearing Illinois’ orange or white colors during practice. Coach Beckman explained that he patterned this after other football programs.

Coach Beckman also attempted to motivate student-athletes to achieve academically and avoid problems that could impede success in the classroom. Class attendance was monitored by retired professionals called “encouragers,” assignments and course progress were tracked by academic counselors connected with the Football Program, and players were encouraged to enroll in course loads that would allow them to enter graduate school or second-degree programs while they were on scholarship. Drug testing regiments were established beyond the random tests required by the NCAA and Big Ten, such that Coach Beckman could request testing for players. Compliance and sports medicine staff relayed to us during interviews that this type of non-random drug testing was used judiciously, although players seemed unaware that non-random selection occurred.

As part of the coaching staff’s effort to communicate with players, Coach Beckman and each position coach met with every player, in one-on-one meetings, at the end of each season. Discussion points included the player’s achievements, goals, and plans for the coming year with respect to football as well as academic and life goals. Each of Coach Beckman’s meetings with individual players occurred in May and resulted in a written summary of the player’s comments and Coach Beckman’s assessments from the meetings.

2. Academic and Athletic Performance

The performance of student-athletes under Coach Beckman's leadership showed some improvement over time in both academic and athletic endeavors. A summary of key seasonal results follows below:

Season-by-Season Results (Tim Beckman)

Season	Overall Record (W-L)	Conference Record (W-L)	Conference Division Standing	Postseason (Bowl Game)	Players' Avg. GPA(Fall & Spring)
2012-2013	2-10	0-8	6 th (Leaders)	----	2.60/2.71
2013-2014	4-8	1-7	5 th (Leaders)	----	2.71/2.87
2014-2015	6-7	3-5	5 th (West)	Heart of Dallas (Loss)	2.84/2.90
Totals	12-25	4-20			

Graduation rates for members of the football team remained in the middle of Big Ten rankings from 2012-2014, while average GPA's improved. Over 60 players achieved GPA's above a 3.0 during the most recent semester. Athletic performance as measured by wins and losses started poorly but also improved during Coach Beckman's three seasons as head coach. After only two wins in 2012, the team improved to four wins in 2013 and six wins in 2014, which resulted in an invitation to the Heart of Dallas Bowl Game in December 2014.

F. Sports Medicine Support for Football Program

The sports medicine staff within DIA consistently emphasized the importance of student-athlete disclosure of injury-related information during Coach Beckman's regime. Football is a violent, contact sport that regularly results in player injuries. Adherence to protective injury-management protocols is essential to protect student-athletes. The effectiveness of these protocols hinges on players sharing information with sports medicine staff by reporting past medical history, emergent injuries, and problems that develop during rehabilitation efforts as they occur.

Upon entering the Football Program at Illinois, DIA provided a comprehensive physical exam to all student-athletes before any workouts or practices. In 2014, DIA added baseline mental health evaluations and ongoing opportunities for mental health services, with three mental health providers available for student-athlete consultation each week on campus, led by Dr. White.¹⁵ Sports medicine staff also provided players with orientation materials regarding injury management protocols. Such materials included a student handbook, Big Ten and NCAA

¹⁵ Such mental health evaluation and treatment has always been subject to heightened levels of confidentiality protections that bar dissemination of any substantive information to anyone, including all DIA personnel, absent student-athlete consent for specific disclosures.

rules and regulations, and a DIA manual that illustrates how important it is for players to report their injuries to the athletic trainer.¹⁶

When a player was injured, athletic trainers typically conducted initial assessments and determined whether precautions or restrictions on football activities were needed to prevent further harm. Four athletic trainers attended every football practice, game, and team workout; doctors also attended the majority of practices and all games. Based on the severity and/or certainty of a particular injury, the athletic trainer would either recommend and administer treatment for minor injuries (sprained ankle, sore neck, etc.) or refer the player to meet with a team doctor for more serious injuries. Throughout the course of a player's rehabilitation, information regarding the status of a player's injury and any restrictions on physical activity was shared extensively between physicians, athletic trainers, strength and conditioning staff, a nutritionist, the player, and coaches. Information regarding injury status flowed on a daily basis during the fall football game season and spring practice in the form of injury reports prepared by the Head Football Athletic Trainer.¹⁷

Under Coach Beckman's regime, daily staff meetings involving all coaches started with a report on injuries from the head football athletic trainer, which lasted approximately 10 minutes out of the approximately 45-minute meeting. The team used a color system to communicate which players were eligible to participate in football activities: players dressed in orange jerseys were unrestricted; green jerseys meant the player could participate with some restrictions; purple jerseys meant the player was unable to participate in practice. Injury reports used the same color scheme. Players wearing purple jerseys during practice spent the majority of their time doing rehabilitative and conditioning exercises in what is known as the "Pit,"¹⁸ where workouts were designed by strength coaches to accommodate player-specific injuries.

V. SPORTS MEDICINE – INJURY MANAGEMENT STANDARDS AND FINDINGS

Injury management judgments within the world of sports medicine, generally, and NCAA Division I athletics, more specifically, must be rendered after considering a series of complex factors and amidst often contradictory motivations that make it challenging to oversee this important aspect of intercollegiate athletic administration. Such factors include, among others: individual player anatomy; the idiosyncratic nature or extent of a particular injury; the broad range of injuries that student-athletes experience; the specific physical demands of a particular sport or position within that sport; a student-athlete's effort to minimize report of symptoms to continue playing, return to play sooner, or "push through" medical issues, as just another "challenge" faced during athletic competition; the risk of additional harm or injury; psychological factors (confidence, hesitancy) that may create additional risk of harm or injury;

¹⁶ See 2014-2015 University of Illinois Student-Athlete Handbook (Appendix at Tab 8); Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics (Appendix at Tab 9); 2014-2015 NCAA Sports Medicine Handbook (Appendix at Tab 3); NCAA Constitution at Articles 2.2.3, 3.2.4.16, and 3.2.4.17 (Appendix at Tab 10); University's Sports Medicine Policy and Procedures (Appendix at Tab 5).

¹⁷ See sample Injury Report (Appendix at Tab 11).

¹⁸ The "Pit" refers to the area in which injured players perform strength and conditioning workouts while unable to participate in football practice.

and the potential long-term impact on student-athlete welfare. While these factors impact student-athletes in all sports, they are particularly important to consider in the sport of football, given the high rate of injuries. Indeed, for contact sports such as football, consideration of such factors occurs within the context of knowing that even otherwise healthy student-athletes always bear risk of injury from athletic participation or training that can have short-term or long-term implications.

Beyond the medically-related factors listed above, injury management decisions can be affected by the inherent conflict of interest that may exist in intercollegiate athletics between the goals of competitive success and individual student-athlete welfare. Competitive interests motivate individual players, teams, coaches, and administrators to focus on athletic success, often for a particular game or season, and to obtain a wide array of benefits, including economic reward. In contrast, student-athlete welfare concerns require consideration of purely individual interests and long-term matters of physical and psychological health and well-being.

Given the breadth of factors and interests at stake in sports medicine judgments, broad standards have been developed by a variety of governance sources that address a host of issues and establish procedural protections for student-athletes against the other demands of athletic competition and those involved with it. As the practice of sports medicine has evolved, the standards have also evolved, particularly in the last several years. Essentially, all standards require that coaches stay out of decisions about how to respond to player injuries and leave such judgments to physicians and athletic trainers. Even the primary notion of excluding coaches from the process is not absolute, however, because there are many valid reasons for communicating with coaching staff regarding medical issues, including the need to share injury information that coaches can use to help protect student-athletes (practice planning, game planning, assessment of players' ability and desire) as well as to accommodate players who often choose to consult with coaches they view as mentors about particular medical treatment options. The most recently-adopted standards have attempted to clarify the appropriate balance between coaches' involvement with medically-related communication with players and deference toward sports medicine staff regarding such communications and decisions.

A. Relevant Compliance Structure

The NCAA, the Big Ten, and the University have established standards, guidance, and expectations that govern the administration of sports medicine to student-athletes. While these governing standards are contained in multiple sources, one principle remains constant throughout – the health care of student-athletes is of paramount importance to the University, the Big Ten, and the NCAA. The importance of this principle is demonstrated, in part, by the Big Ten's recent efforts to ensure that all of its member institutions maintain proper control over their intercollegiate athletics, including sports medicine. Recognizing the significance of ensuring that student-athletes receive healthcare services that are student-athlete centered and physician-driven, the NCAA, the Big Ten, and the University have developed, and continue to refine, various principles that can be synthesized into the following standards by which the University, sports medicine staff, coaches, and student-athletes must conduct themselves:

- All student-athletes must be evaluated by a team physician before being medically cleared to play intercollegiate sports.
- Student-athlete reporting of injuries is essential, and they are required to report injuries and illnesses within three days of onset.
- Team physicians have the ultimate authority and responsibility to make injury/illness diagnosis, management, disqualification, and return-to-play decisions for student-athletes. Athletic trainers, acting under the direction of team physicians, may also make these decisions.
- The decisions of team physicians with respect to student-athletes' medical status are final.
- Coaches can seek clarification but are prohibited from attempting to inappropriately or improperly influence any member of the sports medicine staff regarding the treatment or participation status of a student-athlete.
- The University must adopt and implement a concussion management plan that complies with the NCAA Constitution.

The following sections describe in greater detail the specific standards established by the NCAA, the Big Ten, and the University that control the provision of sports medicine at the University.¹⁹

1. *NCAA Injury Management Standards*

The NCAA Constitution and 2014-15 NCAA Sports Medicine Handbook set forth several standards related to injury and illness management that govern member institutions such as the University.

NCAA Constitution. The NCAA Constitution's standards most relevant to the sports medicine issues subject to our investigation are as follows:

Article 2.2.3 (Health and Safety): each member institution bears the responsibility "to protect the health of, and provide a safe environment for, each of its participating student-athletes."²⁰

¹⁹ Similar standards for injury-management protocols are also promulgated by the National Athletic Trainers' Association, including in an "Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges," which includes an Appendix of 10 Principles to Guide Administration of Sports Medicine-Athletic Training Services. *Journal of Athletic Training*, 2014; 49(1):128-137 (Appendix at Tab 12).

²⁰ NCAA Constitution at Article 2.2.3 (Appendix at Tab 10).

Article 3.2.4.16 (Designation of Team Physician): an active member institution must “designate a team physician for all or each of its intercollegiate teams. The team physician shall be a doctor of medicine (MD) or doctor of osteopathic medicine (DO) with a current license in good standing to practice medicine in the state in which the institution is located. The team physician shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athlete’s participation in intercollegiate athletics.”²¹

Article 3.2.4.17 (Concussion Management Plan): an active member institution must have a concussion management plan for its student-athletes that includes the following:

- (a) “[a]n annual process that ensures student-athletes are educated about the signs and symptoms of concussions;”
- (b) “[a] process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities . . . and evaluated by a medical staff member;”
- (c) “[a] policy that precludes a student-athlete diagnosed with a concussion from returning to athletics activity . . . for at least the remainder of that calendar day;” and
- (d) “[a] policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to the athletics activity . . . as determined by a physician . . . or the physician’s designee.”²²

Also, pursuant to Article 3.2.4.17, student-athletes are required to acknowledge receipt of information about signs and symptoms of concussions and the responsibility to report concussion-related injuries and illnesses to a sports medicine staff member.²³

2014-2015 NCAA Sports Medicine Handbook. The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and the NCAA Sport Science Institute have created a handbook (“2014-2015 NCAA Sports Medicine Handbook”) intended to serve as guidance for member institutions’ athletic administrators and sports medicine staff. The Handbook guidelines “do not establish any rigid requirements that must be followed in all cases” and “are not intended to supersede the exercise of medical judgment in specific situations by a member institution’s sports medicine staff.”²⁴ The guidelines most relevant to this investigation provide as follows:

Guideline 1A (Sports Medicine Administration): a student-athlete (1) must be evaluated by qualified sports medicine personnel to determine whether the student-athlete is medically cleared to engage in a particular sport and (2) should be afforded a “reasonably safe environment protected from personal endangerment, including physical harm,”

²¹ NCAA Constitution at Article 3.2.4.16 (Appendix at Tab 10).

²² NCAA Constitution at Article 3.2.4.17 (Appendix at Tab 10).

²³ NCAA Constitution at Article 3.2.4.17 (Appendix at Tab 10).

²⁴ 2014-2015 NCAA Sports Medicine Handbook at 2 (Appendix at Tab 3).

which should include policies that encourage reporting any “incidents of endangerment” stemming from “student-to-student, coach-athlete, and staff-athlete interaction.”²⁵

Guideline 1B (Interdisciplinary Health Care Teams): responsibility for “diagnosis, management, and return to play determinations for the college student-athlete rests with the athletic trainer (working under the supervision of a physician) and the team physician,” who should have “clear authority for student-athlete care” and always hold the “physical and psychosocial welfare of the individual student-athlete” as their “highest priority.”²⁶ Furthermore, coaches “must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations,” and institutional administrative structure should “minimize the potential for any conflicts of interest that could adversely affect the health and well-being of student-athletes.”²⁷

2. University Injury Management Policies and Procedures

The University has long been devoted to protecting the health, safety, and wellness of its student-athletes and remains “committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete.”²⁸ In furtherance of this commitment, the University maintains an array of policies and procedures related to the administration of sports medicine, which set forth the following standards.²⁹

Reporting and Communication of Injuries and Illnesses: student-athletes bear the direct responsibility to report all injuries and illnesses to a member of the sports medicine staff, primarily an athletic trainer, who must then evaluate and provide the appropriate care.³⁰ Student-athletes are required to execute a Big Ten form acknowledging their responsibility to report injuries and illnesses³¹ and to report all injuries and illnesses incurred during practice or

²⁵ 2014-2015 NCAA Sports Medicine Handbook at 6 (Appendix at Tab 3).

²⁶ 2014-2015 NCAA Sports Medicine Handbook at 8 (Appendix at Tab 3); see also the Illinois Athletic Trainers Practice Act, 225 ILCS 5/3(5) (defines a licensed athletic trainer as a person licensed and qualified under the Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes) (Appendix at Tab 4).

²⁷ 2014-2015 NCAA Sports Medicine Handbook at 8 (Appendix at Tab 3).

²⁸ University of Illinois – Sports Medicine/Athletic Training – Policy and Procedures at 1 (“University’s Sports Medicine Policy and Procedures”) (Appendix at Tab 5).

²⁹ University’s Sports Medicine Policy and Procedures (Appendix at Tab 5); University of Illinois Division of Intercollegiate Athletics – Sports Medicine Department – Sports Medicine Services Presentation 2014 (“DIA’s Sports Medicine Presentation 2014”) (Appendix at Tab 14); University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (“University’s Injury Management Protocol”) (Appendix at Tab 2); University of Illinois – Sports Medicine Department – Concussion Management Protocol (“University’s Concussion Management Protocol”) (Appendix at Tab 13); 2014-2015 Student-Athlete Handbook (Appendix at Tab 8); University of Illinois at Urbana-Champaign DIA Governance Standards (“DIA Governance Standards”) (Appendix at Tab 6); DIA Policies and Procedures – Conduct Expectations for Coaches (“DIA Conduct Expectations”) (Appendix at Tab 15).

³⁰ DIA’s Sports Medicine Presentation 2014 at 10 (Appendix at Tab 14); University’s Sports Medicine Policy and Procedures at 2 (Appendix at Tab 5); University’s Concussion Management Protocol at 1, Appendix A (Appendix at Tab 13).

³¹ University’s Concussion Management Protocol at 1, Appendix A (Appendix at Tab 13).

competition within three days of the start of the injury or illness.³² Pending evaluation by sports medicine staff, the student-athlete is not permitted to participate in practice or competition, and the sport coaches must be notified of such restriction.³³ Once a decision has been made as to the student-athlete's medical status, the status must be communicated to the head coach and/or his or her designee.³⁴

Injury Management Decision-Making Authority: all student-athletes must undergo a physical examination by a team physician before participating in any intercollegiate sport at the University.³⁵ The sports medicine staff, principally the team physician, has the ultimate decision-making authority as to the medical clearance and disqualification of student-athletes.³⁶ "The decision made is final and *should not be subject to confrontation by any member of the Illinois coaching staff.*"³⁷

Concussion Management Protocol: before participating in sports activity, all student-athletes must complete a baseline assessment.³⁸ The baseline assessment consists of an ImPACT Baseline Test and Balance Error Scoring System administered by an athletic trainer.³⁹ All student-athletes and coaches must be educated about concussion signs and symptoms during their annual-preseason team meeting and must execute a Big Ten form acknowledging their receipt of such education and their responsibility to report concussion symptoms to sports medicine staff.⁴⁰ Any student-athlete with signs, symptoms, or behavior consistent with a concussion must be removed from practice or competition and be evaluated by an athletic trainer or team physician.⁴¹ If a student-athlete is diagnosed with a concussion, he/she is prohibited from returning to activity for at least the remainder of the calendar day, and must undergo evaluations and testing.⁴²

3. Institutional Control Standards Regarding Injury Management

Before the allegations described herein arose, the University and all other institutions within the Big Ten had also begun work on additional documents that further memorialize commitment to a student-athlete centered approach to sports medicine. Recognizing the importance of appropriate oversight and control of key areas of athletic programs, including sports medicine, the Big Ten Council of Presidents directed the Big Ten to review the issues and

³² DIA's Sports Medicine Presentation 2014 at 10 (Appendix at Tab 14); University's Sports Medicine Policy and Procedures at 2 (Appendix at Tab 5); 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 8).

³³ University's Injury Management Protocol at 1 (Appendix at Tab 2).

³⁴ University's Injury Management Protocol at 1 (Appendix at Tab 2).

³⁵ 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 8).

³⁶ DIA's Sports Medicine Presentation 2014 at 9 (Appendix at Tab 14); 2014-2015 Student-Athlete Handbook at 12, 28 (Appendix at Tab 8).

³⁷ University's Injury Management Protocol at 1 (emphasis added) (Appendix at Tab 2).

³⁸ University's Concussion Management Protocol at 1 (Appendix at Tab 13).

³⁹ University's Concussion Management Protocol at 1 (Appendix at Tab 13); DIA's Sports Medicine Presentation 2014 at 27 (Appendix at Tab 14).

⁴⁰ University's Concussion Management Protocol at 1 (Appendix at Tab 13); DIA's Sports Medicine Presentation 2014 at 26 (Appendix at Tab 14).

⁴¹ University's Concussion Management Protocol at 1 (Appendix at Tab 13).

⁴² University's Concussion Management Protocol at 1 (Appendix at Tab 13).

systems affecting athletics. After several meetings and circulated drafts among all Big Ten member institutions, the Big Ten finalized a document entitled, “The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics” (“Big Ten Institutional Control Document”). The Big Ten Institutional Control Document details several standards, including many related to sports medicine, that all member institutions were required to implement through their own institutional standards. As a result, the University drafted two key documents that incorporate standards from the Big Ten Institutional Control Document: the “Conduct Expectations for Coaches”⁴³ and the University of Illinois at Urbana-Champaign DIA Governance Standards (“DIA Governance Standards”).⁴⁴ They incorporate many expectations and standards that align with other standards and guidance described above and demonstrate the University’s ongoing efforts to protect the health, safety, and welfare of its student-athletes.

The Big Ten Institutional Control Document. During its June 2014 meeting, the Big Ten Council of Presidents and Chancellors adopted the Big Ten Institutional Control Document.⁴⁵ The Big Ten Institutional Control Document includes the following operational standards directed at assuring that “the medical and athletic training staff who provide medical services to student-athletes are able to exercise their best professional judgment in caring for student-athletes:”⁴⁶

- “Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the medical or athletic training staff who works with the coach’s own team, and (ii) attempting to influence inappropriately any member of the medical or athletic training staff regarding the medical treatment of a student-athlete.”⁴⁷
- “Place priority on the student-athlete’s health over other considerations.”⁴⁸
- “In addition, good practice suggests that the Director of Sports Medicine Services should report to an academic or medical administrator outside the Athletics Department, either exclusively or as a dual report to the administrator and the Athletics Director.”⁴⁹

Upon adoption of the standards, each member institution—with the assistance from the Big Ten—was required to create its own institutional standards that incorporate the standards set forth in the Big Ten Institutional Control Document.

DIA Governance Standards. After the adoption of the Big Ten Institutional Control Document in June 2014, the University began the process of drafting its own institutional

⁴³ Attached in Appendix at Tab 15.

⁴⁴ Attached in Appendix at Tab 6.

⁴⁵ The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics (“Big Ten Institutional Control Document”) (Appendix at Tab 9).

⁴⁶ Big Ten Institutional Control Document at 6 (Appendix at Tab 9).

⁴⁷ The Big Ten Institutional Control Document at 6 (Appendix at Tab 9).

⁴⁸ The Big Ten Institutional Control Document at 6 (Appendix at Tab 9).

⁴⁹ The Big Ten Institutional Control Document at 6 (Appendix at Tab 9).

governance standards that implemented the standards set forth in the Big Ten Institutional Control Document. Mike DeLorenzo, Associate Chancellor, chaired the committee that developed the University's institutional governance standards. The committee consisted of faculty members and personnel from the Provost Office, DIA, Legal, Compliance, Academics, and Sports Medicine. In October 2014, the University submitted to the Big Ten its DIA Governance Standards. Matters addressed in this document range from academics to admissions, and include standards governing sports medicine, primarily from the perspective of clarifying the independence of sports medicine decisions from broader operation of DIA. Specific provisions addressing sports medicine include:

- “The University’s health care model is physician-driven. Thus, the independent team physicians and the DIA’s Sports Medicine staff are given final say regarding: (a) the management and treatment of student-athletes and (b) the determination of when, if ever, an injured student-athlete is ready to return to practice and/or play as well as any limitations upon that student-athlete’s participation. Any attempts to improperly or unduly influence any team physician or member of the DIA Sports Medicine staff with regard to medical decisions related to a student-athlete’s participation will be reported to the Director [of Athletics] and the Office of the Chancellor.”⁵⁰
- “The Director of Sports Medicine shall be responsible for maintaining an institutional Concussion Safety Protocol. In accordance with NCAA Bylaws, the Concussion Safety Protocol shall be submitted to the NCAA Concussion Safety Protocol Committee on an annual basis and will include a written certificate of compliance signed by the Director of Athletics. The Concussion Safety Protocol shall grant ultimate authority to the team physicians and the Sports Medicine staff in implementation of the Protocol. Any attempts to improperly or unduly influence any team physician or member of the Sports Medicine staff with regard to implementation of the Concussion Safety Protocol will be reported to the Director of Athletics and the Office of the Chancellor.”⁵¹
- “[T]he Director of Sports Medicine will have an independent reporting relationship with the Director of the University’s McKinley Health Center (a nationally accredited, professionally staffed ambulatory care unit serving the University’s students). When the Director of the McKinley Health Center receives notification of any attempts to unduly or improperly influence an employee in the DIA Sports Medicine department, this information should be reported to the Associate Vice Chancellor for Student Affairs and/or the Vice Chancellor for Student Affairs. Additionally, the Director of Sports Medicine should utilize the [Faculty Representatives] as a resource when dealing with issues related to student-athlete health and safety.”⁵²

⁵⁰ DIA Governance Standards at 11 (Appendix at Tab 6).

⁵¹ DIA Governance Standards at 11 (Appendix at Tab 6).

⁵² DIA Governance Standards at 11 (Appendix at Tab 6).

Conduct Expectations for Coaches. Early in 2013, the University began drafting its own formalized set of expectations for the conduct of coaches and their staffs. The “Conduct Expectations for Coaches” were prepared as part of overall DIA Policies and Procedures. The Conduct Expectations were crafted by Loren Israel, former Assistant Athletic Director for Compliance, and revised and agreed upon by a committee including Israel, Senior Associate Director of Athletics Maria Ochoa Woods, who is the University’s Senior Woman Administrator under Title IX, and DIA Associate Athletics Director for Compliance Ryan Squire. The Conduct Expectations were based on a collection of materials including two model policies by noted sports compliance expert Donna Lopiano, “Standards of Professional Coaching Conduct” and “Ethical and Professional Conduct of Athletic Department Employees,” and policies from other universities.⁵³ DIA presented the Conduct Expectations to its coaches in January 2015 for feedback and formally adopted them on August 1, 2015. Going forward, the expectations will be incorporated into all coach contracts and notifications of appointment, and they will be a part of each coach’s annual performance review. The pertinent aspects of the Conduct Expectations provide additional clarity about coaches’ need to defer to sports medicine personnel on all matters regarding injury-management and student-athlete safety issues, as follows:

- “[I]t is imperative that whenever coaches represent the University in any capacity, they must . . . promote the safety and well-being of DIA student-athletes.”⁵⁴
- Coaches “are prohibited from engaging in threatening, abusive, or demeaning physical or verbal conduct towards any student-athletes,” “shall not require student-athletes to perform physical acts which . . . compromise established conditioning and safety guidelines,” and must not attempt to “inappropriately or improperly influence any member of the medical or athletic training staff regarding the treatment or playing/practice status of a student-athlete.”⁵⁵
- In case of disagreement between coaches and athletic trainers and/or strength coaches on an issue related to student-athlete health or safety, sport coaches (1) must “defer to the expertise of the strength coach and/or trainer” and (2) may request a meeting involving the strength coach and/or athletic trainer, Athletic Director and/or sports administrator, and the team physician. “The team physician shall have the final decision in such matters and shall weigh the information provided to him/her by all parties in the meeting.”⁵⁶

⁵³ These model policies include statements regarding “Supportive Staff/Coach Relationships” that provide: (1) “Coaches are not permitted to put pressure on support staff to behave in certain ways or to change a decision that creates ethical conflict, especially in the areas of . . . sports medicine”; (2) “coaches are expected to demonstrate full support of decisions related to an athlete’s eligibility to participate in practice or contests that are made by the sports medicine staff”; and (3) “coaches are expected to encourage rather than discourage athletes to work with support staff regarding injuries, illnesses . . . even if the result would make the athlete ineligible to participate.” *Sports Management Resources*, Lopiano, Sample Policy: Ethical and Professional Conduct of Athletic Department Employees (2011) (Appendix at Tab 16).

⁵⁴ DIA Conduct Expectations at 1 (Appendix at Tab 15).

⁵⁵ DIA Conduct Expectations at 2 (Appendix at Tab 15).

⁵⁶ DIA Conduct Expectations at 2 (Appendix at Tab 15).

A common theme among all of these standards regarding the role of coaches in injury management decisions is a directive that coaches not “unduly,” “inappropriately,” or “improperly” influence or even attempt to influence sports medicine staff judgments. As noted earlier, this reflects an understanding that coaches are not entirely barred from communicating with physicians or athletic trainers, or even the student-athletes themselves, about medical clearance or return-to-play decisions. Nonetheless, coaching efforts to influence such decisions must be restrained and deferential to sports medicine staff judgments, and coaches must always avoid attempts to dissuade student-athletes from reporting injuries.

B. Sports Medicine Investigation Findings

During our investigation, the majority of University personnel and team physicians interviewed expressed concern for and focus on student-athlete welfare, as called for by the standards summarized above. These individuals recognized physicians’ authority over medical judgments, athletic trainers’ key role in the injury management process, and the need for coaches to encourage players to seek treatment and defer to medical professionals about football participation judgments when players report injuries. Many players we interviewed reported positive experiences with injury assessment, treatment, recovery periods, and return-to-play decisions. We also learned that Coach Beckman attempted to help players stay healthy and avoid injuries by repeatedly discussing health topics. When players were seriously injured, Coach Beckman made efforts to assist them by visiting players in the hospital after surgery and taking time to console players about the challenge of being unable to play. During his own interviews, Coach Beckman explained that he understood doctors’ and athletic trainers’ role with respect to medical judgments and genuinely cared about players in accordance with his effort to treat them as if they were his “sons.” Players reported appreciation for such efforts. We have determined that much of Coach Beckman’s conduct reflected a genuine interest in student-athlete welfare.

While Coach Beckman conveyed heartfelt concern for student-athletes in some respects, he also systematically sought to influence sports medicine staff decisions and push student-athletes to perform despite medical concerns. Whether intentional or not, his statements and conduct also appear to have deterred players from bringing medical concerns to the attention of athletic trainers and medical professionals and, when reported, to have encouraged them to return earlier than sports medicine staff may have otherwise decided. Given his position as Head Coach and student-athletes’ obvious desire to follow his directions, the deterrent effect on injury reporting and undue pressure on returning to play were predictable results of Coach Beckman’s statements and conduct.

Indeed, many witnesses in significant positions reported serious concerns with Coach Beckman’s communication and efforts to involve himself with injury management issues because of the expected impact on student-athletes. Athletic trainers and physicians in particular made substantial efforts to protect student-athletes against Coach Beckman’s philosophy about injuries. We find that the concerns raised during our investigation were valid as demonstrated by a pattern of tactics perpetuated and encouraged by Coach Beckman that promoted toughness and sought to keep players participating in football activities despite injuries. Such efforts were not

sufficiently tempered to protect student-athlete welfare and failed to abide by sports medicine and injury management standards outlined above in many different ways, as explained below.

1. *Interference with Players Reporting Injuries to Athletic Trainers/Doctors*

All sports medicine personnel we interviewed emphasized that student-athlete reporting of injuries is essential to any effective effort to address injuries. For many chronic injuries and for nearly all injury recovery progressions, players must honestly report pain and other symptoms to provide physicians and athletic trainers with information needed to make appropriate medical decisions. Like athletes elsewhere,⁵⁷ Illinois football players are generally reluctant to report injuries, choosing instead to try to remain on the field. Sports medicine personnel encourage injury reporting in many different ways, but securing player compliance is a constant challenge in the competitive world of Big Ten football. Injured athletes also often have limited experience with the physical restrictions or rehabilitation expectations attendant to their injuries, compared to the experience of coaches and sports medicine staff. The student-athletes rely on athletic trainers and doctors to prudently pull them from football activities as necessary and guide their recovery and return-to-play decisions. For these reasons, any coaching effort to dissuade injury reporting, initially or during rehabilitation efforts, poses substantial risk of leading players already predisposed toward underreporting to avoid engaging or fully informing the sports medicine staff when they should.

It is within this context that allegations regarding Coach Beckman's conduct must be considered. We found evidence showing that Coach Beckman repeatedly communicated with players in ways, both explicit and implicit, that had the effect of deterring them from sharing information with sports medicine staff about injuries. When viewed in isolation many of these incidents might be considered only slightly inappropriate. However, the cumulative effect of Coach Beckman's conduct and statements on the culture of the program conflicted with the best interests of the student-athletes. Specifically, the information provided to us demonstrates that Coach Beckman engaged in a pattern of criticizing and demeaning players for seeking evaluation by an athletic trainer during practice, promoting the idea of playing through injuries, belittling injuries, and encouraging players to minimize their injuries. A description of the key facts and incidents that lead to these findings follows below:

Demeaning Criticism for Seeking Treatment. Coach Beckman told us that, during practice, he called players "pussy," "sissy," or "soft" when they left practice to seek assistance from an athletic trainer. He explained this mainly happened in team drills or during 7-on-7⁵⁸ portions of practice, when many players were together and could hear his displeasure. Coach Beckman stated that, "in the heat of the moment," he would yell at players and call them out

⁵⁷ See Coach Makes the Call, Brad Wolverton, *The Chronicle of Higher Education*, (Sept. 1, 2013) available at <http://chronicle.com/article/article-content/141333/> ("Elite athletes also underreport head injuries, recent studies have shown, in some cases because they don't want to lose playing time or risk having their scholarships revoked."); Galloway, J. Badgers Football: will to play hurt exacts heavy toll on Kyle Costigan, Sam Arneson, *Madison.com* (Jul. 16, 2015) available at http://m.host.madison.com/sports/college/football/badgers-football-will-to-play-hurt-exacts-heavy-toll-on/article_2eb3d33b-71b2-5025-9c42-ad24954a0181.html?mobile_touch=true.

⁵⁸ 7-on-7 drills involve players from offense and defense without lineman from each unit.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

publicly in this fashion for removing themselves from practice because it made him angry that they were quitting on their teammates; though at the time he knew very little about the extent of their injury. As he explained, when he saw that a player appeared generally able to walk or remove himself from the field, he thought that the player should stay and keep practicing. By Coach Beckman's estimation, this occurred as often as once per month. According to Coach Beckman, such comments are part of teaching players how to fight through "dings" (aches and pains) to make the players better. Coach Beckman acknowledged that his practice of calling players out publicly, with derogatory labels, because they sought athletic trainer assistance could have deterred other players from reporting problems to the athletic trainer.

We find that Coach Beckman's practice in this regard violated appropriate sports medicine standards. It is not the language itself that leads to the conclusion, given that "rough" language is not uncommon on the football field; the concern is that Coach Beckman acknowledged using the language at issue to specifically criticize players because they were seeking medical attention. This pattern of communication was also not limited to players who repeatedly left practice, made a bad play, or appeared to be merely "dogging it" in drills or practice; Coach Beckman's practice was systemic and purposeful.

Players and other witnesses corroborated that Coach Beckman openly demeaned players, calling them "pussy" or "bitch" for seeking athletic trainer attention during practice or, on occasion, at games. A number of other witnesses with varying roles reported details of situations that cause us to conclude that Coach Beckman had a consistent practice of such demeaning behavior toward players, which are illustrated by the examples below.

A team physician who attended most practices described Coach Beckman as using "motivational tactics" with respect to injuries that were at times "berating." For example, the physician reported that Coach Beckman loudly called an injured player a "fucking pussy" during practice as the doctor was helping the player off the field. The physician reported another example from the first 2012 road game when Coach Beckman told an injured player in the locker room that "you are never going to be worth a crap," "you are a pussy," and "how can I ever count on you."⁵⁹ The physician has prior experience with five other NCAA Division I football coaches, at Illinois and elsewhere, and reported that the manner in which Coach Beckman challenged players when they sought medical assistance was different from any other NCAA Division I football coach he had observed.

Assistant Athletic Trainer Chris Walker recalled Beckman reacting angrily in practice when players suffered hamstring injuries and sought athletic trainer assistance, often yelling or publicly questioning the player's toughness as initial medical assessment was occurring. Walker also described an incident during the 2014 Nebraska game when Walker was walking a player with a suspected concussion off the field, Coach Beckman reportedly yelled "he is done, he is scared."⁶⁰ Ultimately, the player missed the rest of the season with a concussion suffered during that game.

⁵⁹ Coach Beckman reported during interviews that he did not recall this situation.

⁶⁰ Coach Beckman acknowledged during interviews that he told coaches that players appeared scared but did not recall saying such comments to a player at the Nebraska game.

Former Head Football Athletic Trainer Jake Naas reported that Coach Beckman said “you are soft” and “you are quitting on the team” to players that Naas was helping off the field due to injuries. Assistant Coach Alex Golesh confirmed that he has heard Coach Beckman call players “pussies” for leaving the practice field. He could only recall three occasions without any specific details during our interview.

Director of Sports Medicine Paul Schmidt recalled that Coach Beckman reacted poorly to a player seeking medical assistance during one of the first contact practices of spring 2012, Beckman’s first year of practices at Illinois. In the midst of an “Oklahoma” drill (in which one player takes on a blocker and then attempts to tackle a ball-carrier in confined space), a player returning from groin surgery heard a pop and was being escorted by athletic trainers to the Pit. Without asking anyone about the player’s condition, Coach Beckman reportedly created what Schmidt described as a “spectacle” in the middle of practice, yelling at the player to “get back here,” and encouraging all players to stay tough and persevere through practice. The athletic trainers thought the player could have dislocated his hip, held their ground, and kept the player out of practice for the day.⁶¹

Several University personnel opined that outbursts targeted at players’ efforts to seek medical assistance would be highly problematic, even within the culture of football that tolerates and expects rough language. Athletic Director Mike Thomas reported being unaware of the comments but assessed the conduct as a problem; he believes that players should be given the benefit of the doubt when seeking assistance from the athletic trainer. Assistant football coaches who did not hear or recall hearing Coach Beckman’s comments of this nature either agreed it would be potentially problematic or avoided defending it as a useful or acceptable practice for a coach. According to Head Baseball Athletic Trainer (and former Football Assistant Athletic Trainer) Jim Halpin, players were at practice to work hard and play football, and name calling by the head coach communicated that he would be mad at players who see the athletic trainers. Former Head Football Athletic Trainer Naas similarly opined that Coach Beckman’s comments deterred players from reporting injuries.

It should be noted that numerous witnesses, including the majority of coaches, many current players, some strength coaches, and other support personnel, did not recall hearing Coach Beckman demeaning injured players as reported above. This initially appeared contradictory to other witness reports, including Coach Beckman’s own admissions. We have determined, however, that the different reports reflect the different vantage points from which people at football practices could hear Coach Beckman’s communications with players. The logistics of football practices involved large practice fields, more than 100 people involved in multiple group settings, and often loud music, which made it impossible for everyone to hear more than what occurred in their immediate surroundings. Group practice sessions such as 7-on-7 drills and team sessions (where full offensive plays are run against full defensive units) were also run at high speed under Coach Beckman, with intentionally short breaks between plays, which required intense focus from coaches and players. These factors made it less likely that coaches or players

⁶¹ Coach Beckman reported during interviews that he did not recall this episode.

would hear statements directed to others, even if they occurred nearby. For these reasons, the lack of additional witnesses to Coach Beckman's demeaning statements does not call into question the credibility of those staff members and players who reported the above incidents, particularly because Coach Beckman himself admitted to making the types of the problematic statements at issue. Similarly, given that most staff and players would not have been in close enough proximity to Coach Beckman during practice or games, we did not find any basis to question the credibility of witnesses who claimed to not recall hearing the statements at issue.

Coach Beckman's coaching philosophy of instilling toughness in players by publicly criticizing them in a demeaning fashion for seeking medical treatment inappropriately deterred players from reporting injuries and interfered with sports medicine staff's ability to function and protect student-athletes properly.⁶²

Belittling Injuries. Coach Beckman habitually told players that he does not "believe in hamstring injuries," often after a player appeared to suffer such an injury during practice. Coach Beckman acknowledged such statements but claims that he made them in jest to motivate players, and he confirmed that he knows players do suffer actual hamstring injuries. Coach Golesh reported that he perceived Coach Beckman's hamstring comments as consistent with coaches' efforts to inform players of various steps they can take to minimize or avoid hamstring injuries.

Even if intended as a "joke" or to promote preventative care, Coach Beckman's comments had a different impact on players. Players' perspectives about these comments varied, partially depending on the context in which the comments occurred. Many players reported thinking the hamstring injury comments were a joke, demonstrated by the fact that they mocked them in their pre-season skit, which Coach Beckman attended. Other players, however, questioned whether they were doing the right thing by reporting such injuries and said that Coach Beckman's comments may have deterred players from reporting injuries. One player recalled suffering a hamstring injury in practice and then, at the team meeting that ended practice, hearing Coach Beckman say he did not believe in hamstring injuries; that player was not amused and felt called out in front of the team as if he had done something wrong. Assistant Athletic Trainer Chris Walker confirmed hearing Coach Beckman say that hamstring strains are not real injuries repeatedly and, particularly, right after a player suffered one in practice. Walker remembers Coach Beckman's reaction would be to say, loudly, "you aren't hurt" or "you just aren't taking care of your body."

Several coaches expressed confusion about the point of Coach Beckman's hamstring injury comments, which they regularly heard in staff meetings. Assistant coaches also said they would be concerned if such comments were made to players, and one referred to that practice as a "big problem" and noted the obvious tendency for such comments to deter some players from reporting hamstring injuries. Another coach who had suffered hamstring injuries himself felt that such comments to players would be unnecessarily challenging.

⁶² DIA Conduct Expectations at 2 (coaches prohibited from "threatening, abusive, or demeaning" verbal conduct) (Appendix at Tab 15); University Sports Medicine Policy and Procedures at 2 (players responsible for reporting all injuries to sports medicine staff) (Appendix at Tab 5).

A team physician related a similar perspective, reporting that he heard Coach Beckman criticize multiple players for suffering hamstring injuries in ways that suggested the players should continue participating. Indeed, as discussed further below, a systemic problem with players being pushed to play through hamstring injuries (and other soft-tissue issues) developed during the eight-month tenure of Head Football Athletic Trainer Toby Harkins in 2013, who appeared more willing to follow Coach Beckman's philosophy regarding injuries than other athletic trainers. The same doctor reported that, to protect players in such situations, he talked to players about and apologized for Coach Beckman's hamstring injury comments. Again, belittling the existence of a common injury in the manner described above improperly discourages players and possibly athletic trainers from initiating medical assessments and thus violates appropriate sports medicine protocols.⁶³

Toughness Lore. We learned of several examples of Coach Beckman preaching perseverance through injuries. According to Coach Beckman and Coach Ward (Inside Linebackers Coach, who coached Beckman as a player), Coach Beckman experienced significant injuries as a college player, including a series of serious neck injuries that he attempted to play through but that ultimately ended his playing career. Coach Beckman confirmed that, in an attempt to motivate players when many were injured, he told the team that he played through multiple "stingers"⁶⁴ and other injuries. He explained that such comments were intended to motivate players to not let an injury destroy their career as a football player and to work hard to recover.

Other witnesses described circumstances in which Coach Beckman discussed his personal persistence over injuries and perseverance philosophy in situations that encouraged players to play through injuries that needed medical attention, as opposed to merely motivating players to "persevere" and work hard to recover from injuries. A number of players, current and former, recalled hearing Coach Beckman promote his own experience playing through "17 stingers" in games and perceived such comments as an attempt to get them to push themselves in similar ways. A physician recounted Coach Beckman bringing a player with a stinger for evaluation and asking the doctor to judge the player clear to play; the doctor's simple exam revealed a lack of strength in the shoulder so the player was held out. Many players reported that they laughed off Coach Beckman's "stinger" comments, but others were less certain how to react. One former player reported that Coach Beckman remarked about playing through injuries routinely, at times would "just start screaming; not making any sense," and led that former player to believe that Coach Beckman did not believe that injuries were real or needed to be addressed. Another player reported that Coach Beckman's comments seemed to blame players for suffering injuries, or to suggest that injuries were somehow the players' fault. Yet another player reported hearing Coach Beckman refer to his "17-stinger" experience in response to a teammate's request to come out of practice because that player had suffered a stinger.

⁶³ University Sports Medicine Policy and Procedures at 2 (players responsible for reporting all injuries to sports medicine staff) (Appendix at Tab 5); The Big Ten Institutional Control Document at 6 (coaches should not attempt to inappropriately influence sports medicine staff) (Appendix at Tab 9).

⁶⁴ A "stinger" is common football parlance for pinched nerves in a player's neck or shoulder, which causes weakness in related muscle groups.

According to Assistant Strength Coach Andy Grubb, during preseason training camp in 2014, Coach Beckman was frustrated by what he perceived as too many players being in the “Pit” and went on a “rant” to stress that “we need to be tough football players.” Grubb recalled Coach Beckman talking about his “17-stinger” story in that discussion. We find that such comments, when considered in context and together with other communication from Coach Beckman, inappropriately interfered with sports medicine personnel decisions by pressuring players to not report injuries.⁶⁵

Encouraging Players to Minimize Reports. Coach Beckman routinely encouraged players to keep practicing or competing after the player experienced a potential injury, asking “are you sure you are hurt?” or making comments such as “you’re okay, try to get up” to players. He acknowledged during interviews a systemic effort to remain positive with players as they face adversity, including when they are injured. As such, his efforts to encourage players to keep playing may have been attempts to pursue what all football coaches want, to develop tough players capable of withstanding the mental challenges of a violent game.

Coach Beckman’s encouragement of players to push on was not, however, limited to circumstances involving common, minor discomfort; rather, he reportedly made similar comments to players who had potentially suffered serious, life-altering neck, spine, or concussion problems. For instance, two physicians confronted Coach Beckman during the 2012 season after a player went down with a potential spinal injury. The sports medicine staff evaluating the player report that they did not want the player to move as they were stabilizing his spine and holding the player’s head still, but Coach Beckman reportedly inserted himself to tell the player to turn his head to look at Coach Beckman so that he could tell the player that he was going to be fine. The physicians reported talking to Coach Beckman after the game and obtaining his agreement not to repeat such conduct.⁶⁶ In another incident, a team physician recalled taking a player for evaluation who was stumbling around and confused after a big hit in a game, and Coach Beckman interjecting before the evaluation was complete stating to the player “hey, you’re ready to play, you’re okay.”⁶⁷

Assistant Athletic Trainer Chris Walker also reported that Coach Beckman reacted to injuries in ways that could be construed as seeking to minimize reporting. Walker stated that Coach Beckman’s reaction to an injury would vary from yelling and screaming to telling the player that he is “fine, stay positive” or “you are not hurt.”

⁶⁵ Some players complained that Coach Beckman’s requirement that injured players wear purple jerseys and placement of an anti-Northwestern sign in the athletic training room improperly communicated to players that being injured or seeking medical treatment was the equivalent of being a hated rival, at least to Coach Beckman. The vast majority of players, coaches, and sports medicine staff interviewed dismissed any such notions and reported no concern or even interest in either issue. Instead, witnesses interpreted these motivational tactics as meaningless. Players and other personnel involved with the Football Program reported long-standing familiarity with using a different color jersey for injured players in football programs, and the signs in question were placed in so many locations within the football team facilities that there was no perceived connection to injured status. We find that neither of these practices created any problem or contributed negatively to student-athlete welfare.

⁶⁶ Coach Beckman reported that he did not recall this incident or conversation with team physicians.

⁶⁷ Coach Beckman reported that he did not recall this incident.

In yet another example, during a team meeting before Spring Break 2014 when many players were injured, players reported that Coach Beckman made comments to the team such as “I don’t care if you’re hurt, everyone is practicing when we get back. No one cares if you’re hurt. I don’t care. Your family may care. Northwestern doesn’t care.”⁶⁸

Encouraging toughness among players is part of coaching football, but we conclude that saying that any entire category of injury is not real, particularly after a player suffers that injury during practice, has the effect of discouraging players from reporting injuries. Also, a head coach telling players that they are not hurt and can keep playing before any medical assessment has been made can create undue pressure to keep playing; publicly demeaning players because they seek medical attention can create even more. Indeed, when these findings were shared with other DIA personnel, including Thomas, Lener, and Faculty Representative Mathew Wheeler, they each confirmed that Coach Beckman’s interest in instilling a toughness culture inappropriately outweighed the University’s interest in protecting player safety. The extent of Coach Beckman’s inappropriate comments violated standards that prohibit “demeaning physical or verbal conduct,” require coaches to “place priority on student-athlete health over other considerations,” and place responsibility on student-athletes to report injuries to member of sports medicine staff.⁶⁹

2. Interference with and Failure to Defer to Physician Decisions

In addition to using motivational tactics that discouraged players from reporting injuries, physicians, athletic trainers, and players reported several instances during Coach Beckman’s tenure when he interfered with and demonstrated a lack of deference to medical determinations regarding whether a player’s activities should be restricted due to injury. The issues are interrelated and in total have adversely impacted the process that, according to sports medicine standards, should enable physicians to make the final determination regarding whether a player is safe to participate in football activities.⁷⁰

Information provided during our investigation shows that Coach Beckman attempted to exert inappropriate influence on athletic trainer decisions that interfered with implementation of physician decisions. During Coach Beckman’s initial year in 2012, such undue pressure led two Head Football Athletic Trainers to leave after months on the job working with Coach Beckman (three months and eight months, respectively); another Head Football Athletic Trainer left after only two months for unspecified reasons. During the 2012 football season, related concerns led team physicians to increase their direct involvement with communicating injury management information to Coach Beckman and attend practice more regularly to protect student-athletes.

⁶⁸ Coach Beckman reported that he did not recall this incident.

⁶⁹ DIA Conduct Expectations at 2 (Appendix at Tab 15); Big Ten Institutional Control Document at 6 (Appendix at Tab 9); University’s Sports Medicine Policy and Procedures at 2 (Appendix at Tab 5); 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 8).

⁷⁰ See University Injury Management Protocol at 1 (sports medicine staff “decision is final and should not be subject to confrontation by any member of the Illinois coaching staff”) (Appendix at Tab 2); Big Ten Institutional Control Document at 6 (sports medicine staff must be able to exercise “best professional judgment”) (Appendix at Tab 9); University Governance Standards at 11 (doctors have “final say”) (Appendix at Tab 6).

The physicians' efforts appear to have protected players; their need to do so, however, is troubling.

Even more troubling developments ensued after the third Head Football Athletic Trainer during Coach Beckman's leadership left, which he did abruptly just before the end of the 2012 season. The Head Football Athletic Trainer hired for 2013 proved to be more in line with Coach Beckman's desired approach of aggressive injury management.⁷¹ This trainer, Toby Harkins, created friction with team physicians by failing to notify and inform them about injuries and medical conditions, underreporting the extent of physician restrictions to coaches and players, and pushing student-athletes to return from or play through injury too aggressively. As one doctor explained, Harkins would refer to a "significant injury" as a "minor nothing." In contrast, Coach Beckman was reportedly pleased with Harkins, but such actions led to a series of physician-led efforts in 2013 to reign in Harkins to protect student-athlete welfare. Harkins eventually left the University for other reasons just prior to the 2013 fall season. The subsequent Head Football Athletic Trainer was more aligned with team physicians but was also relatively inexperienced and, like most of his predecessors, reported ongoing pressure from Coach Beckman.

Many sports medicine and Football Program employees explained, and various studies reflect, that tension between head athletic trainers and the head football coach is not uncommon.⁷² As one long-time football athletic trainer and former Director of Sports Medicine at Illinois explained, "I used to get fired every day." Such tension was ever present with Coach Beckman and often developed into confrontational discussion and heated exchanges. To some extent, this is an inevitable part of communication between coaches and sports medicine personnel in football, where injury management is an integral part of managing the program. Even when evaluated within the context of the inherent tension in the athletic trainer-coach relationship, the extensive athletic trainer turnover and repeated need for team physicians' intervention under Coach Beckman's leadership leads to the conclusion that Coach Beckman's communication style did not sufficiently respect sports medicine staff authority to make medical decisions. We did not find evidence that Coach Beckman ordered athletic trainers to act directly contrary to physicians' specific directives, but his communications with athletic trainers did not treat such directives as "final" as they should have been. The following are descriptions of the information reported that support these conclusions:

Coach Beckman Exerted Too Much Influence on Athletic Trainers. The first Head Football Athletic Trainer Coach Beckman inherited, Nick Richey, only interacted with Coach Beckman for a few months (December 2011 – April 1, 2012) and only during 2-3 spring practices. Richey recalled Coach Beckman emphasizing a need to instill discipline and a new culture generally, and specifically a desire not to have players leave drills during practice. Coach Beckman reportedly questioned Richey openly and appeared upset when he removed players from drills for medical reasons, wanted to know from Richey "beyond a shadow of a doubt" that

⁷¹ One team physician also stopped working with the football team after Coach Beckman's initial season but told us he did so for personal reasons and a desire to reduce time commitments after 28 years of service to the football team.

⁷² Coach Makes the Call, Brad Wolverton, *The Chronicle of Higher Education*, available at <http://chronicle.com/article/article-content/141333/>.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

a player was actually too hurt to play, but also ultimately accepted Richey's judgments after pushing him about them for a while. Richey thought these interactions, in front of other players, may have deterred players from reporting injuries. One of the team physicians who had worked with Richey for years told us that Richey told the physician in 2012 that he left both because of an opportunity at Bowling Green State University and because of Coach Beckman's communication style regarding injury management issues. We conclude that both factors likely led Richey to leave the University.

The second Head Football Athletic Trainer, Chris Brown, who had worked as an assistant athletic trainer at Illinois for approximately five years, was promoted when Richey left. Brown departed the University two months later in May 2012. Brown did not respond to our repeated efforts to interview him or explain the reasons for his departure.

The third Head Football Athletic Trainer in 2012, Scott Brooks, reported constant pressure from and angry interactions with Coach Beckman about injury management issues. During staff meetings, Coach Beckman reportedly complained that there were too many players on the injury report, routinely yelled at Brooks while questioning the length of the report and player recovery time, and questioned medical judgments repeatedly. Brooks said he never adjusted his medical judgments but considered the meetings "temper tantrum" sessions that he had to endure on a daily basis. He said that Coach Beckman's conduct led him to submit his resignation with two weeks left in the 2012 season.

The fourth Head Football Athletic Trainer under Coach Beckman, Toby Harkins, seemed to accept Coach Beckman's interest in focusing on rapidly returning players to the field and took several actions that were consistent with Coach Beckman's philosophy. This approach created a variety of problems from a sports-medicine perspective. Our repeated efforts to speak with Harkins were unsuccessful, requiring us to assess his management of the athletic training function during 2013 based on descriptions from others and contemporaneous documents, which we describe below.

The fifth Head Football Athletic Trainer, Jake Naas, worked with the team from March 2013 through July 2015⁷³ and reported that his position as head athletic trainer was extremely difficult because of coach pressure. For example, Naas confirmed that Coach Beckman told the entire team just prior to Spring Break in 2014 that there were too many injured players and more players needed to participate when they returned to campus, including a couple of specific players that Coach Beckman singled out in front of the team. One team physician, who learned of this coaching pressure during interviews, said that such comments would severely undermine the team physicians' efforts to do their jobs because: (1) it is not the coach's job to judge when injured players should be medically cleared; and (2) such comments place undue pressure on players by encouraging them to be dishonest with sports medicine staff and hide injuries.

During the course of our investigation and after DIA administration pointedly directed Coach Beckman and all other coaches to leave medical issues to sports medicine personnel, at

⁷³ Naas started as an Assistant Athletic Trainer in March 2013 and was promoted to Head Football Athletic Trainer after Harkins left in August 2013.

least one staff member raised a concern that Coach Beckman exerted pressure on athletic training staff as the 2015 pre-season practices began at Camp Rantoul. Specifically, a witness to a coaching staff meeting reportedly told Lener that Coach Beckman was “riding” the new Head Football Athletic Trainer, Jeremy Busch, about player injury issues during the staff meeting. During our interview, Busch stated that Coach Beckman’s communications did not include anything “outlandish” or inappropriately confrontational. Busch did remember a discussion about the timing of a player’s surgery in which Coach Beckman repeatedly questioned why the date of surgery could not be sooner, despite Busch’s explanation that the team physician would have to use a less experienced team of assistants to do so. Busch recalls Coach Beckman relenting but still not agreeing with the decision to wait several days.⁷⁴

Given all of the information related above, we conclude that Coach Beckman systematically attempted to exert excessive and inappropriate influence on athletic trainer decisions regarding injury management issues. As such, he violated multiple sports medicine standards.⁷⁵

Physicians Initiated Remedial Steps to Protect Players. There were two time periods during which the team physicians reported to us that they intervened to protect student-athlete welfare due to concerns with Coach Beckman’s approach with respect to injury management issues.

2012 Adjustments: During Coach Beckman’s initial season in 2012, the physicians developed concerns that, at times, their directive that a player was “not cleared to play” was being interpreted as “maybe not clear to play.” Initially, the doctors’ clearance directives during the 2012 season were delivered to Coach Beckman by Head Football Athletic Trainer, Scott Brooks, who reported extensive questioning and pressure to return players sooner. To alleviate such pressure mid-way through the season, the doctors: (1) started meeting directly with Coach Beckman on Sundays to report on injuries, initial clearance or restriction decisions, and expected return-to-play progressions, and (2) attended practices more regularly and for longer periods of time. All doctors reported that their adjustments helped student-athlete medical treatment and relieved some pressure from the Head Football Athletic Trainer during the 2012 season.⁷⁶

2013 Adjustments: In 2013, several sports-medicine personnel changes led to team physician concerns about injury management issues. One of the team physicians stopped working with football, and another physician took his place in January 2013. One of the players, who had been slotted to start during the 2012 season before he was injured, reported that the

⁷⁴ Busch also described Coach Cubit as “phenomenal” and a coach that “gets it.” Busch says that Cubit seeks information about a student-athlete’s injury and when the player will be ready to go but leaves the rest of injury-management work up to athletic trainers and doctors, without any attempt to micromanage their work.

⁷⁵ 2014-2015 NCAA Sports Medicine Handbook at 8 (Appendix at Tab 3); 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 8); University’s Injury Management Protocol at 1 (Appendix at Tab 2); Big Ten Institutional Control Document at 6 (Appendix at Tab 9); DIA Governance Standards at 11 (Appendix at Tab 6); DIA Conduct Expectations at 2 (Appendix at Tab 15).

⁷⁶ Coach Beckman reported that he did not remember any changes the doctors made during the 2012 season, noting that he always communicated with doctors directly at institutions prior to Illinois and thought he had done so at the beginning of the 2012 season.

physician who left was a key supporter of an extended injury rehabilitation plan for the player and that, in late 2012, Coach Beckman told the player “I’m going to get someone in here who will clear you faster.” Around the same time, a new Head Football Athletic Trainer, Toby Harkins, was hired by the University.⁷⁷ Team physicians had almost immediate concerns about Harkins and his perceived alignment with Coach Beckman. He reportedly referred to himself as “Coach Harkins” and acted as a mediator between physicians’ directives and coaches’ needs, particularly with respect to soft-tissue injuries such as hamstring injuries and ankle sprains, telling the physicians that players “need reps, the coaches say they need reps” (meaning repetitions in practice). Physicians reported that Harkins acted more like a coach than a trainer, in violation of basic rules requiring that athletic trainers’ medical judgments are subject to physician supervision.⁷⁸

The physicians also observed that Harkins’ injury reports did not accurately reflect all restrictions physicians prescribed but, rather, described them more leniently than warranted, leading players to do more in practice. As spring practice started in 2013, players and other athletic trainers informed a team physician of several examples of Harkins pushing players to return sooner and progress faster than recommended by physicians. A team physician observed similar problems, and Naas (an Assistant Athletic Trainer at that time) corroborated this during his final interview. The physicians repeatedly met with Harkins, at times involving University administrators and athletic trainers, to address and redirect the troubling practices, until he eventually left the University just prior to the 2013 season.

Taken together, the physicians’ interventions during each of Coach Beckman’s first two seasons demonstrate the physicians’ commitment to protect student-athlete welfare and the complicated nature of interactions between physicians, athletic trainers, and coaches. The interventions also illustrate the depth of concerns that Coach Beckman pressured Head Football Athletic Trainers to push players through injuries and rehabilitation progressions in 2012 and then, in 2013, worked with another lead athletic trainer, Harkins, who facilitated such efforts to push players on Coach Beckman’s behalf. Indeed, in 2013, physicians and other DIA administrators repeatedly reported hearing how pleased Coach Beckman was with Harkins. As such, both instances of physician intervention support a determination that Coach Beckman inappropriately and improperly pressured various members of the sports medicine staff regarding the treatment or participation status of student-athletes, in violation of established sports medicine protocols.⁷⁹

⁷⁷ Coach Beckman spoke with Harkins about the position earlier in 2012 and had recommended him as one of the finalists he supported for the position (when Scott Brooks had been hired). (Appendix at Tab 17). As one doctor reported, such practices used to be common nationally but the NCAA has made a point of discouraging coach-selected athletic trainers so as to maintain the independence of the sports medicine function.

⁷⁸ 2014-2015 NCAA Sports Medicine Handbook, Guideline 1B (Appendix at Tab 3); 2014-2015 Student-Athlete Handbook at 12, 28 (team physicians have the ultimate decision-making authority) (Appendix at Tab 8); DIA Governance Standards at 11 (health care model is “physician-driven”) (Appendix at Tab 6); National Athletic Trainers’ Association, 10 Principles to Guide Administration of Sports Medicine-Athletic Training Services (Appendix at Tab 12).

⁷⁹ 2014-2015 NCAA Sports Medicine Handbook, Guideline 1B (coaches should not impose demands that are inconsistent with sports medicine guidelines) (Appendix at Tab 3); National Athletic Trainers’ Association, 10 Principles to Guide Administration of Sports Medicine-Athletic Training Service (Appendix at Tab 12); University’s

Athletic Trainer/Physician Prioritize Football Contributions. Multiple athletic trainers and one team physician reported that Coach Beckman's pressure on sports medicine personnel created circumstances in which the Football Program's need for a particular player may have taken priority over each individual player's own welfare when making decisions about activity limitations. For example, many witnesses reported that Head Football Athletic Trainer Toby Harkins expressed repeated concerns with ensuring that players "got their reps" in practice rather than restricting participation as advised for medical reasons. Harkins also prepared injury reports that were less focused on a student-athlete's personal interests and more attentive to football coaches' interests and the competitive needs of the team.

One team physician also reported that he has felt pressure not to hold players out unless absolutely medically required, or be perceived as doing so unnecessarily, and that due to this pressure he considered the needs of the team or the point of the season when deciding whether to clear particular players. As he explained, "there would be heat from coaches" if he were perceived as overly aggressively holding out players that would impact the team's competitiveness. This physician also reported that he was concerned about Carle's continued ability to maintain its relationship with the University. The extent to which the team's competitive needs and Coach Beckman's perspective on such issues were communicated to doctors and allowed to influence medical decisions appears potentially inappropriate.

Questioning Players' Input About Injuries. The information provided also confirms that Coach Beckman, on some occasions, interfered with doctors' decisions about players' ability to play when those decisions included an assessment of the players' own confidence or lack thereof in their ability to function competitively with a particular injury. All team physicians explained that, in some circumstances, their judgment about a player's ability to return to football activity and competition considers the player's own assessment of his ability to play with the injury. Lack of confidence can lead to hesitancy, which, depending on the injury, can expose a student-athlete to a heightened or unacceptable risk of additional injury if the player is unable to protect himself or to react quickly enough. This risk is particularly acute in football, given the extent of physical contact that players experience. For those reasons, doctors' return-to-play judgments must consider the student-athlete's perspective.⁸⁰

Two team physicians reported that, if their "not safe to play" decision to hold a player out of football participation is based upon a player's lack of confidence, they do not share that reason with coaches, saying only that the player is "out" or "not cleared" to play. In their view, it is a poor practice to share with coaches that their medical opinion, in part, is based on a player's perspective because the coaches want players to return and could seek to change the player's mind. These physicians believe that players should not be subjected to such pressure and, to

Injury Management Protocol at 1 (sports medicine judgments "should not be subject to confrontation by any member of the Illinois coaching staff") (Appendix at Tab 2); Big Ten Institutional Control Document at 6 (coaches should not attempt to "influence inappropriately" any sports medicine staff) (Appendix at Tab 9); DIA Conduct Expectations at 2 (coaches must not attempt to "inappropriately or improperly influence" sports medicine staff) (Appendix at Tab 15).

⁸⁰ Similarly, several assistant coaches reported that, when players do not have sufficient confidence in their physical well-being or do not feel "right" to play, they do not want the players to return to action.

encourage candid communication with sports medicine personnel, the players are better served by doctors not sharing such information with coaches.

Another team physician reported, however, that, in situations where his “not clear to play” decision was based on a student-athlete’s lack of confidence, he routinely shared that information with Coach Beckman. That team physician also reported that Coach Beckman would say he planned to speak to the player.

All players who were interviewed and asked about this issue strongly preferred that physicians not share such information with coaches. One player reported that when Beckman was told that the player expressed concern to a physician about whether he was fit to play, Coach Beckman told the player that the player would not get to decide whether to play.

We were not able to determine with any specificity how many players were subjected to coach pressure to return to play where a lack of confidence in their degree of recovery was the reason physicians held them out of football activities or if any players exposed to such pressure suffered additional injury. Team physicians indicated that this would have been a relatively rare situation, as it is far more common for players to push themselves to play, under-report symptoms or concerns, and ask doctors to clear them to play. Given players’ predisposition to push themselves through injuries, the exertion of pressure on student-athletes in the rare occasion where they express concerns about their ability to play is particularly problematic and further supports the overall conclusion that Coach Beckman’s conduct exerted undue pressure on student-athletes to resume playing despite injuries and interfered with physician decisions.

3. Assistant Coach Involvement and Perspective

Notably, there were relatively limited concerns raised by former players about any of the assistant coaches. Athletic trainers and doctors, who voiced numerous concerns throughout our investigation regarding Coach Beckman, categorically denied any such concerns with respect to the assistant coaches. In addition, examination of the few examples that former players reported lead us to conclude that those complaints either represented misunderstandings of coaches’ motives or involved conduct that had little to no impact on any players.

For example, one former player reported that Bill Cubit (Offensive Coordinator and now Interim Head Coach) attempted to convince him to stop taking anti-anxiety medication to improve his football performance just prior to the 2014 season. Cubit explained that the player had complained about stomach issues and other impediments to his performance during Camp Rantoul, which the player believed stemmed from his medication. Because one of Cubit’s family members had suffered from similar issues, he spoke privately with the player about the sensitive subject to share that experience. Cubit informed the player that Cubit’s family member had decided to stop taking the medication and experienced significant improvement, but he told the player it was entirely up to him to decide how to proceed. The former player perceived this as coaching pressure. Another player who was a teammate with the reporting player knew about the conversation and believed that the reporting player misinterpreted Cubit’s statements, which he interpreted as a supportive gesture. There is no indication that Coach Cubit said anything else

inappropriate to the reporting player or evidence that he ever made inappropriate comments or pressured other players about injury issues. The lack of concerns raised by other players lends further credence to Cubit's account, which we find credible.

In another example, two players reported concerns about comments from Assistant Coach Alex Golesh (Tight Ends and Special Teams Coach). One player was icing an injured shoulder when Golesh reportedly asked "isn't that the same injury that [former offensive lineman] played with all season?" The other player said that Golesh refused to shake his hand until he returned from injury. Golesh denied the latter statement but said that he may have made the first comment as a joke, which the player interpreted as an effort to encourage him to play through the injury. However, neither player changed their injury recovery progression, and each of them confirmed that Golesh never took any other step to influence their decisions. Thus, we do not find that Golesh engaged in any systematic efforts to influence injury management issues inappropriately.

Last, Coach Brattan is alleged to have told one player "you are the worst player I have ever coached" and joined Coach Beckman in telling the player that the "pain is only in your head" because of the player's reluctance to play. Coach Brattan denied making either comment and noted that he started at Illinois just prior to the 2014 season and did not know the player well enough to even consider such a judgment; other witnesses confirm that Coach Beckman (not Coach Brattan) did make the second comment to this player. On balance, we find it inconclusive whether Coach Brattan made either comment and, as with other assistant coaches, note the absence of any alleged trend of such injury-related comments from Coach Brattan.

On a related note, when offered examples of Coach Beckman's admitted demeaning statements (most of which the assistant coaches denied hearing personally), several assistant coaches confirmed feeling uneasy or concerned about the nature of such communications, if they occurred. Specific examples include demeaning comments to players for leaving practice to seek athletic trainer assistance, statements expressing disbelief in hamstring injuries to players who suffered them, and other comments expressing suspicion that players fake injuries to avoid practice. Although they recognized some need to encourage toughness among players, the assistant coaches reported that the vast majority of players already push themselves and far more commonly understate rather than overstate the extent of any impairment caused by injury.

As a result, our review of all information received during our investigation leads to the conclusion that there is a lack of evidence of misconduct by assistant coaches with respect to injury management of players or communication with athletic trainers and doctors.

4. Administrative Oversight

We also considered the role that DIA administrative personnel played, if any, in allowing the violations of sports medicine protocols under Coach Beckman's leadership to persist over a three-year period. As explained above, since Coach Beckman's arrival, physicians, several Head Football Athletic Trainers, and the Director of Sports Medicine have raised concerns on various occasions about Coach Beckman's injury management to people within DIA responsible for oversight of the Football Program. Combined with Head Football Athletic Trainer turnover, the

number of reports of concerns from multiple people, particularly the extent of problems reported by team physicians, calls into question the sufficiency of the administrative oversight of the sports medicine program as it pertains to the Football Program. Details of our findings in this regard are described below, initially focusing on issues that arose during 2012 and 2013 and concluding with an overview of ongoing areas of concern.

2012 Injury Management Concerns. The first signs of potential problems with Coach Beckman's injury management approach were the quick departures of two successive Head Football Athletic Trainers in March and May of 2012 (Nick Richey and Chris Brown, respectively). Each departure was attributed to personal career considerations, but the two departures in quick succession could have raised a broader concern. As nearly all witnesses explained (athletic trainers, doctors, administrators, and players), continuity within the athletic training staff is important because of the prominence of injuries in football and the need for trust between players and athletic trainers to encourage full disclosure of information. We conclude that, at least, the two Head Football Athletic Trainer departures within Coach Beckman's first several months at the University were sufficient to lead DIA administrators to pay closer attention to sports medicine related issues and to respond diligently to any future concerns voiced by sports medicine personnel.

The third Head Football Athletic Trainer in 2012, Scott Brooks, reported significant concerns with Coach Beckman's approach to injury management decisions within his first several months in the position and when he resigned in December 2012. These concerns were shared with Director of Sports Medicine, Paul Schmidt, and Executive Senior Associate Athletics Director, Jason Lener. Brooks reported candidly to Schmidt and generally to Lener, when he resigned, that he was not comfortable with the negative environment and pressure imposed by Coach Beckman. Schmidt confirmed Brooks' comments, while Lener reported that he knew only of difficulty that Brooks had getting along with other athletic trainers and coaches. This third Head Football Athletic Trainer departure created more reason to increase administrative oversight, yet no team physician, athletic trainer, or administrator (Lener or Schmidt) recalls discussing any of these issues with Athletic Director Mike Thomas.

2013 Injury Management Concerns. The approach of Brooks' successor as Head Football Athletic Trainer, Toby Harkins, caused team physicians to quickly begin sharing different and more troubling concerns with DIA administrative personnel. The issues included Harkins' alignment with Coach Beckman, his poor judgment, and his failure to follow team physician directives. In multiple meetings and disciplinary notices, physicians, Schmidt, and Lener sought to address Harkins' failure to meet one of the fundamental obligations of the lead athletic trainer role: communicating with doctors to facilitate their role as the "final authority" on injury management and clearance-to-play decisions. Despite acknowledging that he was aware of the concerns expressed by sports medicine personnel, Lener still described Harkins as "good at his trade" because Coach Beckman was pleased with his work. Lener also indicated that the concerns about Harkins that he recalls sharing with Athletic Director Mike Thomas were the existence of co-worker difficulties and issues related to Harkins becoming licensed as a trainer in Illinois. Similarly, Thomas reported only knowing about those two issues until our interviews.

We find that, although DIA administration attempted to address problems created by Harkins' alignment with Coach Beckman during 2013 and eventually removed him as Head Football Athletic Trainer just before the 2013 season began, the level of oversight and attentiveness was insufficient to completely and promptly protect student-athlete welfare.

Ongoing Injury Management Concerns. After Harkins was removed and Naas became the Head Football Athletic Trainer, Naas reported that no one (Schmidt, Lener, or Thomas) checked with him regularly or asked in any meaningful way how things were going as he performed the head athletic trainer role over the next two years. Naas confirmed that, while injury management issues subsided to some degree during this period, Coach Beckman still challenged players who left practice for medical treatment and pressured all injured players to participate in the 2014 spring game (with his comments just prior to spring break). No one overseeing sports medicine or within DIA administration seems to have learned about these concerns until our investigation. We find that the lack of increased administrative review of injury management issues within the Football Program was a managerial oversight and that DIA staff could have done more to learn about the sports medicine function and offer support.⁸¹

Moreover, all football players, coaches, athletic trainers, and medical personnel reported uncertainty regarding the complaint process for students concerned about their medical management. Even one of the Faculty Representatives reported uncertainty about the scope of his role and authority to address complaints. This lack of a clear complaint process regarding injury management concerns left one player to bring concerns to the University's Dean of Students. The Dean of Students accepted the complaint, but was unable to immediately respond due to a lack of clarity in reporting lines and investigative authority. Further, the Dean of Students Office lacks familiarity or expertise in the standards and best practices applicable to the medical care of student-athletes. In sum, no complaint process either within DIA or externally within the University exists specifically for processing student-athlete complaints about medical management.⁸²

Mike Thomas' Oversight of Sports Medicine Issues. Athletic Director Mike Thomas delegated responsibility for sports medicine issues to Lener and described his role with these issues as "setting the tone" for others to follow, focusing on student-athlete welfare, and helping with issues as they were brought to his attention. His management style involves weekly one-on-one meetings with Lener as well as weekly meetings with all of his executive senior staff within DIA administration. He encourages the staff to share any issues and reported that they do so regularly. Thomas also makes a point of informally checking in with personnel within DIA administration to offer opportunities for them to seek his advice or share information.⁸³

⁸¹ In contrast, Faculty Representative Wheeler reported that he made a point of spending more time at football practices during 2014 because the team had not performed well during Coach Beckman's first two seasons, which Faculty Representative Wheeler thought could lead to increased coach pressure on players generally during the 2014 season.

⁸² The 2014-2015 Student-Athlete Handbook does provide "grievance" procedures for student-athlete concerns about other issues (e.g., transfers and financial aid), but not specifically for injury management or sports medicine issues. 2014-2015 Student-Athlete Handbook at 38, 43 (Appendix at Tab 8).

⁸³ At Thomas' direction, DIA also engaged the Center for Training and Professional Development at the University to conduct an organization-wide culture assessment of all DIA employees that included a focus group, small group

With respect to sports medicine issues within the Football Program, based on all of the information gathered during our investigation, we conclude that Thomas never received any direct report from a player, doctor, athletic trainer, or DIA staff member of concerns regarding inappropriate pressure on student-athletes or interference with sports medicine personnel rendering judgments about injury management. Both Lener and Thomas report that Lener did not share such concerns with Thomas beyond information regarding high turnover and athletic training personnel “not getting along.” Schmidt also reported discussing problems that developed in 2012 and 2013 only with Lener. We find it credible that Lener and Schmidt did not share more with Thomas because (1) Lener did not seem to view the issues raised by athletic trainers and doctors as more than problems between co-workers and (2) Schmidt followed a chain-of-command approach and expected that Lener would pass along information to Thomas as he saw fit.

Upon learning of the issues described above regarding sports medicine difficulties under Coach Beckman’s leadership, Thomas was shocked and disappointed by their scale. He felt that Coach Beckman’s pattern of communication demonstrated a disregard for student-athlete welfare in many respects and was surprised by the scope of his efforts to discourage reporting and push players to play through injuries. When shown evidence of the doctors’ ongoing concerns about Harkins, Thomas described Harkins’ actions as failing to prioritize student-athlete welfare. In addition, senior administrative staff could have gone to greater lengths to keep Thomas informed about those issues. Thomas described the breakdown in communications to him from Lener and Schmidt as unexplainable, especially after the problems persisted for several months after they were informed.

Since learning of these issues, Thomas has taken steps to adjust DIA administrative personnel to avoid recurrence in the future. Oversight of sports medicine has been assigned to Paul Kowalczyk, Senior Associate Athletics Director. Thomas is in the process of eliminating the Director of Sports Medicine role and will replace it with a more senior position that Thomas believes will provide significantly more oversight and protection for student-athletes. Thomas has also implemented additional changes for the sports medicine function with respect to the Football Program that are described in detail below at pages 55 to 58.

VI. SCHOLARSHIP REMOVAL

A. Scholarship Management Standards

NCAA rules govern scholarship awards to football players and related requirements for mid-year replacements. The relevant rules are summarized below.

and one-on-one interviews, and an electronic survey. The results issued in April, 2014 reported DIA strengths, areas for potential improvement, and recommendations for management consideration, none of which related to sports medicine specifically. *See* DIA Culture Survey Response Team Executive Summary (Appendix at Tab 18).

Football player scholarships during Coach Beckman's tenure at the University were granted in one-year increments for an academic year (running from August 1 to July 31), subject to annual renewal.⁸⁴ The University has renewed scholarships for a period of four successive years without regard to the student-athlete's athletic performance. The only exceptions have been for student-athlete misconduct for which NCAA rules allow institutions to cancel awards during the term of the award, including where a student-athlete: (1) renders himself or herself ineligible for intercollegiate competition; (2) fraudulently misrepresents any information on an application, letter of intent or financial aid agreement; or (3) engages in serious misconduct warranting substantial disciplinary penalty.⁸⁵

Renewal of scholarships for a fifth year was left to Coach Beckman's discretion, based largely on athletic performance. This renewal system has allowed most football players to remain on scholarship through graduation and even into graduate school or a second degree program.

Like other football programs, Coach Beckman's program recruited players to join the team mid-year, in January, either by graduating early from high school or transferring from other programs. Annually, between nine to 13 players were added mid-year. When additional scholarship players are added in this fashion an equivalent number of players must cease being "counters"⁸⁶ on the roster at the end of the fall semester to remain within the 85-scholarship limit applicable under NCAA rules.

NCAA rules expressly prohibit removing student-athletes from a scholarship on the basis of "athletics ability," because of injury or medical condition, or for "any other athletics reason" during the period of the annual award.⁸⁷ The rules also only allow "voluntary" student withdrawal if "initiated by the student-athlete."⁸⁸ At the same time, however, NCAA rules specifically attempt to accommodate mid-year adjustments in football rosters. Student-athletes who graduate in December can be removed from the team roster and receive scholarship aid for the spring term without "counting" against the 85-scholarship limit.⁸⁹

B. Scholarship Investigation Findings

1. Beckman's Mid-Year Replacement Planning

The Football Program under Coach Beckman followed a series of steps intended to match the number of players joining the team mid-year with the number of players leaving the team. Players were encouraged to carry course loads during summer and regular academic terms that would allow them to graduate in December of their fourth year (after 3 ½ academic years). This allowed student-athletes flexibility to attend graduate school or pursue a second degree while

⁸⁴ Appendix at Tab 19.

⁸⁵ NCAA Bylaws 15.3.4.2 (Appendix at Tab 20).

⁸⁶ A "counter" refers to a student-athlete whose scholarship must be counted against a football program's 85-scholarship limit pursuant to applicable NCAA rules.

⁸⁷ NCAA Bylaw 15.3.4.2 (Appendix at Tab 20).

⁸⁸ NCAA Bylaw 15.3.4.3 (Appendix at Tab 20).

⁸⁹ NCAA Bylaw 15.5.6.3.5 (Appendix at Tab 20).

still on scholarship (particularly if they were invited to stay for a fifth season), as well as flexibility for the program with respect to mid-year adjustments.

DIA academic counselors have been regularly assigned to assist the Football Program by overseeing student-athlete progress toward early graduation and maintaining players on the early graduation track unless the coaches direct otherwise. Compliance personnel also worked carefully with one assistant football coach, Alex Golesh, to track potential mid-year graduates. During Coach Beckman's tenure, this effort primarily involved Annie White (academic counseling), Chris Byron (compliance), and Coach Alex Golesh.

Given the fluctuating nature of the many variables involved (graduation eligibility and athletic development of existing players, the number of potential mid-year recruits, and position-specific needs and availability for both), the mid-year tracking process was quite fluid as fall semesters unfolded. Spreadsheets were compiled and exchanged over a period of months to track student-athlete academic progress, graduation expectations, and the potential number of slots that would be available in January.⁹⁰ Mid-year recruiting rules governing when scholarships may be offered also impacted this analysis. Institutions are prohibited from conveying scholarship offers to transferring junior-college students until the third Wednesday of December (December 17th in 2014). This left the Football Program unable to know for sure how many players might be joining until sometime in the third week of December.

As part of the mid-year preparation effort, during player one-on-one meetings in the spring, Coach Beckman had a practice of addressing the potential for a fifth season with players entering their fourth season. According to Coach Beckman, if a player was on track to graduate in the upcoming December and had not contributed significantly during games in prior seasons, Coach Beckman would explain to the student-athlete that he may not receive a fifth year on the team unless he contributed during his upcoming fourth football season.

2. 2014 Mid-Year Replacement Decisions and Communication

Former players, a parent, coaches, DIA academic advisers, and compliance personnel reported that four redshirt junior players were directed to forego the second semester of their annual scholarship near the end of the fall 2014 semester. Each player was academically eligible to graduate with an undergraduate degree in December 2014; but all planned or aspired to continue their education through the spring semester to pursue completion of a minor, a graduate degree, a second degree, or to raise their GPAs prior to graduation.

Fall 2014 Communication and Uncertainty. During the 2014 season, the four players eligible to graduate in December described varying levels of uncertainty about whether they could remain in school for the spring 2015 semester. Each of them received a renewed one-year scholarship in July 2014. However, before the one-year renewal, according to Coach Beckman, as early as April or May of 2014, he told three of the players that if the player did not contribute on the field in the upcoming season then the player would not receive a fifth-year scholarship

⁹⁰ A sample spreadsheet is included in the Appendix at Tab 21.

and should leave after graduating in December 2014. Coach Beckman characterized his spring 2014 conversations with these players as establishing a mutual understanding with the players that they would graduate in December 2014 and leave school, if they did not sufficiently contribute. One of those players perceived Coach Beckman's statements as a definitive decision that Coach Beckman would not allow the player to continue past December 2014. However, the other two players reported perceiving the statements as setting a challenge that they intended to meet by "contributing" during the upcoming season. This resulted in significant confusion regarding whether the players could or could not stay on scholarship for the spring 2015 semester.

The fourth player was caught particularly unaware of his inability to remain on campus as part of the Football Program. According to this former player, coaches did not indicate that he would need to leave school in December 2014 until late fall when he sought to register for spring classes. This is consistent with an assistant coach's account. This former player also played in games during the fall 2014 season, contributing on the field-goal unit and goal line packages. According to the player and his DIA counselor, the player sought to register for spring 2015 semester classes, and the DIA counselor told him to talk to his position coach. The player's position coach reported that this prompted a conversation about the player transferring to another school closer to his family for his fifth year. The former player reported not being interested in transferring as he had planned to remain an Illinois student during spring 2015, which was evident by his year-long lease.

Each of the four redshirt juniors reported efforts to seek information regarding scholarship aid for the spring 2015 semester in communications with academic counseling and compliance staff during the fall 2014 semester. The athletic department personnel with whom they consulted did not clearly inform the players of their right, under their existing tender agreements, to continue on scholarship for the entire academic year. Instead, the players were led to believe that the coaches would decide whether the players would receive "extra" scholarship support for the spring 2015 semester.

December 2014 Meetings. By early December 2014, athletic department personnel from compliance and academic counseling were concerned by the lack of direction to these players and confusion regarding the total number of mid-year scholarships available for new players. They convened a meeting on December 1, 2014 with Coach Beckman and Assistant Coach Alex Golesh where the coaches explained that all four players would not be asked to remain on the team for their fifth football season. When informed that the players had been asking questions of various DIA personnel about staying through the spring 2015 semester, Coach Beckman reportedly reacted angrily. In order to release each player's scholarship for mid-year adjustments, compliance administrators told the coaches to have each of the four student-athletes sign a short, written statement indicating that they would graduate in December and not return for the second semester.⁹¹

⁹¹ See Appendix at Tab 22. The University has since revised the form it uses for these situations to include information about NCAA rules and players' rights to remain on scholarship. See Appendix at Tab 23.

Coach Beckman, Coach Golesh, and Coach Brattan, in varying combinations, proceeded to meet with the four student-athletes during early December 2014. One of the four players refused to sign the form in multiple meetings, but graduated in December 2014 and did not enroll in classes during the spring 2015 semester. Two other players expressed reluctance to sign and a desire not to schedule graduation in December, but they eventually signed the form when encouraged to do so by coaches. One explained during interviews that he did not want to be difficult and wanted to be able to go to the bowl game with the rest of the team. Neither of these players knew that they could stay on scholarship if they did not sign the form. The fourth player received pressure to sign the form. As Coach Beckman acknowledged during interviews, the fourth player was asked to sign the form in a meeting with Coach Beckman, Coach Brattan, and Coach Golesh. The player said he did not want to do so, but Coach Beckman told the player that not signing would create problems for the Football Program. The player then signed the form.

In accordance with NCAA rules, the financial aid office sent a letter explaining an appeal option to all four student-athletes' permanent home addresses and also via university e-mail.⁹² Two players claim that they did not receive such a letter at the time.

One Player's Challenge and Coach Beckman's Response. In mid-December 2014, one of the players contacted Coach Beckman seeking to rescind his agreement to leave or graduate and to resume coursework during the spring 2015 semester. This request was met with anger and retaliation by Coach Beckman. Specifically, Coach Beckman reportedly:

- (1) called the player a "liar" for changing his "agreement";
- (2) had the player's locker cleared out, which caused some contents to be thrown away;
- (3) barred the player from traveling with the team to the Heart of Dallas Bowl game; and
- (4) instructed the player to tell his roommate (a walk-on football player) that the scholarship the roommate expected to receive was no longer available because of the player's decision not to graduate.

Coach Beckman indicated during interviews that he did not recall taking such actions. Jason Lener reported that when he addressed these issues with Coach Beckman in January 2015 as explained below, Coach Beckman admitted to mishandling the situation.

The player's mother then contacted compliance and financial aid personnel as the player texted Coach Beckman indicating the player's plan to file a grievance.⁹³ Coach Beckman relented by the morning of December 22, 2014, and the player retained his scholarship, enrolled in classes during the spring 2015 semester, and graduated in May 2015. On December 22, 2014, Ryan Squire forwarded the parent's initial e-mail to Jason Lener and Mike Thomas, with a cover note indicating that Coach Beckman had reinstated that player's scholarship earlier that morning but also explaining that the mother had indicated that two or three other players were in similar

⁹² NCAA Bylaw 15.3.2.3 (Appendix at Tab 20); *see* Notice of Appeal letter (Appendix at Tab 24).

⁹³ *See* Appendix at Tabs 25, 26.

circumstances.⁹⁴ In addition, Squire provided Lener with a summary of his discussion with the parent, which named other players.⁹⁵

No one in the athletic department followed up with the other three players at issue, choosing instead to wait to see if they appealed. None did. Squire, Lener, and Thomas all reported that they knew the Office of Student Financial Aid would have sent notification letters to each player explaining their rights to appeal, and that they did not think there was need to suspect the players did not want to leave the University until such an appeal was filed. After Squire followed up appropriately with the complaining player's mother, Lener also met with the player in January 2015 and learned that he was pleased to be back on scholarship, had a surgery arranged for him through sports medicine staff, and was comfortable with access he was receiving to rehab facilities. After returning from the bowl game, Lener then met with Coach Beckman in January 2015 about the player's situation, confirmed that Beckman had reacted poorly initially, and let Beckman know that such reaction was unacceptable. Mike Thomas also knew about Lener's follow-up discussion with Coach Beckman.

Nonetheless, we received player reports during interviews that Coach Beckman shared his displeasure about the player who challenged the scholarship termination with other players later into the spring 2015 semester, after Lener reportedly told him that his reaction to the situation was unacceptable. During a team meeting in which Coach Beckman announced certain walk-on players who had been awarded scholarships for the spring 2015 semester, players told us that Coach Beckman noted there would have been more scholarships available except for the actions of a "liar." The players understood to whom Coach Beckman referred. During our interviews, Coach Beckman confirmed that he addressed the team regarding walk-ons receiving scholarships but said he did not recall saying anything about a "liar" reducing the number available.

3. Scholarship Management Concerns

The factual findings noted above indicate inappropriate conduct by Coach Beckman towards the four student-athletes at issue, as well as questionable decisions by other athletic department personnel. Pursuant to the University's Conduct Expectations for Coaches, coaches are required to "promote and enforce policies that support their student-athlete's academic success and progress towards completion of their degrees."⁹⁶ Additionally, in accordance with DIA Governance Standards, DIA's academic counselors and compliance personnel are charged with "helping student-athletes achieve academic, athletic and personal success during their academic tenure at the University through graduation, job placement or graduate school."⁹⁷ Decisions and communications regarding the scholarship rights of the four student-athletes discussed above did not adhere to these standards in the following respects:

⁹⁴ See Appendix at Tab 27.

⁹⁵ See Appendix at Tab 28.

⁹⁶ Conduct Expectations for Coaches at 2 (Appendix at Tab 15).

⁹⁷ DIA Governance Standards at 3 (Appendix at Tab 6).

Mid-Year Replacement Options. The entire process employed by the Football Program of removing graduated students from scholarship aid after the fall semester of their fourth season is unnecessary under NCAA rules. Bylaw 15.5.6.3.5 allows graduated players to be removed from team rosters and keep their scholarship without counting against the 85-scholarship limit. Specifically, the bylaw states:

A counter who graduates at midyear or who graduates during the previous academic year (including summer) may be replaced by an initial counter, who shall be counted against the initial limit for the following academic year, or by a student-athlete who was an initial counter in a previous academic year and is returning to the institution after time spent on active duty in the armed services or on an official church mission. In bowl subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year to the maximum number of overall counters (85 total counters). In championship subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year that equals the maximum number of overall equivalencies or overall counters.⁹⁸

In other words, if a player graduates in December and is removed from the football team roster, the player can remain on scholarship for the ensuing spring semester and clear a spot for an incoming, mid-year player. The four redshirt juniors who were slated to graduate in 2014 could have remained on scholarship without “counting,” as long as they graduated. Compliance personnel we interviewed operated under a different understanding of that rule, believing it applied only to graduated players who lack any remaining football eligibility. Thus, the process employed by the program has been, unfortunately, built on a mistaken interpretation of applicable NCAA rules.

Delayed and Inappropriate Student-Athlete Communication. We find that the four redshirt juniors at issue were not told definitively that they needed to leave the football team until the month they were eligible to graduate, which left them a matter of a few weeks to plan the next stage of their lives. Delivering such important information on extremely short notice to student-athletes who had all been committed to the Football Program for four years does not exemplify prioritizing student-athlete welfare. During our interviews, Thomas, Lener, and Squire each agreed that the delay in communicating with the players was a big part of the problem, and they have taken steps to avoid this moving forward. Specifically, they obtained information from the coaching staff in July 2015 about potential mid-year departures after the 2015 season and made sure that no player would receive late notice.⁹⁹

Undue Pressure to Relinquish Scholarships. Moreover, although advised by compliance and academic staff to seek written agreements from players, it appears that the coaches obtained such signatures by inappropriately pressuring the students. The coaches used

⁹⁸ NCAA Bylaws 15.5.6.3.5 (Appendix at Tab 20).

⁹⁹ As it turns out, each player eligible to graduate in December 2015 that has remaining eligibility to play during the 2016 season has contributed to the team on the field and is expected to be asked back for a fifth year on the team.

what could be viewed as intimidating tactics (three coaches meeting with one player and directing another player “don’t be difficult”). Contrary to any instruction from DIA personnel, they also pressed players for their signatures even after the students said they did not want to leave the University until after the spring 2015 semester. Coaches possess extreme power within the Football Program, particularly the Head Coach. Players should not be put in position of needing to advocate for or defend their scholarship rights, which many of them may not fully understand, against the wishes of the Head Coach. The circumstances described above with the four redshirt juniors indicate that they were not fully informed of their scholarship rights and were subjected to undue pressure to relinquish their scholarships, in violation of the University’s Conduct Expectations for Coaches and DIA Governance Standards.

Response to Player Who Exercised Scholarship Rights and Notice of Three Other Players in Similar Circumstances. Also concerning is Coach Beckman’s response to the one player who sought to exercise his scholarship rights for the spring 2015 semester despite the Head Coach’s clearly stated wishes. The player initially declined to sign the form, then attempted to rescind the impact of his signature and recover his scholarship through Coach Beckman informally. Coach Beckman relented only after the player threatened to file a formal grievance. Before doing so, however, Coach Beckman became angry and took several inappropriate actions, essentially kicking him off of the team and unfairly suggesting that he tell his roommate that his promised scholarship would be revoked because of the player’s decision to keep it for the spring semester. Even after reinstating the scholarship, Coach Beckman reportedly criticized the player as a “liar” who prevented more scholarships from being available, during a team meeting celebrating walk-on players who had been awarded scholarships. All of this occurred because the player wanted to use the scholarship that was already committed to him to improve his academic record during his last semester on campus.

In addition, even though this player’s mother identified other players in similar circumstances, DIA personnel did not check with the other players. The lack of follow-up may be partially attributable to the timing of the complaint; it was received on the eve of the Heart of Dallas Bowl game when most personnel involved were traveling to Dallas and preparing for the holiday season. But, nearly all personnel involved also indicated that they considered the other players’ failure to appeal as dispositive. Each player confirmed in our interviews that they wanted to keep their scholarship and remain in school and on campus for a number of different reasons, and that we were the first to ask them. Given the evidence of Coach Beckman’s pressure on players to relinquish their scholarships, DIA personnel should have initiated communication with the three other players to clarify whether their scholarship relinquishments were truly voluntary.

4. NCAA Rules

NCAA Bylaws 15.3.4.2 and 15.3.4.3 address the University’s ability to reduce or cancel a scholarship during the period of the award. Together, these rules (1) prohibit cancellation “on the basis of a student-athlete’s athletics ability, performance or contribution to a team’s success,” “because of an injury,” or “for any other athletics reason”; and (2) only permit cancellation based

on student's choice if a student-athlete "voluntarily (on his or her own initiative) withdraws from the sport at any time for personal reasons."

The coaching staff's decision to seek the four players' release of their scholarships was based upon the student-athletes' failure to contribute athletically and was clearly initiated by the coaching staff, not the four players. Although this situation is somewhat unique and did not afford the Football Program any competitive advantage (because all four could have remained on scholarship and removed from the roster), DIA reported these potential violations to the NCAA.¹⁰⁰ DIA has also taken steps to ensure that similar incidents do not occur in the future. As noted above, DIA staff determined during the summer of 2015 that there are no players scheduled to graduate in December 2015 who will not be asked to continue playing during the 2016 football season. In addition, DIA has created and begun using a new relinquishment form, which includes information about NCAA rules and players' rights to remain on scholarship.¹⁰¹

VII. OTHER PLAYER MISTREATMENT ALLEGATIONS

A. Scholarship Removal Threats

During our interviews, we asked several witnesses whether Coach Beckman threatened to revoke players' scholarships. Several players reported that they had been subjected to such threats for not playing well, under suspicion of violating team rules, or after they were injured. Coach Beckman readily confirmed that he threatened players with potential removal of their scholarships, in many different situations, as a way of motivating them to work harder. This included threats to send student-athletes "back to their home state." He also explained that he has never removed a scholarship before graduation and never intended to do so. However, players reported not taking such threats lightly, including situations when they were injured, because they believed Coach Beckman had the power and inclination to follow through.

We find that Coach Beckman did use threats of scholarship removal as a means to motivate players, though such removal would not be permitted under NCAA rules, and that such threats contributed, at times, to players pushing through medical issues.

B. Alleged Punitive Drug Testing

Various players reported to us during interviews that they believe that, under Coach Beckman's leadership, players were repeatedly drug tested in a retaliatory effort to remove players from the team or as a punitive measure. Not all players believed that the testing was punitive, believing instead that only players who tested positive were tested repeatedly.

¹⁰⁰ They were reported as possible "Level III" violations, which the NCAA defines as "violations that are isolated or limited in nature; provide no more than a minimal recruiting, competitive or other advantage; and do not include more than minimal impermissible benefit." NCAA Bylaw 19.1.3 (Appendix at Tab 29). Notably, legal counsel with whom we consulted about NCAA rules considered this scholarship-removal issue for students who were graduating one of first impression that the NCAA may, or may not, consider an infraction. The University reported the situation to the NCAA out of an abundance of caution.

¹⁰¹ See Appendix at Tab 23.

Illinois football players are regularly drug tested. Like approximately 90 percent of NCAA member institutions, Illinois implements its own drug testing program in addition to testing under the NCAA program.¹⁰² The University's drug testing program consists of a series of random tests as well as education and counseling for those who test positive. During our interview with Director of Sports Medicine, Paul Schmidt, he explained that if a player tests negative for a banned substance, then the player will not be singled out for repeated testing, but may be randomly selected for additional testing. However, if a player tests positive, the player is listed in a positive testing pool until he is clean. Once in the positive testing pool, players are told that they will be tested randomly and more frequently in order to monitor whether they are still using the banned drug. They are also required to attend counseling regarding their drug use.

In March 2015, the University of Illinois revised its drug testing policy.¹⁰³ Schmidt explained that instead of completely revamping the program, the University took steps to codify the practices that previously existed. For example, after a second offense, players must miss at least one game. Further, under the new policy, players will be tested if there is reasonable suspicion that they are using a banned substance. (i.e., player caught with banned substance in dorm room).

Schmidt reported that, early in Coach Beckman's tenure, Beckman sought many drug tests for players, believing that he had reasonable suspicion to do so. We confirmed that players Schmidt mentioned were, in fact, tested multiple times during a short period of time. Schmidt also stated that at some point, Beckman tried to mandate that certain players be tested, continuing to raise the name of a particular player to a trainer, though he tested negative for drugs multiple times. Schmidt reported that the former player was tested multiple times over the course of his career and three weeks in a row at one point, testing negative each time. Two of the consecutive tests were random, but Coach Beckman did select the former player for additional testing on one occasion at the same time he observed issues with the former player's academic performance. Based on the former player's drug testing records, we conclude that Coach Beckman did not excessively target him for drug testing. At most, the former player was included in only one additional drug test beyond the required random testing conducted for all players.

Considering all of this player's circumstances, and the lack of evidence of excessive testing of other players, we conclude that the allegation of abusive drug testing was not substantiated.

C. Weight Management Allegations

A few players we interviewed raised concerns about coaches and strength coaches administering a weight-management program in a punitive fashion. Assessment of these allegations requires understanding the Football Program's weight management system itself.

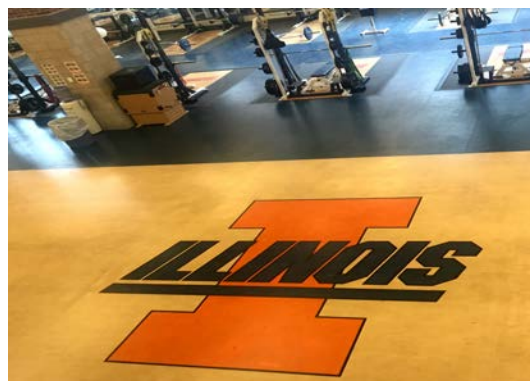
¹⁰² From NCAA Website <http://www.ncaa.org/health-and-safety/policy/drug-testing>

¹⁰³ DIA Student-Athlete Alcohol and Drug Education and Drug Testing Program (Appendix at Tab 30).

Player performance in football requires the right mix of strength, speed, agility, and ability to maintain position or move an opposing player out of his. Depending on position, a player's weight can be an extremely significant factor to their ability to succeed on the field, which leads football teams all over the country to attempt to have players gain strength, mass, and weight during their time with the program. At Illinois, strength coaches and sports dietitians assess each individual player with respect to these and other factors to set weight-range goals that are managed carefully during each player's time with the team.

As an initial step in the process of setting weight goals for players, the Football Program enlists sports dietitians to annually assess each player's body composition and weight. Based on that data and considering each player's position, the Head Strength and Conditioning Coach, Aaron Hillmann, the Sports Dietician, and the player's position coach develop a target weight range for each player as well as target dates for players to achieve adjustments in their weight as they move closer to the weight that will best suit their ability to perform. In particular, the Sports Dietician provides input as to weight ranges that would work best with a particular player's anatomical structure and then works with players individually to educate them about proper nutrition and methods to manage their weight in light of specific goals.

As Coach Hillmann explained, the offseason is used as time for players to work hard to gain or lose weight toward meeting their target weight range, through diet, strength training, and other conditioning. Players may change target weight ranges when they change positions (i.e., moving from offensive tackle to tight end). During fall camp and the season itself for players who play significantly in games, weight management goals shift to maintaining current weight, rather than gaining or losing weight. At all times, players are given specific weight ranges within which they are expected to remain, and they are weighed by strength coaches regularly. Any player either over or under their assigned weight range is required to do one "Clean the I" for each pound outside the range as punishment. This punishment requires a player to put towels on his hands and feet and bear-crawl across the weight room floor, which has a large "I" on the floor. Players under their weight range must drink a protein shake in the presence of a strength coach; players who are over their weight range have been required to run two miles the next morning after missing their goal weight range. Some underweight players have also been required to run. Below is a photograph of the "I" in the weight room that players were required to "clean" with both hands and feet positioned on the "I".



Players who complained about coaches' reactions to their weight-management issues did not challenge the concept of the program setting target weight ranges but, rather, took issue with the manner in which the program was applied to their specific situations. Each player who raised such issues is addressed individually below.

The primary allegations about weight management issues came from a player who is a Type I diabetic. Due to his medical condition, the player struggled to keep his weight from falling below his target weight range and described weight management as "the most stress I have ever had in my life." The player felt as though his weight goals did not accommodate his diabetes condition, that coaches were insensitive to this issue and required repeated punishments (e.g., cleaning the "I") for issues beyond his control, and that he was unfairly criticized for his weight problem in front of other players.

Coach Hillmann explained that the player's weight range was carefully set and managed in concert with former Sports Dietician, Chelsea Burkart, because the player was the first Type I diabetic he had managed, but also that, at first, the regular weight-management punishments were applied. Hillmann also admitted calling the player out for not meeting his goal weight range in front of others, as he does for other players. Over time, as the regular process was clearly not working, Hillmann said they adjusted the player's goals and the manner in which he was monitored, including sending an assistant strength coach to watch the player eat breakfast. Hillmann further noted that the player maintained his weight decently for a while during his time on campus but would lose substantial amounts of weight when he went home for breaks, and that he was sporadic about following proper insulin protocols for his diabetes, which made managing his weight more difficult.

We have determined that the coaching staff appropriately attempted to adjust their regular weight-management protocols and expectations for this player's diabetes, but that they also required punishments and monitoring that were questionable. On balance, this appears to have been a complicated and new situation that personnel attempted to manage as best they could, and not any violation of rules that prioritize student-athlete welfare.

Another player who switched positions was directed to increase his weight range by fifteen pounds. The player understood the adjustment but reported that Coach Beckman threatened to revoke his scholarship if he did not gain the required weight. The player explained further that Coach Beckman told him it would be violation of team rules to not make his goal weight range, which would allow revoking his scholarship. The player did not lose his scholarship, though Coach Beckman reported making threats of this nature generally to motivate players. We do not find that application of weight management rules to the player was problematic, but do conclude that Coach Beckman's threats to remove scholarships were inappropriate (as noted above).

A third player, another offensive lineman, stated that he also received a lot of pressure to gain weight. The player believed that the weight goals set for certain players were unrealistic and reported that after not making his weight, coaches berated him in front of the team. The player

stated that the pressure became so bad that he would get panic attacks and anxiety prior to being weighed. After repeated failures at making weight for an offensive lineman, the player recalled that his situation improved when the coaching staff switched his position to tight end. We conclude that some aspects of the coaching staff's reaction to the player's weight management issues were not constructive but do not find any violation of applicable rules regarding student-athlete welfare.

Overall, we conclude that the Football Program's weight management system, although applied to a few players in suboptimal ways, was properly applied to the majority of players and does not present examples of violation of any student-athlete welfare rules.

D. Coach Beckman's Purported Physical Altercations

We also examined player allegations that Coach Beckman engaged in actions that constitute physical abuse of players. Most players adamantly denied that any such problems ever existed, and we only learned of two alleged incidents during Coach Beckman's three-year tenure, only one of which involved anything inappropriate.

The one troublesome incident occurred in 2012 and was addressed properly at that time by Athletic Director Mike Thomas. During practice, a player had his helmet perched on top of his head instead of wearing it properly and did not adjust it after Coach Beckman told him to do so more than once. Coach Beckman then forcefully grabbed the helmet, threw it to the ground, and directed a strength coach to have the player run stadium steps for the duration of practice. Upon learning of the incident at the time, Thomas met with Beckman, who admitted what had happened and that it was not appropriate. As memorialized in a December 7, 2012 letter of reprimand, Thomas informed Coach Beckman that such inappropriate behavior would not be tolerated, that the welfare of student-athletes is of utmost importance to Thomas, and that such actions by an Illinois coach do not meet the standards to which Coach Beckman was held accountable.¹⁰⁴

The only other incident identified by several players occurred at a 2013 fall practice during which Coach Beckman grabbed a player from behind and brought him to the ground. We find that Coach Beckman's conduct in this incident was justified and not a problem because there was a potential fight between two players that Coach Beckman was attempting to break up. Specifically, a wide receiver on the scout team was hit by a defensive player in what he describes as a "dirty play" that targeted his head in making a tackle. As the player and the other player exchanged words and other players moved closer in anticipation of a fight, but before a fight actually started, Coach Beckman grabbed the player and took him to the ground. The player and some of his teammates described this as unwarranted because there was no actual fight. However, Coach Beckman and other players, including one of the player's good friends, reported that a fight appeared imminent and that Coach Beckman's actions were simply efforts to prevent

¹⁰⁴ See Appendix at Tab 31.

the fight from happening. We find that there was ample reason for Coach Beckman to intervene and that the extent of his engagement was appropriate.¹⁰⁵

VIII. REMEDIAL MEASURES

Given the issues with injury management and mid-year scholarship pressure identified above, a wide range of recommendations have been considered for improving DIA's ability to prioritize and promote student-athlete welfare. Administrators within DIA, led by Athletic Director Mike Thomas, have implemented various adjustments as interviews progressed and issues were identified. This section recounts all such adjustments with respect to sports medicine and mid-year scholarship procedures.

A. Sports Medicine Adjustments

As our investigation progressed and uncovered the issues noted above, the football team was not practicing during the summer break. Shortly before pre-season practice began in August, 2015, the University considered and implemented various adjustments to ensure proper protection of student-athlete welfare.

To facilitate such efforts, team physicians submitted a 27-point list of suggestions for solidifying and improving medical care for all student-athletes, particularly football players.¹⁰⁶ The items focused on (1) improving communications between athletic trainers and doctors to maximize information available to all medical providers about each student-athlete as medical care is provided, (2) assigning Carle physicians to order, review, and evaluate all x-rays and imaging studies on student-athletes to coordinate medical assessment, (3) requiring all athletic trainers and doctors to prepare notes of every encounter with a student-athlete, and (4) ensuring that all rehabilitation plans are provided under direction of a team physician. DIA personnel and Carle physicians continue to work collaboratively on such adjustments.

Other considerations as pre-season practice began led to the following adjustments in early August, 2015:

- **Increased Team Physician Supervisory Role**
 - Dr. Jerrad Zimmerman was selected to serve as the supervising doctor in a full-time capacity. Dr. Zimmerman reported directly to Faculty Representative Matthew Wheeler and communicated with Faculty Representative Wheeler about injury management matters on a daily basis.
 - Athletic trainers were directed to report directly to Dr. Zimmerman on all medical-related matters, while continuing to report to Director of Sports Medicine, Paul Schmidt, on administrative matters.

¹⁰⁵ We reviewed practice film for footage of this incident but did not find any. All practice film begins and ends with actual plays, without film of events that occur between plays. Witnesses also claimed that they attempted to review film of the incident at the time but found as long as 35 seconds of blank tape (suggesting it was erased purposefully). We did not find any such blank space on the film we reviewed.

¹⁰⁶ See Appendix at Tab 32.

- **Increased Monitoring Presence at Practice**
 - Dr. Zimmerman now attends every practice for the entire practice.
 - Dr. Bane is present at the end of every practice, including all practices during Camp Rantoul, to visit with injured players and any players who request to meet with him.
 - Faculty Representative Wheeler and Kevin Jackson (a former football player with a Ph.D, who works for the University and Carle on concussion-related research) were present for the entirety of all practices during Camp Rantoul.
 - A retired, long-time DIA athletic trainer also attended all practices at Camp Rantoul to observe player/coach interactions.
 - Four, full-time athletic trainers attended all practices and were positioned at various practice stations, equipped with two-way radios to contact Dr. Zimmerman, Faculty Representative Wheeler, or Kevin Jackson whenever immediate attention was necessary.
- **Hired Experienced Head Football Athletic Trainer**
 - DIA hired Jeremy Busch, who started August 8, 2015, and has 10 years of experience with Division I football programs.
 - Doctors reported to us that they are extremely impressed with Busch's medical acumen and rapport with student-athletes and coaches.
- **Emphasized Importance of Focus on Student-Athlete Welfare**
 - Mike Thomas met with all team physicians and athletic directors and demonstrated support for their injury management authority and DIA's emphasis on student-athlete safety and medical care.
 - Thomas, Jason Lener, and Faculty Representative Wheeler met with all football coaches in advance of Camp Rantoul to emphasize the importance of deference to sports medicine staff judgments and decisions regarding all issues relating to player injuries, without any interference whatsoever from coaches.
 - DIA personnel also met with all players to highlight the importance of reporting injuries or illnesses to sports medicine staff and remind them of the hierarchy regarding clearance to play decisions.

In addition, Athletic Director Thomas made a series of additional systemic adjustments in August and September of 2015 to support the sports medicine function. Such adjustments have included: (1) reviewing current recordkeeping systems (with Carle physicians) to maximize proper and accurate information flow to all sports medicine personnel; (2) ensuring that student-athletes are excused from team meetings to see doctors whenever necessary; and (3) excluding coaches from being present for all student-athlete medical evaluations.

To address deficiencies and potential conflict of interest issues identified during our investigation, Thomas has also made the following personnel adjustments in August and

September, 2015: (1) Coach Beckman was removed as head coach; (2) oversight for sports medicine was reassigned to Paul Kowalczyk, Senior Associate Athletics Director, who has no direct responsibility for the Football Program; (3) a new, senior level position called Associate Athletic Director for Health and Human Performance has been created, which will oversee sports medicine and report directly to Athletic Director Thomas, with an independent reporting relationship to the Director of the University's McKinley Health Center; and (4) the Director of Sports Medicine role will be eliminated, and Paul Schmidt will return to serving only as the head athletic trainer for men's basketball.

The creation of the new leadership position for sports medicine is intended to attract an administrator with extensive medical and sports medicine experience (at least 10 years of experience, including six years as a head athletic trainer and certification from a national athletic trainer or strength training association). The new role will not be required to provide direct athletic trainer support for any particular team. Instead, the new position's responsibilities will free up the position to serve strictly in an oversight role for all sports. The new position will also enable its occupant to focus on sports medicine issues without concern for competitive success of the Football Program or any other teams, which is intended to remove any conflict of interest concerns.¹⁰⁷

B. Mid-Year Scholarship Management

In addition to the sports medicine adjustments noted above, DIA personnel have taken measures to facilitate smoother and more complete communication with players regarding mid-year graduation issues and scholarships.

As an initial step, Lener and Squire met with Coach Beckman in late July, 2015 to discuss the importance of ensuring that any player eligible to graduate in December of 2015 who would not be offered a fifth year scholarship receive ample advance notice. It was determined that all such players with remaining eligibility for the 2016 football season were expected to receive a fifth-year scholarship. In other words, there were no players expected to be in similar circumstances as the four redshirt juniors discussed above.

In addition, DIA compliance personnel prepared a new "Voluntary Withdrawal from Team" form in August, 2015 for use with any player leaving the team and relinquishing his scholarship.¹⁰⁸ The form recites the express language of the NCAA Bylaw applicable to "Reduction or Cancellation" of scholarship awards during the period of an award. In addition, the form also describes the meaning of the NCAA Bylaw in simpler language, noting that signing the form constitutes a player's agreement to the following:

¹⁰⁷ See Notice of Position Vacancy for Associate Athletic Director for Health and Human Performance (Appendix at Tab 33.) The creation of this position preceded but is consistent with concepts expressed in a legislative proposal from the NCAA issued in late September, 2015 that would, if adopted, require that Division I institutions establish an "Independent Medical Care and Institutional Medical Director." See 2015-2016 NCAA Legislative Proposal, Proposal No. 2015-15.

¹⁰⁸ See Appendix at Tab 23.

- I am withdrawing from further participation on my own initiative.
- I have been offered the opportunity to consult with the Compliance Office to determine the eligibility and financial aid ramifications of my voluntary withdrawal.
- I understand that voluntary withdrawal may result in my athletically related financial aid being cancelled at the end of the current semester.

The form also requires signatures from the student-athlete and head coach, as well as a member of DIA compliance staff and the lead DIA administrator for the particular sport.



**APPENDIX TO INVESTIGATIVE REPORT: Injury
Management and Scholarship Renewal in the
University of Illinois Urbana-Champaign
Division of Intercollegiate Athletics
Football Program**

INDEX OF APPENDIX

APPENDIX	DESCRIPTION
1	May 1, 2015 Letter from [REDACTED]
2	University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (Revised October 29, 2014)
3	2014-15 NCAA Sports Medicine Handbook
4	Illinois Athletic Trainers Practice Act, 222 ILCS 5
5	University of Illinois Sports Medicine/Athletic Training – Policy and Procedures
6	University of Illinois at Urbana-Champaign, Division of Intercollegiate Athletics – Governance Standards
7	2014 Fighting Illini Champions Manual
8	2014-15 University of Illinois Student-Athlete Handbook
9	The Big Ten Conference – Standards for Safeguarding Institutional Governance of Intercollegiate Athletics
10	2014-15 NCAA Division I Manual (Constitution)
11	Sample Injury Report
12	Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges
13	University of Illinois – Sports Medicine Department – Concussion Management Protocol
14	University of Illinois Division of Intercollegiate Athletics – Sports Medicine Department Presentation 2014
15	University of Illinois – Conduct Expectations for Coaches
16	Sample Policy: Ethical and Professional Conduct of Athletic Department Employees
17	April 23, 2012 Email from Tim Beckman to Alan Martindale, Mike Thomas, and Jason Lener
18	DIA Culture Survey Response Team Executive Summary
19	Big Ten Tender of Financial Aid Agreements for [REDACTED] [REDACTED]
20	NCAA Bylaws, Article 15, Financial Aid

21	2014-2015 Football Counters Spreadsheet
22	██████████ December 6, 2014 Statement
23	Voluntary Withdrawal From Team Form
24	Notice of Appeal Letter
25	Text Messages Between ██████████ and Tim Beckman
26	December 22, 2014 Email from ██████████ to Ryan Squire and Daniel Mann
27	December 22, 2014 Email from Ryan Squire to Mike Thomas and Jason Lener
28	Ryan Squire's Summary of Telephone Call with ██████████
29	NCAA Bylaws, Article 19
30	DIA Student-Athlete Alcohol and Drug Education and Drug Testing Program
31	December 7, 2012 Memorandum from Mike Thomas to Tim Beckman
32	August 2, 2015 Email from Robert Gurtler to Matt Wheeler
33	Notice of Position Vacancy for Associate Athletic Director for Health and Human Performance

TAB 1

CONFIDENTIAL

Thursday, April 16, 15

To whom it may concern:

During my time at Illinois I have come to a realization that my identity as an Illinois football player will live on forever. It has been strengthened with the bonds one can only find elsewhere in brotherhood. I have [REDACTED] me with Illinois spirit. My apartment is decorated with [REDACTED] Illinois memorabilia only. I was [REDACTED] [REDACTED] the university and [REDACTED] in Chicago. My classmates, teachers, and peers on campus still tend to place me on a pedicle. But for very wrong and immoral reasons, I feel an overwhelming sense of shame whenever I come back to Memorial Stadium, the place I've called "home" for the [REDACTED].

Let me start at the beginning. The first time I met Tim Beckman, he lied to me. He struck me as a goofy guy, but I felt good with Matt Campbell, the Toledo offensive line coach at the time so I visited. That day we took a tour through the facilities and I noticed there were a few stacks of Yoohoo Chocolate Drink in different places. Not knowing at the time the benefits of some simple sugars post workout for aid in recovery, I asked what they were for and Tim blurted out, before his head strength coach could answer, "They have more protein than Muscle Milk!" This comment stuck with me for a long time because I believe everyone in the room that day, including Beckman, knew it was a lie. [REDACTED]

[REDACTED] d
[REDACTED] Need less to say, you can understand how disappointed I was [REDACTED].

I first had to use Coach Beckman, as I would Coach Zook, to handle an issue I found to be out of my control, [REDACTED]

[REDACTED]
[REDACTED] I don't really know the answer to those questions, but if that were all, I probably wouldn't be writing this letter. All I can say for sure is, there are many other stories like this waiting to be told, and there will be many more in the future if something isn't done. [REDACTED]

[REDACTED] to be quite frank, I started meeting with other old players, some on the team still and some I haven't seen around the stadium in a year or two. I can see the anger in their stories and I want to be a voice because [REDACTED] y

[REDACTED] b
[REDACTED] l.

[REDACTED] This surgery right away put a damper on my ability to fully embrace having [REDACTED], by working extra on our skills away from the team exercises, for if I was to do any extra work other than rehab, [REDACTED]. This supplemental exercise was what I was doing for myself since I've been playing but I couldn't after practice. Wean while, [REDACTED]. To literally add insult to injury, Coach Beckman insinuates that [REDACTED]. This really upsets me because I am, at the time, one of, if not [REDACTED] as far as total downs played, and the head is choosing to question my commitment to the team.

I'm the kind of guy that wears my emotions on my sleeve. I don't like people assuming anything about me, so when I say Beckman was insulting, I felt insulted [REDACTED]. I started to have some resistance about ideologies from teammates, but only when I was going against beliefs Beckman instilled in us. [REDACTED]. "H [REDACTED]" which is code for get out of bed at 4:30am and go sit in your coaches office so your so that by the end of the day your mind is so exhausted and stressed that anxiety is at an all time high and you would literally rather sleep than graduate college. (This part of my story is later on.) Some of this is my take on the punishments he would hand out for things other players would get away with, but it's honestly how I was feeling at the time and how I still feel to this day.

So [REDACTED], and I am slowly starting to build a strong hatred for Tim Beckman, and a false hatred for the game of football as a whole. Despite my injuries, I continue to improve on the field through the winter and spring of my senior year, [REDACTED]. I started to question the quality [REDACTED]. From the time of my surgery in December until late August when we were getting ready to leave Camp Rantoul, I wondered what was actually [REDACTED]. I wondered if I was going to be able to continue playing after college, I wondered if I was going to let down the thousands of family, friends, and fans, who look to me for inspiration, and soon, the wondering became who I was which made ill.

[REDACTED] The coaches thinking their doctors are another issue that seems unsolvable, and not to mention the whole hush hush Toby Harkins thing, where we had an unlicensed head AT for a few months, or the weird Dr. Gurtler thing, where all of the sudden we have a new "head" orthopedic, Dr. Bane, but for some reason, to this day Dr. Gurtler is still listed as the real head in every game day program to date. I still can't get a straight answer from the trainers about this either, and it somehow always gets turned into a joke when I ask.

I have gotten off topic but [REDACTED] until I finally, got a straight answer out of the football medical staff about what [REDACTED]. It took 9 months of wondering and asking, "MF'ing" the doctors and trainers, and [REDACTED] a handful of times but I finally saw pictures from [REDACTED] in late August. Now, to me that sounds like something is being hidden, so naturally I am very concerned with how I was operated on.

Dr. Zimmerman, a team physician, first [REDACTED] in the training room at the stadium where it was apparent to me that he was in somehow confused or questioning what he was seeing. I was still very upset after half of an explanation, so I requested Dr. Bane, the team orthopedic who operated on me to show me the pictures again and explain what he chose to do. Basically, the first three times I asked, Jake Naas, the head trainer with the football team, to explain what happened in surgery, I got a very nonchalant answer along the lines of, [REDACTED]. Then, after making an ass of myself, Dr. Zimmerman shows me pictures, and explains that the [REDACTED]. Then, I see Dr. Bane and Jake Naas for the appointment I had requested, and Dr. Bane tells me that he [REDACTED].

I still don't know if that was necessary. [REDACTED] I was back to my role as a leader in no time. This would all be up to a doctor or multiple doctors to determine real or not, but the way I was made to wonder lead to a very unproductive summer and fall for me in the classroom and on the field. On top of that, I was on a number of occasions made aware by Beckman and assistant coach Tom Bratton, that I was [REDACTED].

[REDACTED] I couldn't finish the game and sat out practice the week following because it was a bye week and Beckman was nice enough to [REDACTED].

Apparently, I had milked my allotted healing time to long because by end of the bye week, I didn't feel ready to perform, and Beckman made it known that I was, weather I thought I was or not. He came over to injured player area of the field where the strength coaches take players through non-impact workouts during practice. He would single me out saying things like, "These lineman are pussies." and "I can't wait to tell some people about this." Meaning he can't wait to tell the NFL how I can't handle football, and I am not a team player because I am taking my time getting back on the field. At Monday's practice, the wind chill was coldest it had been all year, in the negative teens, and I feel like I was tricked, along with teammate [REDACTED], into wearing just a tee shirt and shorts outside to practice. We were told we were going to go back inside after the team stretches to lift weights in the weight room. Instead, we were made to pull sleds around the field in the cold for an hour and then we had to stand out in the cold watching practice, soaking wet from sweat for 40 minutes. I was blue by the time we went back inside but it was nothing more than a joke to the strength staff and Coach Beckman.

This must have worked in the ignorant, abusive way Beckman wanted it to because the next day I was at practice trying to block with one arm. The day after that, Coach Beckman called me into his office to meet with Coach Bratton and himself about my lack of team mentality. I was shocked by what they were saying, that [REDACTED] in my head [REDACTED]s exaggerated, and my draft stock is plummeting by their choosing alone, and oh, they want me to try [REDACTED] ft [REDACTED]. That makes sense.

I don't remember how that meeting ended but I was very upset. That day at practice, I pushed harder through the pain in warm ups and stretches, trying to ignore it. The pain was bad enough that I couldn't [REDACTED]s but I was at practice and what do you know, the first drill I do using [REDACTED]. I went to the area where the injured guys workout and started riding a stationary bike. Beckman soon walked over to make it well known that there were scouts at practices, incase I hadn't noticed, and asked me if he should call my dad but I was so confused at this point what Beckman might say to him that I insisted he didn't.

The next morning I woke up feeling more [REDACTED]

[REDACTED] I wish that were the end of my story but its not.

After weeks of [REDACTED], Beckman managed to make it even harder for me by then uninviting me to the [REDACTED], as well as the bowl game. This allowed for my teammates, coaches, and the media to almost completely forget I had existed. Beckman continued to let these people imagine whatever they want about me by only commenting when asked about me with, [REDACTED].

So now here we are. Beckman is continuing to suck up money from a university who prides themselves in being inclusive and student-athletes are being treated like this. And for what? A scholarship? If I were a James Scholar on full scholarship and this was happening to me by a professor, or more fitting an analogy would be a dean perhaps, there would be mass uproar. For some reason, there is a culture of not accepting [REDACTED] in the football program, if not in all of athletics at UIUC and there needs to be something done about it before it goes to far and someone's life gets sacrificed for the change to occur. [REDACTED] won't ignore it any longer.

From day one, Beckman made a fool of himself with comments that were proven false, from stories about his college playing time to his experience with drugs and alcohol. Being around the same +/- 100 guys for the NCAA maximum of 20 hours per week, *wink wink* (its more like 40 hour here, on a light week), you'll start to find things to entertain yourselves. One of the best forms is repeating all the ridiculous things Coach Beckman has said. I could write the script to a Tim Beckman roast, but the sad truth is that would be far too honorable, and the way his lies have turned into outright acts of ignorance has go too far. From physically inflicting harm on a player and somehow completely covering it up, to mentally abusing his "sons" on a daily basis on and off the field.

Unaccommodating behaviors, noninclusiveness, and ignorance of mental health are all universal problems in football, but here at Illinois, it has been taken to another level. The system will teach you as a player to be a soldier, not a cowboy, if you hurt the team you are less a man, and if you quit, you are no longer our family member. I think there are undertones of this at every school to some degree.

However, Beckman has failed to acknowledge these stigmas, even though he signed a statement of pledged inclusivity upon taking the job here at Illinois. The University of Illinois has been trying to combat the prejudice and ignorance of racism, hate, and noninclusiveness as a foundation to their education policy. This statement is a simple pledge, saying you will be aware of the differences between people you interact with daily, but Tim Beckman quite simply must not understand.

As far as the stories my other teammates would be able to share which would back these claims of wrong doing, you will have to ask them. What I can say is that I have witnessed with my own eyes Coach Beckman essentially jumping my teammate [REDACTED], and taking him down to the ground in a violent, angry, unnecessary fashion after [REDACTED] got into an altercation with another teammate at practice. It was very embarrassing for [REDACTED], he was made fun of in the locker room about it for days after, and Beckman had the play deleted from the clips of practice film. [REDACTED] but even Coach AJ Ricker, the offensive line coach at the time, warned us to keep quiet if we wanted him to keep his job. And he was talking about his own job, not Beckman's. Coach Ricker had more negative things to say about Beckman than any of the players.

[REDACTED] story is another clear-cut case of unprofessionalism by the coaching staff [REDACTED]

[REDACTED] The coaches will treat weight gain like it's a science but completely ignore the science of the brain in executing a plan for us. [REDACTED] more extreme cases where they were not only being made to work out for punishment for not being at their weight, but would also be watch while they ate at team meals to make sure they were at least trying to eat, even though the anxiety of weight gain was making them vomit. I also was made to workout for not being at my weight in [REDACTED] on the team with more playing time than anyone in the building. [REDACTED] of this treatment.

[REDACTED] of the team and has fit into a role as a [REDACTED] When [REDACTED] was going through issues [REDACTED] not being able eat, he was also seeing help and the coaches were aware.

This summer, in the first meeting back from summer break, Beckman calls out [REDACTED] and yells at him for something that was at least in some way private because at the time no one really knew what he was talking about. We came to find out that [REDACTED]

[REDACTED] Beckman knew this whole story and I really don't know why and it upsets me more than any of these stories, even my own, but he yelled at [REDACTED] in front of the whole team saying, [REDACTED]

[REDACTED] Beckman knows all of this but the example was more important than [REDACTED] in that [REDACTED]



TAB 2



**University of Illinois – Division of Intercollegiate Athletics
Sports Medicine Department**

Injury Management Protocol

Rationale for Guidelines:

Delayed injury management during sport practice or competition can put the student-athlete at risk for further injury. The sports medicine staff needs to be given reasonable time to perform an evaluation and be able to make a return-to-play decision. The decision made is final and should not be subject to confrontation by any member of the Illinois coaching staff. This protocol has been put in place, for all sports and is in the best interest of our student-athletes' well-being.

Guidelines:

- If an injury occurs, a member of the sports medicine staff should be notified and permitted to perform an appropriate evaluation.
- The student-athlete is not available for practice/competition during the evaluation and the sport coaches will be notified.
- Once a decision has been made, the status of the student-athlete will be communicated to the Head coach and or his/her designee.

Football Specific return-to-play guidelines:

Practice: *Same as above*

Game:

- Head Football Athletic Trainer watches the field for injuries during the game.
- One Assistant Athletic Trainer assigned to offense and one Assistant Athletic Trainer to defense to observe and tend to any injuries that occur during the game. Their job is to communicate playing issues to the Head Football Athletic Trainer and also assist watching the field when their group is on the field.
- One Graduate Assistant Athletic trainer is assigned to watch substitutions going on and off the field. Their job is to communicate playing issues to the Head football athletic trainer and help with hydration of the players.

- There will be at least two team physicians at all football games (one orthopedic surgeon and one primary care sports medicine physician) who during the game help the Head Football Athletic trainer watch the field and evaluate injuries.
- When injuries occur on the field the Head Football Athletic trainer and the respective assistant athletic trainer watching the field go out and tend to the student-athlete. The Head Football athletic trainer will communicate to the physicians and assistant athletic trainers via two way radios on nature of the injury and what equipment may be needed to assist with care on the field.
- Once the student-athlete has been removed from the field, their helmet will be taken by one of the sports medicine staff and not returned until they have been cleared to return-to-play.
- One of the team physicians, along with the assistance of the assigned Assistant Athletic trainer (offense/defense) will evaluate the student-athlete.
- The Head Football Athletic Trainer will alert the appropriate coaching staff that the student-athlete has been removed from play and is being evaluated. The Head Football Athletic trainer may return to watching the field. If the Head Football Athletic Trainer evaluates the student-athlete, the Assistant Athletic Trainer whose group is on the field will watch the field.
- Once the student-athlete has been evaluated and their playing status is determined, the team physician and/or the assistant athletic trainer will notify the Head Football Athletic Trainer of their status who then notifies the Head Football coach and the appropriate other coaching staff.

TAB 3



2014-15 NCAA[®] Sports Medicine Handbook





THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION
P.O. Box 6222
Indianapolis, Indiana 46206-6222
317/917-6456
NCAA.org

Twenty-fifth Edition
August 2014

Compiled By: John T. Parsons, Ph.D., ATC, Director,
NCAA Sport Science Institute.

Distributed online and in soft cover to head athletic trainers
and team physicians. Available online at NCAA.org.

Note: Revisions to the guidelines contained in the NCAA
Sports Medicine Handbook may be made on a yearly
basis. Between printings of the handbook, revisions will be
published on NCAA.org. It is important that people using
this handbook be aware of any such revisions. The NCAA
Committee on Competitive Safeguards and Medical
Aspects of Sports suggests that such revisions be
recorded in the handbook, thereby keeping this publication
current. New guidelines and major revisions have been
highlighted with teal shading.

NCAA, NCAA logo and NATIONAL COLLEGIATE
ATHLETIC ASSOCIATION are registered marks of the
Association and use in any manner is prohibited unless
prior approval is obtained from the Association.

Member institutions and conferences may reproduce
information in this publication for their own use, provided
the NCAA copyright is included on the material.

Also found on the NCAA website at the following
address: **NCAA.org**

Copyright, 2014, by the National Collegiate
Athletic Association.
Printed in the United States of America.

PREFACE

The health and safety principle of the National Collegiate Athletic Association's constitution provides that it is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes. To provide guidance in accomplishing this objective and to assist member schools in developing a safe intercollegiate athletics program, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, in conjunction with the NCAA Sport Science Institute, creates a Sports Medicine Handbook. The committee has agreed to formulate guidelines for sports medicine care and protection of student-athletes' health and safety for topics relevant to intercollegiate athletics, applicable to a large population of student-athletes, and not accessible in another easily obtainable source.

This handbook consists of guidelines for each institution for developing sports medicine policies appropriate for its intercollegiate athletics program. In some instances, accompanying best practices, and references to sports medicine or legal resource materials are provided for further guidance. These recommendations are not intended to establish a legal standard of care that must be strictly adhered to by member institutions. In other words, these guidelines are not mandates that an institution is required to follow to avoid legal liability or disciplinary sanctions by the NCAA. However, an institution has a legal duty to use reasonable care in conducting its intercollegiate athletics program, and guidelines may constitute some evidence of the legal standard of care.

These guidelines are not intended to supersede the exercise of medical judgment in specific situations by a member institution's sports medicine staff. In all instances, determination of the appropriate care and treatment of student-athletes must be based on the clinical judgment of the institution's team physician or athletic health care team that is consistent with sound principles of sports medicine care. These recommendations provide guidance for an institution's athletics administrators and sports medicine staff in protecting student-athletes' health and safety, but do not establish any rigid requirements that must be followed in all cases.

This handbook is produced annually, sent to head athletic trainers and team physicians, and made available online to directors of athletics, senior woman administrators, faculty athletics representatives, athletic trainers, team physicians, life skills coordinators and student-athlete advisory committees at each member institution, as well as to conference commissioners. Please view the NCAA Sports Medicine Handbook as a tool to help your institution develop its sports medicine administrative policies. Such policies should reflect a commitment to protecting your student-athletes' health and well-being as well as an awareness of the guidelines set forth in this handbook.

2014-15

SPORTS MEDICINE GUIDELINES

Table of contents

New or significantly revised guidelines are highlighted on this page.

Limited revisions are highlighted within the specific guideline.

FOREWORD	4
1. ADMINISTRATIVE ISSUES	5
A. Sports Medicine Administration	6
B. Interdisciplinary Health Care Teams	8
C. Medical Evaluations, Immunizations and Records	12
D. Emergency Care and Coverage	15
E. Lightning Safety	17
F. Catastrophic Incident in Athletics	19
G. Dispensing Prescription Medication	21
H. Nontherapeutic Drugs	23
I. Alcohol, Tobacco and Other Drug Education Guidelines	24
J. Preseason Preparation	25
K. Strength and Conditioning Principles: Foundations for Athlete Development	28
2. MEDICAL ISSUES	33
A. Medical Disqualification	34
B. Cold Stress and Cold Exposure	35
C. Prevention of Heat Illness	39
D. Weight Loss-Dehydration	43
E. Assessment of Body Composition	44
F. Nutrition and Athletic Performance	48
G. Dietary Supplements	51
H. 'Burners' (Brachial Plexus Injuries)	54
I. Sport-Related Concussion	56
J. Skin Infections	65
K. Menstrual-Cycle Dysfunction	72
L. Blood-Borne Pathogens	74
M. The Use of Local Anesthetics	79
N. Injectable Corticosteroids in Sports Injuries	80
O. Mental Health: Interventions	82
P. Participation by the Student-Athlete With Impairment	88
Q. Pregnancy	89
R. The Student-Athlete With Sickle Cell Trait	91
S. Sun Protection	94
T. Exertional Rhabdomyolysis	97
3. EQUIPMENT	103
A. Protective Equipment	104
B. Eye Safety in Sports	109
C. Mouthguards	111
D. Use of the Head as a Weapon in Football and Other Contact Sports	113
E. Helmet Fitting and Removal	114
F. Use of Trampoline and Minitramp	117
APPENDIXES	119
A. 2014-15 NCAA Banned Drugs	120
B. NCAA Legislation Involving Health and Safety Issues	121
C. Inter-Association Consensus: Independent Medical Care Guidelines	128
D. Inter-Association Consensus: Year-Round Football Practice Contact Guidelines	130
E. NCAA Injury Surveillance Program Summary	133
F. Acknowledgments	137

FOREWORD

Shared Responsibility for Intercollegiate Sports Safety

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation. In an effort to do so, the NCAA collects injury data in intercollegiate sports. When appropriate, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, in conjunction with the NCAA Sport Science Institute, makes recommendations to modify safety guidelines, equipment standards or a sport's rules of play.

It is important to recognize that rule books, safety guidelines and equipment standards, while helpful means of promoting safe athletics participation, are themselves insufficient to accomplish this goal. To effectively minimize the risks of injury from athletics participation, everyone involved in intercollegiate athletics must understand and respect the intent and objectives of applicable rules, guidelines and standards.

The institution, through its athletics director, is responsible for establishing a safe environment for its student-athletes to participate in its intercollegiate athletics program.

Coaches should adequately inform student-athletes about the sport's inherent risks of injury and instruct them how to minimize such risks while participating in games, practices and training.

The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes.

Student-athletes should fully understand and comply with the rules and standard of play that govern their sports and follow established procedures to minimize their risk of injury.

In summary, all people participating in, or associated with, an institution's intercollegiate athletics program share responsibility for taking steps to reduce effectively the risk of injury during intercollegiate athletic competition.

1

ADMINISTRATIVE ISSUES



GUIDELINE 1A

SPORTS MEDICINE ADMINISTRATION

October 1977 • Revised July 2013, July 2014

The following components of a safe athletics program are an important part of injury prevention. They should serve both as a checklist and as a guideline for use by athletics administrators in the development of safe programs.

1. **Preparticipation Medical Exam.** Before student-athletes accept the rigors of any organized sport, their health must be evaluated by qualified medical personnel. Such an examination should determine whether the student-athlete is medically cleared to engage in a particular sport.

Divisions I, II and III require student-athletes new to their campus to complete a sickle cell solubility test, to show results of a prior test or to sign a written release declining the test.

2. **Health Insurance.** Each student-athlete should be covered by individual, parental or institutional medical insurance to defray the costs of significant injury or illness.

NCAA institutions must certify insurance coverage for medical expenses resulting from athletically related injuries in a covered event (see NCAA bylaws).

3. **Preseason Preparation.** The student-athlete should be protected from premature exposure to the full rigors of sports. Preseason conditioning should provide the student-athlete with optimal readiness by the first practice (see Guideline 11, Preseason Preparation).
4. **Acceptance of Risk.** Any informed consent or waiver by student-athletes (or, if minors, by their parents) should be based on an awareness of the risks of participating in intercollegiate sports.
5. **Planning/Supervision.** Safety in intercollegiate athletics can be attained only by appropriate planning for and supervision of practice, competition and travel.
6. **Safe Environments.** Member institutions should support a positive student-athlete development model through respect and sportsmanship. Each student-athlete should be afforded a reasonably safe environment protected from personal endangerment such as abuse (physical, sexual, emotional), assault, hazing or harmful punishment. Policies and procedures should be in place to immediately identify, report and protect individuals reporting

incidents of endangerment. Staff and students reporting such behaviors and incidents should be protected from any negative repercussion. These policies should govern student-to-student, coach-athlete and staff-athlete interaction.

In the interest of the health and welfare of collegiate student-athletes, a student-athlete's health care providers must have clear authority for student-athlete care. Moreover, institutions should strive to adhere to the principles identified in the 2014 Inter-Association Consensus: Independent Medical Care for College Student-Athletes Guidelines (See Appendix C)

7. **Minimizing Potential Legal Liability.** Liability must be a concern of responsible athletics administrators and coaches. Those who sponsor and govern athletics programs should accept the responsibility of minimizing the risk of injury.
8. **Equitable Medical Care.** Member institutions should neither practice nor condone illegal discrimination on the basis of race, creed, national origin, sex, age, disability, social status, financial status, sexual orientation or religious affiliation within their sports medicine programs.

Availability and accessibility to medical resources should be based on established medical criteria (e.g., injury rates, rehabilitation) rather than the sport itself.

Member institutions should not place their sports medicine staffs in compromising situations by having them provide inequitable treatment in violation of their medical codes of ethics.

Institutions should be encouraged to incorporate questions regarding adequacy of medical care, with special emphasis on equitable treatment, in exit interviews with student-athletes.

9. **Equipment.** Purchasers of equipment should be aware of and use safety standards. In addition, attention should be directed to maintaining proper repair and fitting of equipment at all times in all sports.

Student-athletes should:

- a. Be informed what equipment is mandatory and what constitutes illegal equipment;
- b. Be provided the mandated equipment;



- c. Be instructed to wear and how to wear mandatory equipment during participation; and
 - d. Be instructed to notify the coaching staff when equipment becomes unsafe or illegal.
10. **Facilities.** The adequacy and conditions of the facilities used for particular intercollegiate athletics events should not be overlooked, and periodic examination of the facilities should be conducted. Inspection of the facilities should include not only the competitive area, but also warm-up and adjacent areas. Athletic training facilities should adhere to local, state and federal regulations pertaining to health care facilities. A new Board of Certification Facilities best practices has been published.
 11. **Blood-Borne Pathogens.** In 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to minimizing or eliminating occupational exposure to blood-borne pathogens. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.
 12. **Security and Safety Plan.** NCAA member institutions should develop a critical response plan to provide facility, staff and fan safety for potential incidents such as bombings, riots, fire, natural disasters, terrorism threats, etc.
 13. **Emergency Care.** NCAA member institutions should have on file and annually update an emergency action plan for each athletics venue (see Guideline 1C).
 14. **Catastrophic Incident Plan.** NCAA member institutions should develop a catastrophic incident guideline to provide a response plan and support that is necessary during and after a catastrophe such as death or permanent disability during an intercollegiate athletics-sponsored activity (see Guideline 1F).
 15. **Concussion Management Plan.** NCAA member institutions must have a concussion management plan for their student-athletes on file with specific components as described in NCAA bylaws (see Guideline 2I).
 16. **Drug Testing.** NCAA member institutions are responsible for ensuring compliance with NCAA drug testing program requirements (see NCAA Drug Testing Program book, NCAA bylaws, and Appendixes A and B).
 17. **Legislation.** NCAA member institutions are responsible for ensuring compliance with the NCAA bylaws relevant to health and safety as outlined in the division manuals (see Appendix B for a quick reference guide).

GUIDELINE 1B

INTERDISCIPLINARY HEALTH CARE TEAMS

July 2013 • Revised July 2013, July 2014

In July 2014, the NCAA, in partnership with numerous medical and sport organizations, announced “Inter-Association Guidelines” (www.NCAA.org/ssi) that addressed independent medical care in college student-athletes. (Appendix C) The section in teal that follows is taken directly from these guidelines.

BACKGROUND

Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution’s athletic trainer (working under the supervision of a physician) and the team physician. Even though some have cited a potential tension between health and safety in athletics,^{1,2} 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).^{3,4} In the interest of the health and welfare of collegiate student-athletes, a student-athlete’s health care 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.⁵ The following 10 guiding principles, listed in the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges,⁵ 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 man-

agement 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.

Team physician authority becomes the linchpin for independent medical care of student-athletes. Six pre-eminent sports physicians associations agree with respect to “... athletic trainers and other members of the athletic care network report to the team physician on medical issues.”⁶ Consensus aside, a medical-legal authority is a matter of law in 48 states that require athletic trainers to report to a physician in their medical practice. Multiple models exist for collegiate sports medicine. Athletic health care professionals commonly work for the athletics department, student health services, private medical practice, or a combination thereof.

Irrespective of model, the answer for the college student-athlete is established.

EVENT COVERAGE SERVICES

Institutions should have on file an appropriate athletics health care coverage (event) plan that includes equitable access to athletics health care providers for each NCAA sport and student-athlete.

The athletics health care coverage plan should take into consideration the emergency action plans for sport venues, the qualification of coaches to respond to an emergency, and a systemic approach to determine additional athletics health care needs for the venue and sport.

PROVIDERS

The team physician integrates medical expertise with athletic trainers, medical consultants, and other health care professionals. Even if the team physician is not on site at all times, he/she should make regular on-site visits and check in frequently with the athletic training staff. The team physician is ultimately responsible for the clearance to participate and the return-to-play decisions for the institution's student-athletes.

Athletics health care providers (e.g. athletic trainers, team physicians) must be empowered to have the unchallengeable authority to stop any activity that they deem unsafe, and they should determine management and return-to-play of any ill or injured student-athletes without risk of employment status change.

Institutions and athletics health care providers should adhere to federal, state and local regulations; NCAA bylaws and sport playing rules; and the NCAA Sports Medicine Handbook. Athletics health care providers for the student-athlete should be appointed by and should report to institution administrators who are independent from coaches (e.g., health center, campus hospital/medical center, student affairs).

Campus health care facilities are being used more for medical provider oversight while creating a direct link to additional student services. These partnerships are desirable as they help eliminate gaps in medical record information and open care access for general medical conditions and mental health counseling.

An athletics program should feature an adequate number of athletic trainers who are able to provide for the safety and well-being of student-athletes across all

sports. These athletic trainers provide the clinical health care services and sideline care for student-athletes in intercollegiate athletics as part of a physician supervised medical model. Forty-nine states regulate the practice of athletic trainers, and the majority require that an athletic trainer work under the supervision or direction of a physician. All athletic trainers certified by the Board of Certification must provide health care services under the direction of a physician.

The core athletics health care team at many institutions also includes sports psychologist/mental health professionals, strength and conditioning specialists, and sports dietitians. In addition, some institutions include chiropractors, dentists, exercise scientists, facilities personnel, insurance coordinators, massage therapists, nurse practitioners, optometrists, physical therapists and physician assistants as part of their athletics health care team. These individuals must also meet current state and national credentialing requirements for their profession (e.g., licensure, certification, registration). A coach should not have a primary hiring or firing role in determining employment of these additional athletics health care team members.

EVALUATION

An institution should evaluate its health care services on a routine basis. Performance appraisals for health care providers in the athletics setting are an important assessment component for establishing an effective quality improvement program for the sports medicine team. Performance appraisals should include two main areas: (1) individual staff performance and (2) athletics health care services. Athletics health care team members should be evaluated by a person who understands and can evaluate the delivery of quality health care.

An athletics program should use a systematic approach to determine the appropriate level of health care and staffing for student-athlete medical care and sport coverage at an institution. The Appropriate Medical Coverage for Intercollegiate Athletics assessment tool is a rating system using injury rates, the potential for catastrophic injury, and treatment/rehabilitation demands for both time-loss and non-time-loss injuries per sport. Consideration should also include a year-round assessment of squad sizes, travel, traditional and nontraditional season practices and competitions, out-of-season skill instruction sessions, year-round strength and conditioning, and individual health characteristics of team members.



Some examples of day-to-day duties at NCAA institutions include:

Medical Services

- Injury evaluation and treatment
- Injury rehabilitation and reconditioning
- After-hours/on-call consultation and injury/illness management
- Outside medical provider services
- Team physician services
- Concussion pre-injury baseline testing
- Concussion management
- Diagnostic testing
- Exclusive medical provider contracts
- Championships/tournament event coverage
- Injury prevention programs
- Visiting team services
- Ancillary medical services

Risk Minimization

- Injury prevention and care policies
- Environmental monitoring
- Emergency action plans
- Functional movement assessments/assessment of pre-existing conditions
- Mental health counseling referrals
- Nutrition suggestions and referral
- Safe facilities (e.g., BOC Facility Principles)
- Create/maintain appropriate medical referral system
- Review epidemiologic and current evidence-based research for clinical outcomes assessment
- Design and application of preventive and post-injury taping, bracing and padding
- Protective equipment selection, fitting and use

- Recommendations for sport rule changes
- Make appropriate play/no-play decisions
- First aid/CPR training
- Infection control
- Coordinate pre-participation medical examinations
- Practice/event coverage
- Knowledge of and recommendations for institutional and governing body drug testing
- Budget management to provide adequate resources to purchase risk-reduction supplies
- Use communication and interpersonal skills to create trust between student-athletes, coaches, administrators and the athletic training staff

Organization and Administration

- Budgeting
- Electronic medical record management
- Meetings (recruits, parents, coaches and administrators)
- Credential maintenance
- Pre-participation examination (PPE)/medical history
- Sports Medicine Team relations, staff scheduling, performance evaluations
- Emergency action plans (EAPs)
- Hosting physician clinics
- Insurance claims management
- Quality control for facilities and care
- Student-athlete transport to medical appointments
- Drug use prevention
- Inventory management
- Risk management
- Athlete, coach, peer education

Fiscal Management

- Insurance premiums

- Staffing and workload management
- Medical services
- Budget management
- Fundraising
- Academic success
- Contracts

Academics

- Academic teaching/Athletic Training Education Program preceptor
- Life skills presentations
- Psychological issues and referrals
- Counseling referrals/medication documentation (e.g., for attention deficit hyperactivity disorder)
- Student retention through active return-to-play engagement

Of utmost importance is the daily documentation of these services through an adequate medical record-keeping system for any person (including current, prospective and visiting team student-athletes) with whom the athletics health care team is in contact.

REFERENCES

1. Matheson GO. Maintaining professionalism in the athletic environment. *Phys Sportsmed*. 2001 Feb;29(2)
2. Wolverton B. (2013, September 2) Coach makes the call. *The Chronicle of Higher Education*. [Available online] <http://chronicle.com/article/Trainers-Butt-Heads-With/141333/>
3. NCAA Bylaw 3.2.4.17 (Div. I and Div. II; 3.2.4.16 (Div. III).
4. National Collegiate Athletic Association. (2013). 2013-14 NCAA Division I Manual. Indianapolis, IN: NCAA.
5. Courson R et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athletic Training* 2014; 49:128-137.
6. Herring SA, Kibler WB, Putukian M. Team Physician Consensus Statement: 2013 update. *Med Sci Sports Exerc*. 2013 Aug;45(8):1618-22.
7. Delany J, Goodson P, Makeoff R, Perko A, Rawlings H [Chair]. Rawlings panel on intercollegiate athletics at the University of North Carolina at Chapel Hill. Aug 29 '13. http://rawlingspanel.web.unc.edu/files/2013/09/Rawlings-Panel_Intercollegiate-Athletics-at-UNC-Chapel-Hill.pdf

GUIDELINE 1C

MEDICAL EVALUATIONS, IMMUNIZATIONS AND RECORDS

July 1977 • Revised June 2011

Preparticipation medical evaluation. A preparticipation medical evaluation is required by all three NCAA Divisions upon a student-athlete's entrance into the institution's intercollegiate athletics program. The evaluation should be conducted by a medical doctor (MD) or doctor of osteopathic medicine (DO) licensed and in good standing in his or her state. Within this evaluation process, Division I, Division II and Division III require student-athletes new to their campus to confirm their sickle cell solubility status by showing results of a diagnostic test or to sign a written release declining the test. This initial medical evaluation should include a standardized, comprehensive health history, immunization history as defined by current Centers for Disease Control and Prevention (CDC) guidelines and a relevant physical exam, with strong emphasis on the cardiovascular, neurologic and musculoskeletal evaluation. After the initial medical evaluation, an updated history should be performed annually. Further preparticipation physical examinations are not believed to be necessary unless warranted by the updated history or a change in the student-athlete's health status.

Official and unofficial visit medical evaluations. Institutions should follow regulations pertaining to conducting medical examinations on prospective student-athletes as outlined by their respective division bylaws.

Cardiac. Sudden cardiac death (SCD) is the leading medical cause of death in NCAA athletes and represents 75 percent of all sudden death cases that occur during training, exercise or competition. In a five-year review of sudden deaths involving NCAA student-athletes, the incidence of SCD was approximately one in every 40,000 student-athletes per year. The American Heart Association recommends cardiovascular screening as a part of the initial physical exam required upon a student-athlete's entrance into the intercollegiate athletics program. In subsequent years, an interim history and blood pressure measurement should be taken. Changes in medical status or abnormalities may require more thorough cardiovascular evaluation.

Preparticipation Physical Evaluation (PPE) Monograph. This document guides a practitioner through the PPE process for young athletes from middle school through college. Included are recommendations on PPE timing, setting and structure; medical history questions; and how to determine participation clearance. The manual lists return-to-play guidelines; addresses medicolegal and ethical concerns; and

MEDICAL DOCUMENTATION STANDARDS GUIDELINES

(From the NCAA)

Contemporaneous Diagnosis of Injury

- Contemporaneous medical documentation that validates timing of injury or illness (Required)
- Contemporaneous medical documentation that verifies initial severity of injury or illness (demonstrates incapacitation likely results for remainder of season) (Recommended)
- Operation report(s) or surgery report(s) or emergency room document(s) (Recommended)

Acknowledgment That the Injury Is Incapacitating

- Contemporaneous letter or diagnosis from treating physician identifying injury or illness as "incapacitating" OR
- Noncontemporaneous letter or diagnosis from treating physician identifying injury or illness as "incapacitating" AND
- Treatment logs or athletic trainer's notes (indicating continuing rehabilitation efforts)

Length of Incapacitation (verifying opportunity for injured student-athlete to resume playing within championship season in question is medically precluded)

- Estimated length of incapacitation or recovery time range contained within original contemporaneous medical documentation AND
- Contemporaneous documentation of follow-up doctor visits (within the estimated time range) in which student-athlete is not cleared to resume playing OR
- Treatment logs or athletic trainer's notes (indicating continuing rehabilitation efforts)

explores future research and use of electronic formats. The prepared forms are often used as a template or minimum guideline for institutions.

Medical records. Student-athletes have a responsibility to truthfully and fully disclose their medical history and to report any changes in their health to the team's health care provider. Medical records should be main-



tained during the student-athlete's collegiate career and should include:

1. A record of injuries, illnesses, new medications or allergies, pregnancies and operations, whether sustained during the competitive season or the offseason;
2. Referrals for and feedback from consultation, treatment or rehabilitation;
3. Subsequent care and clearances;
4. A comprehensive entry-year health-status questionnaire and an updated health-status questionnaire each year thereafter. Components of the questionnaire should consider recommendations from the American Heart Association (see reference Nos. 3 and 4) and the 4th Edition Preparticipation Physical Evaluation (see reference No. 6).
5. Immunizations. It is recommended that student-athletes be immunized and up to date for the following:
 - a. Measles, mumps, rubella (MMR);
 - b. Hepatitis B;
 - c. Diphtheria, tetanus (and boosters when appropriate);
 - d. Meningitis; and e. Seasonal influenza (flu).
6. Written permission, signed annually by the student-athlete, which authorizes the release of medi-

cal information to others. Such permission should specify all people to whom the student-athlete authorizes the information to be released. The consent form also should specify which information may be released and to whom.

Note: Records maintained in the athletic training facility are medical records, and therefore subject to state and federal laws with regard to confidentiality and content. Each institution should obtain from appropriate legal counsel an opinion regarding the confidentiality and content of such records in its state.

Medical records and the information they contain should be created, maintained and released in accordance with clear written guidelines based on this opinion. All personnel who have access to a student-athlete's medical records should be familiar with such guidelines and informed of their role in maintaining the student-athlete's right to privacy.

Institutions should consider state statutes for medical records retention (e.g., seven years, 10 years); institutional policy (e.g., insurance long-term retention policy); and professional liability statute of limitations.

Follow-up examinations. Those who have sustained a significant injury or illness during the sport season should be given a follow-up examination to re-establish medical clearance before resuming participation in a particular sport. This policy also should apply to preg-

nant student-athletes after delivery or pregnancy termination. These examinations are especially relevant if the event occurred before the student-athlete left the institution for summer break. Clearance for individuals to return to activity is solely the responsibility of the team physician or that physician's designated representative.

Medical Hardship Waivers. Documentation standards should assist conferences and institutions in designing a medical treatment protocol that satisfies all questions of incapacitation and reflects such in the records. To clarify:

- Hardship waiver: A hardship waiver deals with a student-athlete's seasons of competition and may only be granted if a student-athlete has competed and used one of the four seasons of competition.
- Extension waiver: An extension waiver deals with time on a student-athlete's eligibility clock and may be granted if, within a student-athlete's period of eligibility (five years or 10 semesters), he or she has been denied more than one participation opportunity for reasons beyond the student-athlete's and the institution's control.

In order to demonstrate that an injury or illness prevented competition and resulted in incapacitation for the remainder of the playing season, an institution needs to provide objective documentation to substantiate the incapacitation. Three key components need to be included in this documentation:

1. Contemporaneous diagnosis of injury/illness;
2. Acknowledgment that the injury/illness is incapacitating; and
3. Length of incapacitation.

For more information about medical hardship waivers, read the complete article at NCAA.org or contact the NCAA's student-athlete reinstatement staff.

REFERENCES

1. Cook LG, Collins M, Williams WW, et. al.: Prematriculation Immunization Requirements of American Colleges and Universities. *Journal of American College Health* 42:91-98, 1993.
2. ACHA Guidelines Recommendations for Institutional Prematriculation Immunizations. 2012. Available at: http://www.acha.org/publications/docs/ACHA_RIPI_Apr2012.pdf
3. Recommendations and Considerations Related to Pre-Participation

Screening for Cardiovascular Abnormalities in Competitive Athletics: 2007 Update: *Circulation*. Mar 2007; 115:1643-1655.

4. Gardner P, Schaffner W: Immunizations of Adults. *The New England Journal of Medicine* 328(17):1252-1258, 1993.
5. Hepatitis B Virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the Immunization Practices Advisory Committee. *Morbidity and Mortality Weekly Report* 40 (RR-13), 1991.
6. Preparticipation Physical Evaluation. 4th Ed. American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society of Sports Medicine, American Orthopaedic Society of Sports Medicine. Published by the American Academy of Pediatrics, 2010. Available at <https://nf.aafp.org/Shop/forms-downloads/preparticipation-physician-evaluation-monograph>.
7. Eligibility Recommendations for Competitive Athletes with Cardiovascular Abnormalities. 36th Bethesda Conference. *Journal of American College of Cardiology*, 45(8), 2005.
8. Harmon KG, Asif IM, Klossner D, Drezner JA. Incidence of Sudden Cardiac Death in NCAA Athletes. *Circulation*. Apr 2011.
9. Persons for Whom Annual Vaccination Is Recommended: Influenza Prevention and Control Recommendations. CDC. 2012. Available at: <http://www.cdc.gov/flu/professionals/acip/persons.htm>

GUIDELINE 1D

EMERGENCY CARE AND COVERAGE

October 1977 • Revised July 2012

Reasonable attention to all possible preventive measures will not eliminate sports injuries. Each scheduled practice or contest of an institution-sponsored intercollegiate athletics event, and all out-of-season practices and skills sessions, should include an emergency plan. Like student-athlete well-being in general, a plan is a shared responsibility of the athletics department; administrators, coaches and medical personnel should all play a role in the establishment of the plan, procurement of resources and understanding of appropriate emergency response procedures by all parties.

Components of such a plan should include:

1. The presence of a person qualified and delegated to render emergency care to a stricken participant;
2. The presence or planned access to a physician for prompt medical evaluation of the situation, when warranted;
3. Planned access to early defibrillation;
4. Planned access to a medical facility, including a plan for communication and transportation between the athletics site and the medical facility for prompt medical services, when warranted. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured;
5. All necessary emergency equipment should be at the site or quickly accessible. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. This equipment should include, but is not limited to, an automated external defibrillator (AED), a bag-valve mask, advanced airway tools, a spine board and other stabilization supplies for the head and neck, splints, and bleeding control materials, such as a tourniquet and large sterile dressings. Sports medicine providers should be trained to use emergency equipment prior to deployment. Additionally, emergency information about the student-athlete should be available both at campus and while traveling for use by medical personnel;
6. An inclement weather policy that includes provisions for decision-making and evacuation plans (See Guideline 1e);
7. A thorough understanding by all parties, including the leadership of visiting teams, of the personnel and procedures associated with the emergency-care plan; and
8. Certification in cardiopulmonary resuscitation techniques (CPR), first aid and prevention of disease transmission (as outlined by OSHA guidelines) should be required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. New staff engaged in these activities should comply with these rules within six months of employment. Refer to Appendix B for NCAA coach sport safety legislative requirements.
9. A member of the institution's sports medicine staff should be empowered to have the unchallengeable



GUIDELINES TO USE DURING A SERIOUS ON-FIELD PLAYER INJURY

These guidelines have been recommended for National Football League (NFL) officials and have been shared with NCAA championships staff.

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
2. Players, parents and nonauthorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or nonmedical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e., removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull an injured teammate or opponent from a pileup.
6. Once medical staff members begin to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainers or team physicians or taking up their time to perform such services.

authority to cancel or modify a workout for health and safety reasons (i.e., environmental changes), as he or she deems appropriate.

10. Institutions should ensure that the emergency action plan (EAP) incorporates roles and responsibilities of coaching staff, medical staff, spectators and others during injury evaluation/response on the field, to ensure appropriate first response and medical evaluation. The EAP should provide that appropriate medical staff have access to the injured athlete without interference.
11. Institutions should have on file and annually update an emergency action plan for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not

limited to, concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g., asthma), bleeding and sickle cell trait (SCT) collapses. All athletics health care providers and coaches, including strength and conditioning coaches, sport coaches and all athletics personnel conducting activities with student-athletes, should review and practice the plan at least annually.

REFERENCES

1. Halpern BC: *Injuries and emergencies on the field*. In Mellion MB, Shelton GL, Walsh WM (eds): *The Team Physician's Handbook*. St. Louis, MO: Mosby-Yearbook, 1990, pp. 128-142.
2. Harris AJ: *Disaster plan—A part of the game plan*. *Athletic Training* 23(1):59, 1988.
3. *Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics*. National Athletic Trainers' Association, (2952 Stemmons Freeway, Dallas, Texas) 2003.
4. Van Camp SP, et al: *Nontraumatic sports death in high school and college athletics*. *Medicine and Science in Sports and Exercise* 27(5):641-647, 1995.
5. *Mass Participation Event Management for the Team Physician: A Consensus Statement*. *Medicine and Science in Sports and Exercise* 36(11):2004-2008, 2004.
6. *Sideline Preparedness for the Team Physician: A Consensus Statement*. *Medicine and Science in Sports and Exercise* 33(5):846-849, 2001.
7. *Laws on Cardiac Arrest and Defibrillators, 2007 update*. Available at: www.ncsl.org/issues-research/health/laws-on-cardiac-arrest-and-defibrillators-aeds.aspx.
8. *Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement*. *Journal of Athletic Training*. 42:143-158. 2007.
9. *National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine-Injured Athlete*. *Journal of Athletic Training*. 44:306-331. 2009.

GUIDELINE 1E

LIGHTNING SAFETY

July 1997 • Revised July 2013, June 2014

Lightning is the most consistent and significant weather hazard that may affect intercollegiate athletics. Within the United States, the National Oceanic and Atmospheric Administration (NOAA) estimates that 40 fatalities and about 10 times that many injuries occur from lightning strikes every year. NOAA estimates that as many as 62 percent of lightning strike fatalities occur during outdoor organized sport activities. While the probability of being struck by lightning is low, the odds are significantly greater when a storm is in the area and proper safety precautions are not followed.

Education and prevention are the keys to lightning safety. The references associated with this guideline are an excellent educational resource. Prevention should begin long before any intercollegiate athletics event or practice occurs by being proactive and having a lightning safety plan in place. The following steps are recommended to mitigate the lightning hazard:

1. Develop a lightning safety plan for each outdoor venue. At a minimum, that plan should include the following:
 - a. The use of lightning safety slogans to simplify and summarize essential information and knowledge. For example, the following slogan from the National Lightning Safety Institute is an effective guide: "If you see it, flee it; if you can hear it, clear it." This slogan reflects the fact that upon the first sound of thunder, lightning is likely within eight to 10 miles and capable of striking your location. No punishment or retribution should be applied to someone who chooses to evacuate if perceiving that his or her life is in danger due to severe weather.
 - b. Designation of a person to monitor threatening weather and to notify the chain of command who can make the decision to remove a team, game personnel, television crews, and spectators from an athletics site or event. That person must have recognized and unchallengeable authority to suspect activity.
 - c. Planned instructions/announcements for participants and spectators, designation of warning and all clear signals, proper signage, and designation of safer places from the lightning hazard.
 - d. Daily monitoring of local weather reports before any practice or event, and a reliable and accurate source of information about severe weather that may form during scheduled intercollegiate athletics events or practices. Of special note should be National Weather Service-issued

DANGEROUS LOCATIONS

Outside locations increase the risk of being struck by lightning when thunderstorms are in the area. Typically, anything referred to as a "shelter" is not safe from lightning. Dugouts, refreshment stands, open press boxes, rain shelters, golf shelters and picnic shelters, even if they are properly grounded for structural safety, are unsafe and may actually increase the risk of lightning injury. Other dangerous locations include high ground, bodies of water (pools, ponds, lakes) and areas connected to, or near, light poles, towers and fences that can carry a nearby strike to people.

- thunderstorm "watches" or "warnings," and the warning signs of developing thunderstorms in the area, such as high winds or darkening skies. A "watch" means conditions are favorable for severe weather to develop in an area; a "warning" means that severe weather has been reported in an area and for everyone to take the proper precautions. It should be noted that neither watches nor warnings are issued for lightning. An NOAA weather radio is particularly helpful in providing this information.
- e. Identification of, and a mechanism for ensuring access to, the closest safer buildings, vehicles, and locations to the field or playing area, and an estimate of how long it takes to evacuate to that location for all personnel at the event. A safer building or location is defined as:
 - Any fully enclosed building normally occupied or frequently used by people, with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using the shower, plumbing facilities, and electrical appliances, and stay away from open windows and doorways during a thunderstorm.
 - In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires, are what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal frame-

work of the vehicle. Some athletics events rent school buses as safer locations to place around open courses or fields.

2. For large-scale events, continuous monitoring of the weather should occur from the time pre-event activities begin throughout the event.
3. Venue-specific activity-suspension, venue evacuation, and activity-resumption plans:
 - a. Upon the first sound of thunder, lightning is likely within eight to 10 miles and capable of striking your location. Please note that thunder may be hard to hear if there is an athletics event going on, particularly in stadia with large crowds. Lightning can strike from blue sky and in the absence of rain. At least 10 percent of lightning occurs when there is no rainfall and when blue sky is often visible somewhere in the sky, especially with summer thunderstorms. Lightning can, and does, strike 10 (or more) miles away from the rain shaft. Be aware of local weather patterns and review local weather forecasts prior to an outdoor practice or event.
 - b. Ensure a safe and orderly evacuation from the venue with announcements, signage, safety information in programs, and entrances that can also serve as mass exits. Planning should account for the time it takes to move a team and crowd to their designated safer locations. Individuals should not be allowed to enter the outdoor venue and should be directed to the safer location.
 - c. Avoid using landline telephones except in emergency situations. People have been killed while using a landline telephone during a thunderstorm. Cellular or cordless phones are safe alternatives to a landline phone, particularly if the person and the antenna are located within a safer structure or location, and if all other precautions are followed.
 - d. To resume athletics activities, lightning safety experts recommend waiting 30 minutes after both the last sound of thunder and last flash of lightning. A useful slogan is “half an hour since thunder roars, now it’s safe to go outdoors.” At night, be aware that lightning can be visible at a much greater distance than during the day as clouds are being lit from the inside by lightning. This greater distance may mean that the lightning is no longer a significant threat. At night, use both the sound of thunder and

seeing the lightning channel itself to decide on re-setting the 30-minute “return-to-play” clock before resuming outdoor athletics activities.

4. Emergency care protocols: People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning-strike victims who show signs of cardiac or respiratory arrest need prompt emergency help. If you are in a 911 community, call for help. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strike. Automatic external defibrillators (AEDs) are a safe and effective means of reviving persons in cardiac arrest. Planned access to early defibrillation should be part of your emergency plan. However, CPR should never be delayed while searching for an AED.

Note: Weather watchers, real-time weather forecasts and commercial weather-warning and lightning monitoring devices or services are all tools that can be used to aid in the monitoring, notification, and decision-making regarding stoppage of play, evacuation and return to play.

REFERENCES

1. Cooper MA, Andrews CJ, Holle RL, Lopez RE. *Lightning Injuries*. In: Auerbach, ed. *Management of Wilderness and Environmental Emergencies*. 5th ed. C.V. Mosby, 2007:67-108.
2. Price TG, Cooper MA: *Electrical and Lightning Injuries*. In: Marx et al. *Rosen’s Emergency Medicine, Concepts and Clinical Practice*, Mosby, 6th ed. 2006; 22: 67-78.
3. National Lightning Safety Institute website: www.lightningsafety.com.
4. Uman MA. *All About Lightning*. New York: Dover Publications. 1986.
5. NOAA lightning safety website: www.lightningsafety.noaa.gov.
6. Walsh KM, Hanley MJ, Graner SJ, Beam D, Bazluki J. A Survey of Lightning Safety Policy in Selected Division I Colleges. *Journal of Athletic Training*. 32(3):206-210. 1997.
7. Holle RL. 2005: Lightning-caused recreation deaths and injuries. Preprints, 14th Symposium on Education, January 9-13, San Diego, California, American Meteorological Society, 6 pp.
8. The Weather Channel on satellite or cable, and on the Internet at www.weather.com
9. Walsh KM, Cooper MA, Holle R, Rakov V, Roeder WP, Ryan M. National Athletic Trainer’s Association Position Statement. *Lightning Safety for Athletics and Recreation*. *Journal of Athletic Training*. 48(2):258-270. 2013

GUIDELINE 1F

CATASTROPHIC INCIDENT IN ATHLETICS

July 2004 • Revised July 2008

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Timothy Neal, ATC, Syracuse University, who originally authored this guideline.

Catastrophes such as death or permanent disability occurring in intercollegiate athletics are rare. However, the aftermath of a catastrophic incident to a student-athlete, coach or staff member can be a time of uncertainty and confusion for an institution. It is recommended that NCAA member institutions develop their own catastrophic incident guideline to provide information and the support necessary to family members, teammates, coaches and staff after a catastrophe. Centralizing and disseminating the information is best served by developing a catastrophic incident guideline. This guideline should be distributed to administrative, sports medicine and coaching staffs within the athletics department. The guideline should be updated and reviewed annually with the entire staff to ensure information is accurate and that new staff members are aware of the guideline.

Components of a catastrophic incident guideline should include:

- 1. Definition of a Catastrophic Incident.** The sudden death of a student-athlete, coach or staff member from any cause, or disabling and/or quality-of-life-altering injuries.
- 2. A Management Team.** A select group of administrators who receive all facts pertaining to the catastrophe. This team works collaboratively to officially communicate information to family members, teammates, coaches, staff, the institution and media. This team may consist of one or more of the following: director of athletics, head athletic trainer, university spokesperson, director of athletic communications and university risk manager. This team may select others to help facilitate fact finding specific to the incident.
- 3. Immediate Action Plan.** At the moment of the catastrophe, a checklist of whom to call and immediate steps to secure facts and offer support are items to be included.
- 4. Chain of Command/Role Delineation.** This area outlines each individual's responsibility during the aftermath of the catastrophe. Athletics administrators, university administrators and support services personnel should be involved in this area.
- 5. Criminal Circumstances.** Outline the collaboration of the athletics department with university, local and state law enforcement officials in the event of accidental death, homicide or suicide.
- 6. Away-Contest Responsibilities.** Catastrophes may occur at away contests. Indicate who should

CATASTROPHIC INJURY RESEARCH

The National Center for Catastrophic Sports Injury Research continues to research catastrophic injuries in sports through funding by the NCAA. In 2014, Bylaw 3.2.4.18 was approved by the NCAA membership in all divisions and is intended to make tracking catastrophic injuries more accurate and comprehensive. "An active member institution shall submit data detailing student-athlete catastrophic fatalities, near fatalities and catastrophic injuries (e.g., injuries and illnesses related to head, neck, spine, cardiac, pulmonary, heat, sickle cell trait, eyes) to the NCAA on an annual basis pursuant to policies and procedures that govern such data as determined by the Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS)."

In this effort, the NCCSIR will work the Datalys Center for Sport Injury Research and Prevention, and with the Consortium for Catastrophic Injury Monitoring in Sport to expand the breadth of research to include all major forms of catastrophic injury including head, neck and spine injuries, exertional injuries including heat and sickle cell, and cardiac injuries.

Catastrophic injuries include the following:

1. Fatalities;
2. Non-fatalities that result in permanent functional disability;
3. Non-fatal, serious injuries that are recoverable and do not result in permanent disability.

Please report an incident at www.sportinjuryreport.org.

Additional information about the NCCSIR can be found at www.nccsir.unc.edu

Additional information about the Consortium can be found at nccsir.unc.edu/consortia-and-partners/

stay behind with the individual to coordinate communication and act as a university representative until relieved by the institution.

7. **Phone List and Flow Chart.** Phone numbers of all key individuals (office, home, cell) involved in the management of the catastrophe should be listed and kept current. Include university legal counsel numbers and the NCAA catastrophic injury service line number (800/245-2744). A flow chart of who is to be called in the event of a catastrophe is also useful in coordinating communication.
8. **Incident Record.** A written chronology by the management team of the catastrophic incident is recommended to critique the process and provide a basis for review and enhancement of procedures.
9. **Notification Process.** After the catastrophic incident, the director of athletics, assistant director of athletics for sports medicine (head athletic trainer), head coach (recruiting coach if available) and university risk manager/legal counsel, as available, will contact the parents/legal guardians/spouse of the victim. The director of athletics, head coach and others deemed necessary will inform the team, preferably in person, as soon as possible and offer counseling services and support.
10. **Assistance to Visiting Team's Catastrophic Incident as Host Institution.** In the event that a visiting team experiences a catastrophic incident, the host institution may offer assistance by alerting the director of athletics or another member of the catastrophic incident management team in order to make as many resources available as possible to the visiting team. The host institution may assist in contacting the victim's institution and athletics administration, as well as activating, as appropriate, the host institution's catastrophic incident guideline to offer support to the visiting team's student-athletes, coaches and staff.

CATASTROPHIC INJURY INSURANCE PROGRAM

The NCAA sponsors a catastrophic injury insurance program that covers a student-athlete who is catastrophically injured while participating in a covered intercollegiate athletic activity. The policy has a \$90,000 deductible and provides benefits in excess of any other valid and collectible insurance. The policy will pay \$25,000 if an insured person dies as a result of a covered accident or sustains injury due to a covered

accident that, independent of all other causes, results directly in the death of the insured person within twelve (12) months after the date of such injury. Both catastrophic injuries and sudden deaths should be reported to the NCAA national office insurance staff. For more information, visit NCAA.org.

REFERENCES

1. Neal, TL: *Catastrophic Incident Guideline Plan*. NATA News: 12, May 2003.
2. Neal, TL: *Syracuse University Athletic Department Catastrophic Incident Guideline*, 2012.
3. *Catastrophic Cervical Spine Injuries in the Collision Sport Athlete, Part 1: Epidemiology, Functional Anatomy, and Diagnosis*. Banerjee, R, Palumbo, MA, and Fadale, PD. *American Journal of Sports Medicine*, 32: 4. 1077-1087.
4. *Catastrophic injuries in pole vaulters: a prospective 9-year follow-up study*. Boden BP, Boden MG, Peter RG, Mueller FO, Johnson JE. *Am J Sports Med*. 2012 40(7):1488-94.
5. *Fatalities in high school and college football players*. Boden BP, Breit I, Beachler JA, Williams A, Mueller FO. *Am J Sports Med*. 2013 41(5):1108-16.
6. *Catastrophic Sport Injury Research 30th Annual Report 2012*. Available at: <http://www.unc.edu/depts/nccsi/>
7. *Incidence of sudden cardiac death in National Collegiate Athletic Association athletes*. Harmon KG, Asif IM, Klossner D, Drezner JA. *Circulation*. 2011 123(15):1594-600.

GUIDELINE 1G

DISPENSING PRESCRIPTION MEDICATION

May 1986 • Revised June 2008

Research sponsored by the NCAA has shown that prescription medications have been provided to student-athletes by individuals other than people legally authorized to dispense such medications. This is an important concern because the improper dispensing of both prescription and nonprescription drugs can lead to serious medical and legal consequences.

Research also has shown that state and federal regulations regarding packaging, labeling, record keeping and storage of medications have been overlooked or disregarded in the dispensing of medications from the athletic training facility. Moreover, many states have strict regulations regarding packaging, labeling, record keeping and storage of prescription and nonprescription medications. Athletics departments must be concerned about the risk of harm to the student-athletes when these regulations are not followed.

Administering drugs and dispensing drugs are two separate functions. Administration generally refers to the direct application of a single dose of drug. Dispensing is defined as preparing, packaging and

labeling a prescription drug or device for subsequent use by a patient. Physicians **cannot** delegate to athletic trainers the authority for dispensing prescription medications under current medication-dispensing laws, since athletic trainers are not authorized by law to dispense these drugs under any circumstances. The improper delegation of authority by the physician or the dispensing of prescription medications by the athletic trainer (even with permission of the physician) places both parties at risk for legal liability.

If athletics departments choose to provide prescription and/or nonprescription medications, they must comply with the applicable state and federal laws for doing so. It is strongly encouraged that athletics departments and their team physicians work with their on-site or area pharmacists to develop specific policies.

The following items form a minimal framework for an appropriate drug-distribution program in a college-athletics environment. Since there is extreme variability in state laws, it is imperative for each institution to consult with legal counsel in order to be in full compliance.



1. Drug-dispensing practices are subject to and should be in compliance with all state, federal and Drug Enforcement Agency (DEA) regulations. Relevant items include appropriate packaging, labeling, counseling and education, record keeping, and accountability for all drugs dispensed.
2. Certified athletic trainers should not be assigned duties that may be performed only by physicians or pharmacists. A team physician cannot delegate diagnosis, prescription-drug control or prescription-dispensing duties to athletic trainers.
3. Drug-distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The record should be current and easily accessible by appropriate medical personnel.
4. All prescription and over-the-counter (OTC) medications should be stored in designated areas that ensure proper environmental (dry with temperatures between 59 and 86 degrees Fahrenheit) and security conditions.
5. All drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications.
6. All emergency and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security.
7. Individuals receiving medication should be properly informed about what they are taking and how they should take it. Drug allergies, chronic medical conditions and concurrent medication use should be documented in the student-athlete's medical record and readily retrievable.
8. Follow-up should be performed to be sure student-athletes are complying with the drug regimen and to ensure that drug therapy is effective.

REFERENCES

1. Adherence to Drug-Dispensation and Drug-Administration Laws and Guidelines in Collegiate Athletic Training Rooms. *Journal of Athletic Training*. 38(3): 252-258, 2003.
2. Anderson WA, Albrecht RR, McKeag DB, et al.: A national survey of alcohol and drug use by college athletes. *The Physician and Sportsmedicine*. 19:91-104, 1991.

3. Herbert DL: Dispensing prescription medications to athletes. In Herbert, DL (ed): *The Legal Aspects of Sports Medicine* Canton, OH: Professional Sports Publications, 1991, pp. 215-224.
4. Huff PS: Drug Distribution in the Training Room. In *Clinics in Sports Medicine*. Philadelphia, WB Saunders Co: 211-228, 1998.
5. Huff PS, Prentice WE: Using Pharmacological Agents in a Rehabilitation Program. In *Rehabilitation Techniques in Sports Medicine* (3rd Ed.) Dubuque, IA, WCB/McGraw-Hill 244-265, 1998.
6. Laster-Bradley M, Berger BA: Evaluation of Drug Distribution Systems in University Athletics Programs: Development of a Model or Optimal Drug Distribution System for Athletics Programs. Unpublished report, 1991. (128 Miller Hall, Department of Pharmacy Care Systems, Auburn University, Auburn, AL 36849-5506)
7. Price KD, Huff PS, Isetts BJ, et.al: University-based sports pharmacy program. *American Journal Health-Systems Pharmacy*. 52:302-309, 1995.
8. National Athletic Trainers' Association Consensus Statement: Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility. *NATA News*. January 2009.

GUIDELINE 1H

NONTHERAPEUTIC DRUGS

July 1981 • Revised July 2013, July 2014

The NCAA denounces the use of nontherapeutic drugs such as performance enhancing drugs, alcohol, and other recreational drugs by student-athletes. Examples include, but are not limited to, alcohol, amphetamines, ephedrine, ma huang, opiates, anabolic-androgenic steroids, barbiturates, caffeine, cocaine, heroin, LSD, PCP, marijuana and all forms of tobacco. The use of such drugs is contrary to the rules and ethical principles of athletics competition.

The patterns of drug use and the specific drugs change frequently, and it is incumbent upon NCAA member institutions to keep abreast of current trends. The NCAA conducts drug use surveys of student-athletes in all sports and across all divisions every four years. The 2013 NCAA Study of Substance Use Habits of College Student-Athletes, which surveyed 21,086 student-athletes at 1,094 NCAA institutions, showed a continued decline in use of some drugs and an overwhelming majority of athletes who have never used banned substances. The study found that less than 5 percent of respondents had ever used anabolic steroids (0.5 percent), ephedrine (0.5 percent) or amphetamines (4.7 percent) and 97 percent reported having never taken any ergogenic aids while in college. Those responses have remained largely unchanged over the last three iterations of the survey. An overwhelming majority of respondents also reported never using cocaine (98.2 percent) or other narcotics (73.9 percent) within the last 12 months. Social drug use, including alcohol, cigarettes, marijuana and spit tobacco, are all down slightly since 2009.

The NCAA maintains a banned drug classes list (see Appendix A) and conducts drug testing at championship events and year-round random testing in sports. Some NCAA member institutions have developed drug-testing pro-

grams to combat the use of nontherapeutic substances. Such programs should follow best practice guidelines established by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. While not all member institutions have enacted their own drug-testing programs, it is essential to have some type of drug-education program as outlined in Guideline 1I. Drug testing should not be viewed as a replacement for a solid drug-education program.

All medical staff should be familiar with the regulations regarding dispensing medications as listed in Guideline 1G.

All member institutions, their athletics staff and their student-athletes should be aware of current trends in drug use and abuse, and the current NCAA list of banned drug classes. It is incumbent upon NCAA member institutions to act as a positive influence in order to combat the use of drugs in sport and society.

REFERENCES

1. *American College of Sports Medicine, Position Stand: The Use of Anabolic-Androgenic Steroids in Sports*, 1984. (P.O. Box 1440, Indianapolis, IN 46206-1440)
2. *American Medical Association Compendium, Policy Statement: Medical and Non-Medical Use of Anabolic-Androgenic Steroids* (105.001), 1990. (P.O. Box 10946, Chicago, IL 60610)
3. *American Medical Association Compendium, Policy Statement: Non-Therapeutic Use of Pharmacological Agents by Athletes* (105.016), 1990. (P.O. Box 10946, Chicago, IL 60610)
4. *2013 NCAA Study of Substance Use Habits of College Student-Athletes*. NCAA, P.O. Box 6222, Indianapolis, IN 46206-6222, July 2014. Available at NCAA.org.

STUDENT-ATHLETE DRUG USE

Patterns of Ergogenic Drug Use*	2005		2009		2013	
	Female	Male	Female	Male	Female	Male
Amphetamines	3.7	4.5	3.3	4.0	3.7	5.3
Anabolic Steroids	0.3	1.7	0.2	0.5	0.2	0.7
Ephedrine	—	—	0.9	0.9	0.4	0.5
Patterns of Social Drug Use*	2005		2009		2013	
	Female	Male	Female	Male	Female	Male
Alcohol	77.3	77.6	83.1	83.1	81.6	79.8
Cigarettes	16.3	13.4	13.5	16.8	6.3	12.7
Cocaine	1.3	2.5	1	2.3	0.7	2.6
Marijuana	17.9	23.5	18.4	25.3	16.9	24.9
Narcotics	—	—	3.1	3.5	—	—
Spit Tobacco	1.7	25.2	2.4	27.2	1.6	24.1
Synthetic Marijuana	—	—	—	—	0.8	2.2

* Overall Percentage of Use Within the Past 12 Months

GUIDELINE 11

ALCOHOL, TOBACCO AND OTHER
DRUG EDUCATION GUIDELINES

August 2000 • Revised June 2003, June 2009, June 2010

NCAA bylaws require that the director of athletics or his or her designee disseminate the list of banned drug classes to all student-athletes and educate them about products that might contain banned drugs. Athletics administrators, coaches and sports medicine personnel should also participate in drug-education sessions. Campus colleagues may provide additional support for your efforts.

In preparation for institution annual drug-education programs:

- Develop a written policy on alcohol, tobacco, marijuana (THC), opiate, and other recreational drugs. This policy should include a statement on recruitment activities, drug testing, disclosure of all medications and supplements, discipline, and counseling or treatment options.
- Review the NCAA, conference and institutional drug-testing program policies and update handbook materials accordingly.
- Include the NCAA list of banned drug classes and NCAA written policies in the student-athlete handbook.
- Identify NCAA, conference and institutional rules regarding the use of street drugs, performance-enhancing substances, and nutritional supplements, and consequences for breaking the rules.
- Display posters and other NCAA educational materials in high-traffic areas.
- Include the following printed warning in the student-athlete handbook:
*Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff. Dietary supplements are not well regulated and may cause a positive drug test result. Any product containing a dietary supplement ingredient is taken at your own risk.**

TASKS AND TIMELINES FOR EDUCATING STUDENT-ATHLETES**By July 1:**

- Send out the NCAA list of banned drug classes, the dietary supplement warning and Resource Exchange Center (REC)* information to all returning student-athletes and known incoming student-athletes.

Orientation at Start of Academic Year:

- Ensure that student-athletes sign NCAA compliance forms.
- Provide student-athletes with a copy of the written drug policies as outlined prior.

- Show “NCAA Drug-Education and Testing” video.
- Verbally explain all relevant drug policies with student-athletes and staff:
 - NCAA banned drug classes (note that all related compounds under each class are banned, regardless of if they are listed as an example.)
 - NCAA drug-testing policies and consequences for testing positive, including failure to show or tampering with a urine sample.
 - Risks of using nutritional/dietary supplements – read the dietary-supplement warning.
 - NCAA tobacco use ban during practice or competition.
 - Conference and institutional drug-testing program policies, if appropriate.
 - Street drug use policies and institutional sanctions for violations, if appropriate.

Team Meetings:

- Repeat the information from the orientation at team meetings throughout the year.

Start of Each New Academic Term:

- Repeat the information from the orientation at the start of new academic terms to reinforce messages and to ensure transfer student-athletes are exposed to this information.

Throughout the Year:

- Provide additional drug-education opportunities using NCAA resources found at NCAA.org/drug-testing.

*For authoritative information on NCAA banned substances, medications and nutritional supplements, contact the Resource Exchange Center (REC) at 877/202-0769 or www.drugfreesport.com/rec (password ncaa1, ncaa2 or ncaa3).



GUIDELINE 1J

PRESEASON PREPARATION

July 2013

Athletic performance training is often divided into separate segments: preparation segment, competitive segment and offseason segment. Guideline 1A of this handbook notes that the student-athlete should be protected from premature exposure to the full rigors of sports. Optimal readiness for the first practice and competition is often individualized to the student-athlete rather than a team as a whole. However, there is a lack of scientific evidence to set a specific number of days of sport practice that is needed for the first sport competition.

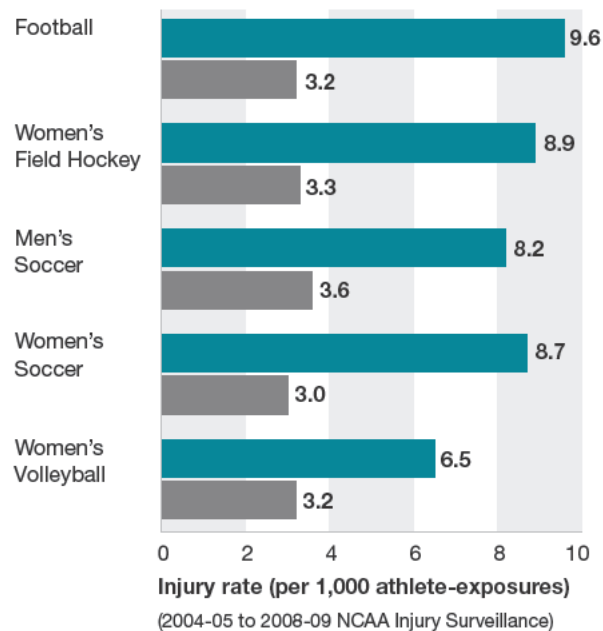
It is commonly accepted that student-athletes should participate in at least six to eight weeks of preseason conditioning. Gradual progression of type, frequency, intensity, recovery and duration of training should be the focus of the preparation segment. In addition to these areas warranted for progression, 10 to 14 days are needed for heat acclimatization when applicable (see Guideline 2C). The fall sport preseason period is often challenging as August presents added heat risks for sports and there is a lack of time limits for practice activities (with the exception of football).

Changes to practice opportunities or the preseason period should be accompanied by an educational campaign for both coaches and student-athletes as to the expectations for the sport season. Specifically, student-athletes should know that the designated preseason practice period might be considered part of the competitive season and therefore a time when they may practice at contest-level intensities.

A shortened preseason period based only on time spent on campus or coach expectations for contest-level intensities during the preparation period often increases the time spent practicing sport-specific skills without ample opportunity for preparatory conditioning exercises and can lead to injury and overtraining. If this is the expectation for the preparatory on-campus experience, athletes should be encouraged to improve fitness through a progressive training and conditioning program at least four weeks before starting the preseason segment.

The preparatory and preseason phases provide ample time to improve fitness and skill; however, performing novel exercise or actively doing too much too soon can result in a disparity between workload and load tolerance, thus increasing risk for injury. In addition, a student-athlete's psychological well-being can be directly dependent on the level of fatigue driven by volume

Practice injury rates for fall sports



(quantity) and intensity of training. Similarly, the incidence in stress-related injuries (e.g., stress fractures, tendinitis) can be proportional to the work-rest ratio of the athlete.

A member of the institution's sports medicine staff should be empowered to have the unchallengeable authority to cancel or modify a workout for health and safety reasons (i.e., environmental changes), as he or she deems appropriate.

Preparatory Phase. The following are general concepts to consider during the preparatory phase of training:

- Training should be periodized so that variation in the volume and intensity occurs in a scheduled manner.
- Progressively increase workloads and intensity following transitional periods. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. The first seven to 10 days of any new conditioning cycle (including, but not limited to return in January, return after spring break, return in summer, return for fall preseason or return after an injury) are referred to as transitional periods.
- Plan recovery to allow for growth and development while avoiding acute and overtraining injuries.



- A proper heat acclimatization plan is essential to minimize the risk of exertional heat illness during the fall preseason practice period. Minimizing exertional heat illness risk requires gradually increasing athletes' exposure to the duration and intensity of physical activity and to the environment over a period of 10 to 14 days.
- Prolonged, near-maximal exertion should be avoided before acquired physical fitness and heat acclimatization are sufficient to support high-intensity, long duration exercise training or competition.

Fall Preseason Period. Institutions are encouraged to regularly review their preseason policies for fall sports and consider the following points of emphasis for protecting the health of and providing a safe environment for all student-athletes participating in preseason workout sessions.

- Before participation in any preseason-practice activities, all student-athletes should have completed the medical examination process administered by medical personnel (see Bylaw 17.1.5).
- Institutions should implement an appropriate rest and recovery plan that includes a hydration strategy.
- Preseason practice should begin with an acclimatization period for first-time participants, as well as continuing student-athletes.
- During the acclimatization period, an institution should conduct only one practice per calendar day.
- Practice sessions should have maximum time limits based on sport and individual needs, as well as environmental factors.

- An institution should ensure student-athletes have continuous recovery time (e.g., three hours) between multiple practice sessions on the same calendar day.
- Subsequent to the initial acclimatization period, an institution should consider a practice model that promotes recovery if practice sessions are to occur on consecutive days (e.g., two-one-two-one format).
- Student-athletes should be provided at least one recovery day per week on which no athletics-related activities are scheduled, similar to the regular playing season.
- Coaches are encouraged to consult with health care staff (e.g., athletic trainer) in the development of the conditioning sessions. All personnel should be aware of the impact of exercise intensity and duration, heat acclimatization, hydration, medications and drugs, existing medical conditions, nutritional supplements, and equipment on student-athletes' health while participating in strenuous workouts.
- Appropriate on-field personnel should review, practice and follow their venue emergency plan, as well as be trained in administering first aid, cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use.

REFERENCES

1. Joy, EA, Prentice, W, and Nelson-Steen, S. *Coaching and Training. SSE Roundtable #44: Conditioning and nutrition for football. GSSI: Sports Science Library. Available Online: www.gssiweb.com.*

NCAA FOOTBALL PRESEASON MODEL (SEE BYLAW 17)

The following concepts outline the legislation involving the NCAA football preseason period. Institutions should refer to division-specific legislation for exact requirements.

Five-Day Acclimatization Period.

In football, preseason practice begins with a five-day acclimatization period for both first-time participants (e.g., freshmen and transfers) and continuing student-athletes. All student-athletes, including walk-ons who arrive to preseason practice after the first day of practice, are required to undergo a five-day acclimatization period. The five-day acclimatization period should be conducted as follows:

- (a) Before participation in any preseason practice activities, all prospects and student-athletes initially entering the intercollegiate athletics program shall be required to undergo a medical examination administered by a physician (see Guideline 1C).
- (b) During the five-day period, participants shall not engage in more than one on-field practice per day, not to exceed three hours in length.
- (c) During the first two days of the acclimatization period, a helmet shall be the only piece of protective equipment a student-athlete may wear. During the third and fourth days of the acclimatization period, helmets and shoulder pads shall be the only pieces of protective equipment student-athletes may wear. During the final day of the five-day period and on any days thereafter, student-athletes may practice in full pads.

The remaining preseason practice period is conducted as follows:

- (a) After the five-day period, institutions may practice in full pads. However, an institution may not conduct multiple on-field practice sessions (e.g., two-a-days or three-a-days) on consecutive days;
- (b) Student-athletes shall not engage in more than three hours of on-field practice activities on those days during which one practice is permitted;
- (c) Student-athletes shall not engage in more than five hours of on-field practice activities on those days during which more than one practice is permitted; and
- (d) On days that institutions conduct multiple practice sessions, student-athletes must be provided with at least three continuous hours of recovery time between the end of the first practice and the start of the last practice that day. During this time, student-athletes may not attend any meetings or engage in other athletically related activities (e.g., weightlifting); however, time spent receiving medical treatment and eating meals may be included as part of the recovery time.

2. Bompa, Tudor O. (2004). *Primer on Periodization*. Olympic Coach, 16(2): 4-7.
3. Kraemer, W. J., & Ratamess, N. A. (2004). *Fundamentals of Resistance Training: Progression and Exercise Prescription*. *Medicine & Science in Sports & Exercise*, 36(4), 674-688. Available Online: www.acsm-msse.org.
4. Pearson et al. (2000). *The national strength and conditioning association's basic guidelines for the resistance training of athletes*. *Strength and Conditioning Journal*, 22(4): 14-27.
5. Herring et al. *The team physician and conditioning of athletes for sports: A consensus statement*.
6. United Educators. (2006). *Putting safety before the game: College and high school athletic practices*. *Risk Research Bulletin, Student Affairs*, June/July. Available online: www.ue.org.
7. National Athletic Trainers' Association. (2009). *Pre-Season heat acclimatization practice guidelines for secondary school athletics*. *Journal of Athletic Training*, 44(3), 332-333.
8. Hartmann, U and Mester, J. (2000). *Training and overtraining markers in selected sports events*. *Medicine & Science in Sports & Exercise*, 32(1): 209-215.
9. Haff, G et al. (2004). *Roundtable discussion: Periodization of training [part 1-2]*. *Strength & Conditioning Journal*, 26(1): 50-69
10. Plisk, S and Stone, MH. (2003). *Periodization strategies*. *Strength & Conditioning Journal*, 25(6): 19-37.
11. Armstrong et al. (2007). *ACSM Position Stand: Exertional heat illness during training and competition*. *Medicine & Science in Sports & Exercise*. Available Online: www.acsm-msse.org
12. (2012). *The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions: Best Practices Recommendations*. *Journal of Athletic Training*, 47(4), 477-480.

GUIDELINE 1K

STRENGTH AND CONDITIONING PRINCIPLES: FOUNDATIONS FOR ATHLETE DEVELOPMENT

July 2013

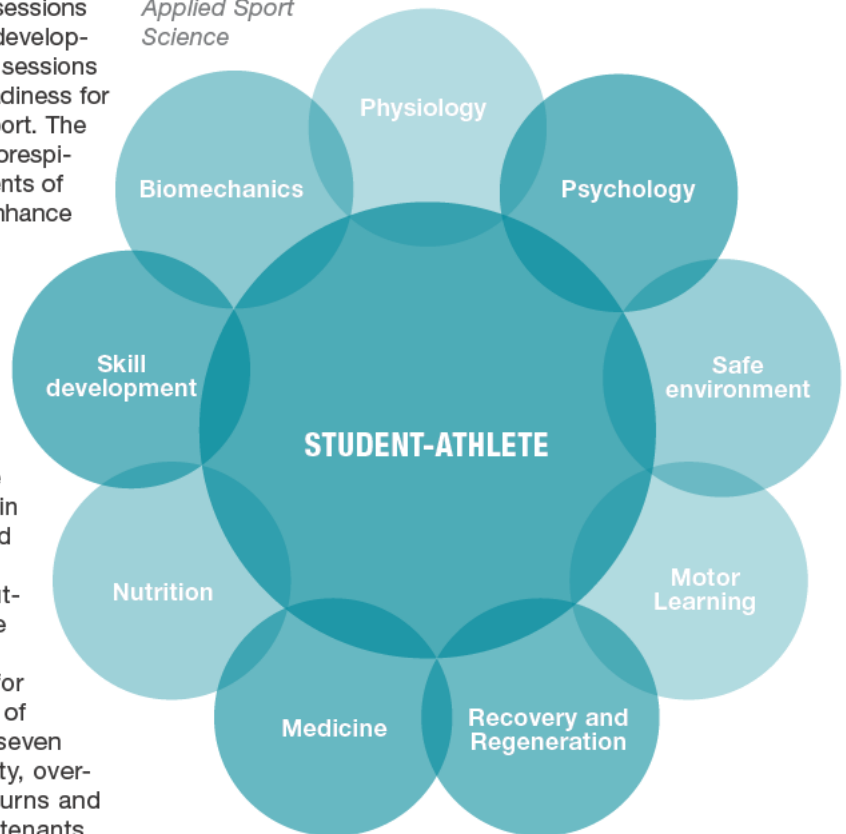
The integration of strength and conditioning sessions has become fundamental to student-athlete development across sports. Appropriately structured sessions can provide student-athletes with optimal readiness for the first practice and the full rigors of their sport. The combination of strength, speed, power, cardiorespiratory fitness and other physiologic components of athletic capacity can complement skill and enhance performance for all athletes.

Sport Performance Team. A multidisciplinary applied sport science approach to athlete performance development provides the best foundation for success as strength and conditioning specialists, athletic trainers, physicians, dietitians, sport coaches, sport psychologists, and exercise physiologists are interconnected and work in concert. This approach creates a sound and effective sport training program based on scientific principles intended to produce outcomes that are sensitive and specific to the sport while accounting for any potential medical limitation and builds a foundation for long-term athlete development. The basics of strength and conditioning are grounded in seven principles of training: individuality, specificity, overload, progression, variation, diminishing returns and reversibility. These principles are the basic tenants of exercise science and are valid in designing any exercise program.

Individuality Principle. Every student-athlete is unique and will respond differently to the same training stimulus. Many factors affect how student-athletes respond to training including their fitness status; current health status and past injuries; genetic predisposition; gender and race; diet and sleep; environmental factors such as heat, cold and humidity; and motivation.

Specificity Principle. All training adaptations are specific to the stimulus applied. The specific physiological adaptations to condition are determined by various factors, including muscle actions involved, speed of movement, range of motion, muscle groups trained, energy systems involved and intensity and volume of training. In an attempt to perfect a specific skill or activity, the athlete must perform that skill or activity with proper body mechanics and correct technique.

Applied Sport Science



Overload Principle. In order for an individual to achieve a certain training adaptation, the body must be stressed by working against a stimulus or load that is greater than that to which it is accustomed. Overload ensures improvement by challenging changes in resistance, terrain, movement complexity and many others. When more is demanded, within reason, the body adapts to the increased demand. Overload can be applied in duration, intensity or both.

Progression Principle. To achieve the desired training adaptations for a certain activity or skill consistently, the training stimulus must gradually and constantly increase. This implies that there is an optimal level and time frame for the overload to occur. Injury may result if overload increases too quickly or an athlete uses poor technique or improper muscle firing patterns. If overload progresses too slowly, improvements will be minimal or nonexistent.

Rest and recovery must also be included in the progression, as consistent training volumes and/or loads can result in fatigue, a decrease in performance and/or injury.

Variation. Variation, or periodization, is the systematic process of altering one or more program variable(s) over time to allow for the training stimulus to remain challenging yet effective. The concept of periodization is to optimize performance and recovery. Because the human body adapts quickly, at least some changes are needed in order for continual progression to occur. It has been shown that systematic variation of volume and intensity over several training cycles is most effective for long-term progression. Variation may take place in many forms and manifests by manipulation of any one or a combination of the acute program variables. However, the two most commonly studied variables have been volume and intensity.

Principle of Diminishing Returns. Performance gains are related to the level of training experience of the individual. Student-athletes new to a conditioning program will experience large initial performance gains. In contrast, student-athletes that have strength trained over several years will make small strength gains over a long period of time. As athletes near their genetic potential, the gains in performance will be much harder to obtain. The principle of diminishing returns highlights the importance of being able to interpret performance results and understanding the individual student-athlete.

Reversibility/Regression. When the training stimulus is removed or reduced, the ability of the student-athlete to maintain performance at a particular level is also reduced, and eventually the gains that were made from the training program will revert back to their original level. Also known as detraining, the decrease in performance is directly related to the inactivity of the muscles that have been atrophied from nonuse.

When designing strength and conditioning programs, it is important to have a clear understanding of the basic training principles. Understanding these principles will help the student-athlete, sport coach and strength and conditioning coach set realistic goals and develop training programs that will provide the greatest opportunity to achieve performance gains. Student-athletes often have time constraints and are under pressure to be at their peak level of performance. It is the responsibility of the strength and conditioning coach to thoroughly evaluate the level of conditioning of all new and returning athletes and to properly prescribe the appro-

COMMON TERMS

Bioenergetics: the flow of energy in a biological system; the source of energy for muscular contractions.

Energy: the capacity to perform work.

Frequency: the number of training sessions expressed per day, per week, per month.

Intensity: the difficulty of the work. Intensity is the amount of weight or resistance used in a particular exercise.

Muscular Strength: the ability of the muscles to generate force.

Periodization: the systematic process of altering one or more program variable(s) over time to allow for the training stimulus to remain challenging and effective.

Progression: the selection of exercises, loads or resistances, order of exercises, and readiness of the athlete that are conducive to the athlete's training status and the demands of the activity. Progression in resistance training may be defined as the act of moving forward or advancing toward a specific goal over time until the target goal has been achieved.

Progressive Overload: the gradual increase of stress placed upon the body during exercise training.

Training: the process of preparing an athlete physically, technically, tactically, psychologically for the highest levels of performance.

Volume: the total amount of work performed. Sets and repetitions of an exercise combine to make volume. Training volume is a summation of the total number of repetitions performed during a training session multiplied by the resistance used (kg) and is reflective of the duration of which muscles are being stressed.

Volume-Load: the combination of volume and intensity. Volume-load is calculated as sets x repetitions x weight, or resistance used.



appropriate training volume, load and intensity to protect the health and safety of each student-athlete.

The safest approach after a break is to provide flexibility within the strength and conditioning program. Extended periods of time away from training reduce aerobic and anaerobic thresholds. Not only are incoming athletes at risk of injury, but returning, “de-trained” athletes can be at risk of injury and exertional collapse. Flexibility within the strength and conditioning program allows for adaptations to be made based on the returning athletes' present physiological status.

Sports-Specific Performance Enhancement. As defined in the principle of specificity, training needs to be relevant to the individual needs of the activity or sport. Although there is some carryover of training effects to other general fitness and performance attributes, the most effective strength and conditioning programs are those that are designed to target-specific training goals.

Trainable characteristics include muscular strength, power, hypertrophy and local muscular endurance. Performance attributes such as speed and agility, balance, coordination, jumping ability, flexibility, core strength and other measures of motor performance are enhanced by resistance training.

Injury Prevention. After the student-athlete completes the preparticipation examination, strength and conditioning coaches should be made aware of health-related issues that could affect training (e.g. sickle cell trait status, asthma and cardiac conditions, acute illness, lack of sleep, suboptimal nutrition, as well as any relevant medications being taken).

The use of the periodization concept and creating an annual plan have proven vital to the optimization of training adaptations in athletes. One of the primary advantages of this training approach is to avoid overtraining. Thus, built within the annual plan is time needed for physical and mental recovery. Many overtraining syndromes are a function of the rate of progression – attempting to do too much too soon, before the body's physiological adaptations can cope with the stress. This typically results in extreme soreness, injury and in rare cases death.

Like all athletic activities, injury is a possibility and preparation for conditioning sessions should be designed to reduce the likelihood of injury. The goal of physical conditioning is to optimize the performance of the athlete and minimize the risk of injury and illness. A well-designed strength and conditioning program along with appropriate, sport-specific skill development are the best approaches to preventing injury. Strength training protects the joints from trauma while sport-specific skill training can help prevent injury by improving the athlete's proprioception. By increasing the strength of the muscles that surround the hips, knees, ankles, shoulders and elbows before the season starts, athletes will be less likely to suffer muscle strains and joint sprains. Athletes returning to athletic activity from a detrained state are at the greatest risk of injury.

The first step to safe performance is thorough and competent training of strength and conditioning coaches. Strength and conditioning professionals apply scientific knowledge to train athletes for the primary goal of improving athletic performance. They conduct sport-specific testing sessions, design and implement safe and effective strength training and

conditioning programs, monitor facilities for safety, and convey principles of nutrition and injury prevention as a member of the performance team. Recognizing that their area of expertise is separate and distinct, strength and conditioning coaches can consult with and refer student-athletes to other athletics health care professionals when appropriate. Strength and conditioning coaches should be certified by a nationally accredited organization. The required components for certification of strength and conditioning personnel vary across national certifying agencies, and individual states lack professional practice regulation similar to medical professionals. Therefore, institutions should identify a particular agency or agencies that meet their institution's expectations for developing and conducting appropriate workouts for intercollegiate student-athletes. When considering components for appropriate strength and conditioning certifications, institutions should note whether the certifying agency:

1. Is accredited by an oversight organization (e.g., National Commission for Certifying Agencies-accredited);
2. Requires an undergraduate college degree;
3. Requires a continuing education component; and
4. Requires current first aid, CPR and AED use certification.

Preventing Sudden Death. Recent evidence has identified several important complications to student-athlete health of which everyone in athletics should be aware. These include sudden cardiac death, asthma, concussion, exertional rhabdomyolysis, heat illness and an increased risk of exertional collapse in athletes with sickle cell trait. The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions published the following 10 recommendations for preventing sudden death in collegiate conditioning sessions:

1. Acclimatize progressively for utmost safety.
2. Introduce new conditioning activities gradually.
3. Do not use exercise and conditioning activities as punishment.
4. Ensure proper education, experience and credentialing of strength training and conditioning coaches.

SUMMER CONDITIONING PERIOD POINTS OF EMPHASIS

1. Institutions should review the guidelines in the NCAA Sports Medicine Handbook (e.g. hydration, emergency care and coverage, medical evaluations, etc.) in developing and updating their policies.
2. Institutions should implement an appropriate rest and recovery plan that includes a hydration strategy.
3. Coaches are encouraged to consult with medical staff in the development of the conditioning sessions. All personnel should be aware of the potential impact acclimatization, hydration, medications and drugs, existing medical conditions, nutritional supplements, and clothing/equipment have on student-athletes' health while participating in strenuous workouts.
4. All on-field personnel should review, practice and follow their venue emergency plan and be trained in administering first aid and cardiopulmonary resuscitation (CPR).
5. Before summer participation, student-athletes should be oriented to the logistics of the summer period and any health and safety concerns that may be associated with participating in strenuous workouts.
6. Incoming freshman/transfers should ideally work out separate from the varsity; or, at the very least be provided a closely monitored, lower-intensity conditioning program to allow gradual physiological adaptation to occur.
7. Student-athletes should be encouraged to report illnesses, injuries and the use of medications and nutritional supplements.
8. Discourage athletes from using caffeine and/or other stimulants that mask fatigue.
9. Monitor athletes closely for the emergence of overtraining signs and symptoms such as unusual fatigue and/or muscle soreness, musculoskeletal injuries and rhabdomyolysis; and promptly refer for immediate medical evaluation with obvious indications of muscle breakdown, such as dark brown urine or severe muscle pain.

5. Provide appropriate medical coverage.
6. Develop and practice, at least annually, the institution's emergency action plan.
7. Be cognizant of medical conditions.
8. Properly design and administer strength and conditioning programs.
9. Partner with recognized professional organizations.
10. Provide adequate continuing education for the entire coaching and medical teams.

REFERENCES

1. Baechle, T.R., and Roger, W.E. (2008). *Essentials of strength and conditioning*, 3rd edition. Champaign, IL: Human Kinetics.
2. Bergeron, M., Nindl, B., F., Deuster, P., Baumgartner, N., et. Al. (2011). Consortium for Health and Military Performance and American College of Sports Medicine Consensus Paper on Extreme Conditioning Programs in Military Personnel. *Current Sports Medicine Reports*, 383-389.
3. Brown, L. (Ed). (2007). *Strength training / National Strength and Conditioning Association*. Champaign, IL: Human Kinetics.
4. Casa, D.J., Anderson, S.A., Baker, L., Bennett, S., Bergeron, M.F., Connolly, D., et al. (2012). The inter-association task force for preventing sudden death in collegiate conditioning sessions: Best practices recommendations. *Journal of Athletic Training*, 47(4):477-480
5. Hoffman, J. (2002). *Physiological aspects of sport training and performance*. Champaign, IL: Human Kinetics.
6. Martens, R. (2012). *Successful Coaching*. Champaign, IL: Human Kinetics
7. Ratamess, N., Alvar, B. A., Evetoch, T.K., Housh, T.J., Kibler, W.B., Kraemer, W.J. et al. (2009). Progression models in resistance training for healthy adults. *Medicine & Science in Sports & Exercise*, 687-708.
8. Sands, W.A., Wurth, J.J., Hewitt, J.K. (2012). *The National Strength and Conditioning Association's Basics of Strength and Conditioning Manual*. Colorado Springs, CO: National Strength and Conditioning Association.

2 MEDICAL ISSUES



GUIDELINE 2A

MEDICAL DISQUALIFICATION

January 1979 • Revised June 2004

Withholding a student-athlete from activity. The team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the team physician or that physician's designated representative.

Procedure to medically disqualify a student-athlete during an NCAA championship. As the event sponsor, the NCAA seeks to ensure that all student-athletes are physically fit to participate in its championships and have valid medical clearance to participate in the competition.

1. The NCAA tournament physician, as designated by the host school, has the unchallengeable authority to determine whether a student-athlete with an injury, illness or other medical condition (e.g., skin infection, communicable disease) may expose others to a significantly enhanced risk of harm and, if so, to disqualify the student-athlete from continued participation.

2. For all other incidents, the student-athlete's on-site team physician can determine whether a student-athlete with an injury or illness should continue to participate or is disqualified. In the absence of a team physician, the NCAA tournament physician will examine the student-athlete and has valid medical authority to disqualify him or her if the student-athlete's injury, illness or medical condition poses a potentially life-threatening risk to himself or herself.
3. The chair of the governing sports committee (or a designated representative) shall be responsible for administrative enforcement of the medical judgment, if it involves disqualification.

REFERENCES

1. *Team Physician Consensus Statement. Project-based alliance for the advancement of clinical sports medicine composed of the American Academy of Family Physicians, the American Academy of Orthopaedic Surgeons, the American College of Sports Medicine (ACSM), the American Medical Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine, 2000. Contact ACSM at 317/637-9200.*



GUIDELINE 2B

COLD STRESS AND COLD EXPOSURE

June 1994 • Revised June 2002, June 2009

Any individual can lose body heat when exposed to cold air, but when the physically active cannot maintain heat, cold exposure can be uncomfortable, can impair performance and may be life threatening. A person may exhibit cold stress due to environmental or nonenvironmental factors. The NATA position statement (2008) states that injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body's ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface.

The variance in the degree, signs and symptoms of cold stress may also be the result of nonenvironmental factors. These factors are, but not limited to, previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity, body size/composition, aerobic fitness level, clothing, acclimatization and low caloric intake. Nicotine, alcohol and other drugs may also contribute to how the person adapts to the stresses of cold.

Early recognition of cold stress is important. Shivering, a means for the body to generate heat, serves as an early warning sign. Excessive shivering contributes to fatigue and makes performance of motor skills more difficult. Other signs include numbness and pain in fingers and toes or a burning sensation of the ears, nose or exposed flesh. As cold exposure continues, the core temperature drops. When the cold reaches the brain, a victim may exhibit sluggishness and poor judgment and may appear disoriented. Speech becomes slow and slurred, and movements become clumsy. If the participant wants to lie down and rest, the situation is a medical emergency, and the emergency action plan should be activated.

Cold injuries can be classified into three categories: freezing of extremities, nonfreezing of extremities and hypothermia.

DEFINITIONS OF COMMON COLD INJURIES IN SPORTS

Frostbite. Frostbite is usually a localized response to a cold, dry environment, but in some incidents, moisture may exacerbate the condition. Frostbite can appear in three distinct phases: frostnip, mild frostbite and deep frostbite.

Frostnip, also known as prefreeze, is a precursor to frostbite and many times occurs when skin is in contact

with cold surfaces (e.g., sporting implements or liquid). The most characteristic symptom is a loss of sensation.

Frostbite is the actual freezing of skin or body tissues, usually of the face, ears, fingers and toes, and can occur within minutes. Signs and symptoms include edema, redness or mottled gray skin, and transient tingling and burning. Permanent numbness, chronic pain, cold sensitivity, sensory loss and a variety of other symptoms may last for years.

Hypothermia. Hypothermia is a significant drop in body temperature [below 95 degrees Fahrenheit (35 degrees Celsius)] as the body's heat loss exceeds its production. The body is unable to maintain a normal core temperature. An individual may exhibit changes in motor function (e.g., clumsiness, loss of finger dexterity, slurred speech), cognition (e.g., confusion, memory loss) and loss of consciousness (e.g., drop in heart rate, stress on the renal system, hyperventilation, sensation of shivering). The signs and symptoms of hypothermia will vary with each individual, depending upon previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity and others.

Hypothermia can occur at temperatures above freezing. A wet and windy 30- to 50-degree exposure may be as serious as a subzero exposure. As the Wind-Chill Equivalent Index (WCEI) indicates, wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet, whether from sweat, rain, snow or immersion, the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

Chilblain and Immersion (Trench) Foot. Chilblain is a nonfreezing cold injury associated with extended cold and wet exposure and results in an exaggerated or inflammatory response. Chilblain may be observed in exposure to cold, wet conditions extending beyond one hour in endurance and alpine events, and team sports, in which clothing remains wet. The feet and hands are usually affected.

PREVENTION OF COLD EXPOSURE AND COLD STRESS

Educating all participants in proper prevention is the key to decreasing the possibility of cold exposure injury or illness. Individuals unaccustomed to cold conditions who are participating at venues that may place them at risk for cold stress may need to take



extra precautionary measures (e.g., proper clothing, warm-up routines, nutrition, hydration, sleep).

The sports medicine staff and coaches should identify participants or conditions that may place members of their teams at a greater risk (e.g., predisposing medical conditions, physiological factors, mechanical factors, environmental conditions).

Clothing. Individuals should be advised to dress in layers and try to stay dry. Moisture, whether from perspiration or precipitation, significantly increases body heat loss. Layers can be added or removed depending on temperature, activity and wind chill. Begin with a wicking fabric next to the skin; wicking will not only keep the body warm and dry, but also eliminates the moisture retention of cotton. For example, polypropylene and wool can wick moisture away from the skin and retain insulating properties when wet. Add light-weight pile or wool layers for warmth and use a wind-blocking garment to avoid wind chill. Because heat loss from the head and neck may account for as much as 40 percent of total heat loss, the head and ears should be covered during cold conditions. Hand coverings should be worn as needed, and in extreme conditions, a scarf or face mask should be worn. Mittens are warmer than gloves. Feet can be kept dry by wearing moisture-wicking or wool socks that breathe and should be dried between wears.

Energy/Hydration. Maintain energy levels via the use of meals, energy snacks and carbohydrate/electrolyte sports drinks. Negative energy balance increases the susceptibility to hypothermia. Stay hydrated, since dehydration affects the body's ability to regulate temperature and increases the risk of frostbite. Fluids are as important in the cold as in the heat. Avoid alcohol,

caffeine, nicotine and other drugs that cause water loss, vasodilatation or vasoconstriction of skin vessels.

Fatigue/Exhaustion. Fatigue and exhaustion deplete energy reserves. Exertional fatigue and exhaustion increase the susceptibility to hypothermia, as does sleep loss.

Warm-Up. Warm up thoroughly and keep warm throughout the practice or competition to prevent a drop in muscle or body temperature. Time the warm-up to lead almost immediately to competition. After competition, add clothing to avoid rapid cooling. Warm extremely cold air with a mask or scarf to prevent bronchospasm.

Partner. Participants should never train alone. An injury or delay in recognizing early cold exposure symptoms could become life-threatening if it occurs during a cold-weather workout on an isolated trail.

Practice and Competition Sessions

The following guidelines, as outlined in the 2008 NATA position statement, can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly re-evaluated for change in risk, including the presence of precipitation:

- **30 degrees Fahrenheit and below:** Be aware of the potential for cold injury and notify appropriate personnel of the potential.
- **25 degrees Fahrenheit and below:** Provide additional protective clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
- **15 degrees Fahrenheit and below:** Consider modifying activity to limit exposure or to allow more frequent chances to re-warm.

- **0 degrees Fahrenheit and below:** Consider terminating or rescheduling activity.

ENVIRONMENTAL CONDITIONS

To identify cold stress conditions, regular measurements of environmental conditions are recommended during cold conditions by referring to the Wind-Chill Equivalent Index (WCEI) (revised November 1, 2001). The WCEI is a useful tool to monitor the air temperature index that measures the heat loss from exposed human skin surfaces. Wind chill is the temperature it "feels like" outside, based on the rate of heat loss from exposed skin caused by the effects of the wind and cold. Wind removes heat from the body in addition to the low ambient temperature.

When traveling to areas of adverse weather conditions, the following terms will be consistently referred to in weather forecasting.

Wind Chill. Increased wind speeds accelerate heat loss from exposed skin, and the wind chill is a measure of this effect. No specific rules exist for determining when wind chill becomes dangerous. As a general guideline, the threshold for potentially dangerous wind chill conditions is about minus-18 degrees Fahrenheit. Cooling is accelerated with wet clothing. Frostbite can occur within 30 minutes or faster if clothing is wet, it is windy, or wind is produced during sport movement.

Wind Chill Advisory. The National Weather Service issues this product when the wind chill could be life threatening if action is not taken. The criteria for this warning vary from state to state.

Wind Chill Factor. Increased wind speeds accelerate heat loss from exposed skin. No specific rules exist for determining when wind chill becomes dangerous. As a general rule, the threshold for potentially dan-



WIND CHILL CHART



Temperature (°F)

Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

30 minutes

10 minutes

5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})

Where, T= Air Temperature (°F) V= Wind Speed (mph)

Effective 11/01/01

gerous wind chill conditions is about minus-18 degrees Fahrenheit.

Wind Chill Warning . The National Weather Service issues this product when the wind chill is life threatening. The criteria for this warning vary from state to state.

Blizzard Warning. The National Weather Service issues this product for winter storms with sustained or frequent winds of 35 miles per hour or higher with considerable falling and/or blowing snow that frequently reduces visibility to one-quarter of a mile or less.

REFERENCES

1. Cappaert, T., Stone, J.A., Castellani, J.W., Krause, B.A., Smith, D., and Stephens, B.A. National Athletic Trainers' Association Position Statement: Environmental Cold Injuries. *Journal of Athletic Training*. 43(6):640-658. 2008.
2. Prevention of Cold Injuries During Exercise. ACSM Position Stand. *Medicine & Science in Sports & Exercise*. 2006: 2012-2029.
3. Armstrong, LE: *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers. 1999.
4. Askew EW: Nutrition for a cold environment. *The Physician and Sportsmedicine* 17(12):77-89, 1989.
5. Frey C: Frostbitten feet: Steps to treatment and prevention. *The Physician and Sportsmedicine* 21(1):67-76, 1992.
6. Young, A.J., Castellani, J.W., O'Brian, C. et al., Exertional fatigue, sleep loss, and negative-energy balance increases susceptibility to hypothermia. *Journal of Applied Physiology*. 85:1210-1217, 1998.
7. Robinson WA: Competing with the cold. *The Physician and Sportsmedicine* 20(1):61-65, 1992.
8. Thornton JS: Hypothermia shouldn't freeze out cold-weather athletes. *The Physician and Sportsmedicine* 18(1): 109-114, 1990.
9. NOAA National Weather Service, www.weather.gov/om/windchill/images/wind-chill-brochure.pdf.
10. Street, Scott, Runkle, Debra. *Athletic Protective Equipment: Care, Selection, and Fitting*. McGraw-Hill, 2001.

GUIDELINE 2C

PREVENTION OF HEAT ILLNESS

June 1975 • Revised June 2002, June 2010

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, exertional heatstroke (EHS) is the third-leading cause of on-the-field sudden death in athletes. There have been more deaths from heatstroke in the recent five-year block from 2005 to 2009 than any other five-year block in the previous 30 years. Constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed:

1. An initial complete medical history and physical evaluation, followed by the completion of a yearly health-status questionnaire before practice begins, is required, per Bylaw 17.1.5. A history of previous heat illnesses, sickle cell trait and the type and duration of training activities for the previous month should also be considered.
2. Prevention of heat illness begins with gradual acclimatization to environmental conditions. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions during a minimum period of 10 to 14 days. Each exposure should involve a gradual increase in the intensity and duration of exercise and equipment worn until the exercise is comparable to that likely to occur in competition. When environmental conditions are extreme, training or competition should be held during a cooler time of day. Hydration should be maintained during training and acclimatization sessions.
3. Clothing and protective equipment, such as helmets, shoulder pads and shinguards, increase heat stress by interfering with the evaporation of sweat and inhibiting other pathways needed for heat loss. Dark-colored clothing increases the body's absorption of solar radiation, while moisture-wicking-type clothing helps with the body's ability to dissipate heat. Frequent rest periods should be scheduled so that the gear and clothing can be removed and/or loosened to allow heat dissipation. During the acclimatization process, it may be advisable to use a minimum of protective

PROTECT YOURSELF AND YOUR TEAMMATES

Intense exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Report problems to medical staff immediately.

Know the Signs

- Muscle cramping.
- Decreased performance.
- Unsteadiness.
- Confusion.
- Vomiting.
- Irritability.
- Pale or flushed skin.
- Rapid weak pulse.

Report Your Symptoms

- High body temperature.
- Nausea.
- Headache.
- Dizziness.
- Unusual fatigue.
- Sweating has stopped.
- Disturbances of vision.
- Fainting.



gear and clothing and to practice in moisture-wicking T-shirts, shorts, socks and shoes. Rubberized suits should not be worn.

4. To identify heat stress conditions, regular measurements of environmental conditions are recommended. The wet-bulb globe temperature (WBGT), which includes the measurement of wet-bulb temperature (humidity), dry-bulb temperature (ambient temperature) and globe temperature (radiant heat), assesses the potential impact of environmental heat stress. A WBGT higher than 82 degrees Fahrenheit (28 degrees Celsius) suggests that careful control of all activity should be undertaken. Additional precautions should be taken when wearing protective equipment (see reference No. 6). The American College of Sports Medicine publishes guidelines for conducting athletic activities in the heat (see reference No. 1).
5. EHS has the greatest potential of occurrence at the start of preseason practices and with the introduction of protective equipment during practice sessions. The inclusion of multiple practice sessions during the same day may also increase the risk of EHS. Ninety-six percent of all heat illnesses in football occur in August.
6. Hydration status also may influence the occurrence of EHS; therefore, fluid replacement should be readily available. Student-athletes should be encouraged to drink frequently throughout a practice session. They should drink two cups or more of water and/or sports drink in the hour before practice or competition, and continue drinking during activity (every 15 to 20 minutes). For activities up to two hours in duration, most weight loss represents water loss, and that fluid loss should be replaced as soon as possible. After activity, the student-athlete should rehydrate with a volume that exceeds the amount lost during the activity. In general, 20 ounces of fluid should be replaced for every pound lost. Urine volume and color can be used to assess general hydration. If output is plentiful and the color is "pale yellow or straw-colored," the student-athlete is not dehydrated. As the urine color gets darker, this could represent dehydration of the student-athlete. Water and sport drinks are appropriate for hydration and rehydration during exercise in the heat. Sport drinks should contain no more than 6-8 percent carbohydrates and electrolytes to enhance fluid consumption. In addition, the carbohydrates provide energy and help maintain immune and cognitive function.
7. During the preseason period or periods of high environmental stress, the student-athletes' weight should be recorded before and after every workout, practice and competition. This procedure can detect progressive dehydration and loss of body fluids. Those who lose 5 percent of their body weight or more should be evaluated medically and their activity restricted until rehydration has occurred. For prevention, the routine measurement of pre- and post-exercise body weights is useful for determining sweat rates and customizing fluid replacement programs.
8. Some student-athletes may be more susceptible to heat illness. Susceptible individuals include those with sickle cell trait, inadequate acclimatization or aerobic fitness, excess body fat, a history of heat illness, a febrile condition, inadequate rehydration and those who regularly push themselves to capacity. Also, substances with a diuretic effect or that act as stimulants may increase risk of heat illness. These substances may be found in some prescription and over-the-counter drugs, nutritional supplements and foods.
9. Student-athletes should be educated on the signs and symptoms of EHS, such as elevated core temperature, weakness, cramping, rapid and weak pulse, pale or flushed skin, excessive fatigue, nausea, unsteadiness, disturbance of vision, mental confusion and incoherency. If heatstroke is suspected, prompt emergency treatment is recommended. When training in hot and/or humid conditions, student-athletes should train with a partner or be under observation by a coach or athletic trainer.



POTENTIAL RISK FACTORS

As identified throughout Guideline 2C, the following are potential risk factors associated with heat illness:

1. **Intensity of exercise.** This is the leading factor that can increase core body temperature higher and faster than any other.
2. **Environmental conditions.** Heat and humidity combine for a high wet-bulb globe temperature that can quickly raise the heat stress on the body.
3. **Duration and frequency of exercise.** Minimize multiple practice sessions during the same day and allow at least three hours of recovery between sessions.
4. **Dehydration.** Fluids should be readily available and consumed to aid in the body's ability to regulate itself and reduce the impact of heat stress.
5. **Nutritional supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or high levels of caffeine.* These substances can have a negative impact on hydration levels and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as sickle cell trait, hypertension, asthma and thyroid dysfunction.
6. **Medication/drugs.** Certain medications and drugs have effects similar to those of some nutritional supplements. These substances may be ingested through over-the-counter or prescription medications, recreational drugs, or food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.
7. **Medical conditions.** Examples include illness with fever, gastrointestinal illness, previous heat illness, obesity or sickle cell trait.
8. **Acclimatization/fitness level.** Lack of acclimatization to the heat or poor conditioning.
9. **Clothing.** Dark clothing absorbs heat. Moisture wicking-type material helps dissipate heat.
10. **Protective equipment.** Helmets, shoulder pads, chest protectors, and thigh and leg pads interfere with sweat evaporation and increase heat retention.
11. **Limited knowledge of heat illness.** Signs and symptoms can include elevated core temperature, pale or flushed skin, profound weakness, muscle cramping, rapid weak pulse, nausea, dizziness, excessive fatigue, fainting, confusion, visual disturbances and others.

**NOTE: Stimulant drugs such as amphetamines, ecstasy, ephedrine and caffeine are on the NCAA banned substance list and may be known by other names. A complete list of banned drug classes can be found on the NCAA website at NCAA.org/SSI.*

FIRST AID FOR HEAT ILLNESS

Heat exhaustion. Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress. Symptoms usually include profound weakness and exhaustion, and often dizziness, syncope, muscle cramps, nausea and a core temperature below 104 degrees Fahrenheit with excessive sweating and flushed appearance. First aid should include removal from activity, taking off all equipment and placing the student-athlete in a cool, shaded environment. Fluids should be given orally. Core temperature and vital signs should be serially assessed. The student-athlete should be cooled by ice immersion and ice towels, and use of IV fluid replacement should be determined by a physician. Although rapid recovery is typical, student-athletes should not be allowed to practice or compete for the remainder of that day.

Exertional Heatstroke. Heatstroke is a medical emergency. Medical care should be obtained at once; a delay in treatment can be fatal. This condition is characterized by a very high body temperature (104 degrees Fahrenheit or greater) and the student-athlete likely will still be sweating profusely at the time of collapse, but may have hot, dry skin, which indicates failure of the primary temperature-regulating mechanism (sweating), and CNS dysfunction (e.g., altered consciousness, seizure, coma). First aid includes activation of the emergency action plan, assessment of core temperature/vital signs and immediate cooling of the body with cold water immersion. Another method for cooling includes using cold, wet ice towels on a rotating basis. Student-athletes who incur heatstroke should be hospitalized and monitored carefully. The NATA's Inter-Association Task Force recommends "cool first, transport second" in these situations (see reference No. 7).

REFERENCES

1. American College of Sports Medicine Position Stand: Exertional Heat Illness During Training and Competition. *Med: Sci Sport Exerc.* 2007;39(3):556-72.
2. Armstrong LE, Maresh CM: The induction and decay of heat acclimatization in trained athletes. *Sports Medicine* 12(5):302-312, 1991.
3. Armstrong, LE: *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers, p. 64, 2000.
4. Haynes EM, Wells CL: Heat stress and performance. In: *Environment and Human Performance*. Champaign, IL: Human Kinetics Publishers, pp. 13-41, 1986.
5. Hubbard RW and Armstrong LE: The heat illness: Biochemical, ultrastructural and fluid-electrolyte considerations. In Pandolf KB, Sawka MN and Gonzalez RR (eds): *Human Performance Physiology and Environmental Medicine at Terrestrial Extremes*. Indianapolis, IN: Benchmark Press, Inc., 1988.
6. Kulka TJ and Kenney WL: Heat balance limits in football uniforms. *The Physician and Sportsmedicine*. 30(7): 29-39, 2002.
7. Inter-Association Task Force on Exertional Heat Illnesses Consensus Statement. National Athletic Trainers' Association, June 2003.
8. Casa DJ, Armstrong LE, Ganio MS, Yeargin SW. Exertional Heat Stroke in Competitive Athletes. *Current Sports Medicine Reports* 2005, 4:309-317.
9. Casa DJ, McDermott BP, Lee EC, Yeargin SW, Armstrong LE, Maresh CM. Cold Water Immersion: The Gold Standard for Exertional Heatstroke Treatment. *Exercise and Sport Sciences Reviews*. 2007. 35:141-149.
10. Casa DJ, Becker SM, Ganio MS, et al. Validity of Devices That Assess Body Temperature During Outdoor Exercise in the Heat. *Journal of Athletic Training* 2007; 42(3):333-342.
11. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training* 2002; 37(3):329-343.
12. American College of Sports Medicine Position Stand: Exercise and Fluid Replacement. *Med: Sci Sport Exerc.* 2007; 384-86.
13. Ganio MS, Brown CM, Casa DJ, Becker SM, Yeargin SW, McDermott BP, Boots LM, Boyd PW, Armstrong LE, Maresh CM. Validity and reliability of devices that assess body temperature during indoor exercise in the heat. *J Athl Train.* 2009;44(2):124-135.
14. Sunderland C, Morris JG, Nevill ME. A heat acclimation protocol for team sports. *Br J Sports Med.* 2008; 42:327-333.
15. Yeargin SW, Casa DJ, Armstrong LE, Watson G, Judelson DA, Psathas E, Sparrow, SL. Heat acclimatization and hydration status of American football players during initial summer workouts. *J Strength Cond Res.* 2006; 20:463-470.
16. Lopez RM, Casa DJ. The influence of nutritional ergogenic aids on exercise heat tolerance and hydration status. *Curr Sports Med Rep.* 2009; 8:192-199.

TIPS FOR STUDENT-ATHLETES AND COACHES

Stay cool

- Conduct warm-ups in the shade.
- Schedule frequent breaks.
- Break in the shade.
- Use fans for cooling.
- Take extra time – at least three hours – between two-a-day practices.
- Wear light-colored, moisture-wicking, loose-fitting clothing.
- Increase recovery interval times between exercise bouts and intervals.

Stay hydrated

- Drink before you are thirsty (20 ounces two to three hours before exercise).
- Drink early (8 ounces every 15 minutes during exercise).
- Replace fluids (20 ounces for every pound lost).
- Lighter urine color is better.
- Incorporate sports drinks when possible.

Acclimatize

- Avoid workouts during unusually hot temperatures by picking the right time of day.
- Progress your exercise time and intensity slowly during a two-week period before preseason.
- Reduce multiple workout sessions; if multiple sessions are performed, take at least three hours of recovery between them.

Coaches be prepared

- Use appropriate medical coverage.
- Have a cell phone on hand.
- Know your local emergency numbers and program them in your phone.
- Report problems to medical staff immediately.
- Schedule breaks for hydration and cooling (e.g., drinks, sponges, towels, tubs, fans).
- Provide ample recovery time in practice and between practices.
- Monitor weight loss.
- Encourage adequate nutrition.

GUIDELINE 2D

WEIGHT LOSS-DEHYDRATION

July 1985 • Revised June 2002

There are two general types of weight loss common to student-athletes who participate in intercollegiate sports: loss of body water or loss of body weight (fat and lean tissue). Dehydration, the loss of body water, leads to a state of negative water balance called dehydration. It is brought about by withholding fluids and carbohydrates, the promotion of extensive sweating and the use of emetics, diuretics or laxatives. The problem is most evident in those who must be certified to participate in a given weight class, but it also is present in other athletics groups.

There is no valid reason for subjecting the student-athlete's body to intentional dehydration, which can lead to a variety of adverse physiological effects, including significant pathology and even death. Dehydration in excess of 3 to 5 percent leads to reduced strength and muscular endurance, reduced plasma and blood volume, compromised cardiac output (elevated heart rate, smaller stroke volume), impaired thermoregulation, decreased kidney blood flow and filtration, reduced liver glycogen stores and loss of electrolytes. Pathological responses include life-threatening heat illness, rhabdomyolysis (severe muscle breakdown), kidney failure and cardiac arrest.

With extensive dehydration, attempts at acute rehydration usually are insufficient for body fluid and electrolyte homeostasis to be restored before competition. For example, in wrestling this is especially true between the official weigh-in and actual competition.

All respected sports medicine authorities and organizations have condemned the practice of fluid deprivation. To promote sound practices, student-athletes and coaches should be educated about the physiological and pathological consequences of dehydration. The use of laxatives, emetics and diuretics should be prohibited. Similarly, the use of excessive food and fluid restriction, self-induced vomiting, vapor-impermeable suits (e.g., rubber or rubberized nylon), hot rooms, hot boxes and steam rooms should be prohibited. Excessive food restriction or self-induced vomiting may be symptoms of serious eating disorders (see Guideline 2F).

Dehydration is a potential health hazard that acts with poor nutrition and intense exercise to compromise health and athletic performance. The sensible alternative to dehydration weight loss involves preseason determination of an acceptable (minimum) competitive weight, gradual weight loss to achieve the desired weight, and maintenance of the weight during the course of the competitive season. Standard body composition procedures should be used to determine the

appropriate competitive weight. Spot checks (body composition or dehydration) should be used to ensure compliance with the weight standard during the season.

Student-athletes and coaches should be informed of the health consequences of dehydration, educated in proper weight-loss procedures, and subject to disciplinary action when approved rules are violated.

REFERENCES

1. American College of Sports Medicine, *Position Stand: Weight Loss in Wrestlers*, 1995. (P.O. Box 1440, Indianapolis, IN 46206-1440).
2. Armstrong, L.E. *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers, pp. 15-70, 2000.
3. Horswill CA: Does Rapid Weight Loss by Dehydration Adversely Affect High-Power Performance? 3(30), 1991. (Gatorade Sports Science Institute, P.O. Box 9005, Chicago, IL 60604-9005).
4. *Hyperthermia and Dehydration-Related Deaths Associated With Intentional Rapid Weight Loss in Three Collegiate Wrestlers*. *Morbidity and Mortality Weekly* 47(6):105-108, 1998.
5. Sawka, MN (chair): Symposium—Current concepts concerning thirst, dehydration, and fluid replacement. *Medicine and Science in Sports and Exercise* 24(6):643-687, 1992.

GUIDELINE 2E

ASSESSMENT OF BODY COMPOSITION

June 1991 • Revised June 2002

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Dan Benardot, Georgia State University, who authored a revision of this guideline.

Athletic performance is, to a great degree, dependent on the ability of the student-athlete to overcome resistance and to sustain aerobic and/or anaerobic power. Both of these elements of performance have important training and nutritional components and are, to a large degree, influenced by the student-athlete's body composition. Coupled with the common perception of many student-athletes who compete in sports in which appearance is a concern (swimming, diving, gymnastics, skating, etc.), attainment of an "ideal" body composition often becomes a central theme of training.

Successful student-athletes achieve a body composition that is within a range associated with performance achievement in their specific sport. Each sport has different norms for the muscle and fat levels associated with a given height, and the student-athlete's natural genetic predisposition for a certain body composition may encourage him or her to participate in a particular sport or take a specific position within a sport. For instance, linemen on football teams have different responsibilities than receivers, and this difference is manifested in physiques that are also different.

Besides the aesthetic and performance reasons for wanting to achieve an optimal body composition, there may also be safety reasons. A student-athlete who is carrying excess weight may be more prone to injury when performing difficult skills than the student-athlete with a more optimal body composition. However, the means student-athletes often use in an attempt to achieve an optimal body composition may be counterproductive. Diets and excessive training often result in such a severe energy deficit that, while total weight may be reduced, the constituents of weight also change, commonly with a lower muscle mass and a relatively higher fat mass. The resulting higher body fat percentage and lower muscle mass inevitably result in a performance reduction that motivates the student-athlete to follow regimens that produce even greater energy deficits. This downward energy intake spiral may be the precursor to eating disorders that place the student-athlete at serious health risk. Therefore, while achieving an optimal body composition is useful for high-level athletic performance, the processes student-athletes often use to attain an optimal body composition may reduce athletic performance, may place them at a higher injury risk and may increase health risks.

PURPOSE OF BODY COMPOSITION ASSESSMENT

The purpose of body composition assessment is to determine the student-athlete's distribution of lean (muscle) mass and fat mass. A high lean mass to fat mass ratio is often synonymous with a high strength to weight ratio, which is typically associated with athletic success. However, there is no single ideal body composition for all student-athletes in all sports. Each sport has a range of lean mass and fat mass associated with it, and each student-athlete in a sport has an individual range that is ideal for him or her. Student-athletes who try to achieve an arbitrary body composition that is not right for them are likely to place themselves at health risk and will not achieve the performance benefits they seek. Therefore, a key to body composition assessment is the establishment of an acceptable range of lean and fat mass for the individual student-athlete, and the monitoring of lean and fat mass over regular time intervals to assure a stability or growth of the lean mass and a proportional maintenance or reduction of the fat mass. Importantly, there should be just as much attention given to changes in lean mass (both in weight of lean mass and proportion of lean mass) as the attention traditionally given to body fat percent.

In the absence of published standards for a sport, one strategy for determining if a student-athlete is within the body composition standards for the sport is to obtain a body fat percent value for each student-athlete on a team (using the same method of assessment), and obtaining an average and standard deviation for body fat percent for the team. Student-athletes who are within 1 standard deviation (i.e., a Z-score of ± 1) of the team mean should be considered within the range for the sport. Those greater than or less than ± 1 standard deviation should be evaluated to determine the appropriateness of their training schedule and nutrient intake. In addition, it is important for coaches and student-athletes to use functional performance measures in determining the appropriateness of a student-athlete's body composition. Student-athletes outside the normal range of body fat percent for the sport may have achieved an optimal body composition for their genetic makeup, and may have objective performance measures (e.g., jump height) that are well within the range of others on the team.

Body composition can be measured indirectly by several methods, including hydrostatic weighing, skin-fold and girth measurements (applied to a nomogram or prediction equation), bioelectrical impedance analysis (BIA), dual-energy X-ray absorptiometry (DEXA),



ultrasound, computerized tomography, magnetic-resonance imagery, isotope dilution, neutron-activation analysis, potassium-40 counting and infrared intercalance. The most common of the methods now used to assess body composition in student-athletes are skinfold measurements, DEXA, hydrostatic weighing and BIA. While hydrostatic weighing and DEXA are considered by many to be the “gold standards” of the indirect measurement techniques, there are still questions regarding the validity of these techniques when applied to humans. Since skinfold-based prediction equations typically use hydrostatic weighing or DEXA as the criterion methods, results from skinfolds typically carry the prediction errors of the criterion methods plus the added measurement errors associated with obtaining skinfold values. BIA has become popular because of its noninvasiveness and speed of measurement, but results from this technique are influenced by hydration state. Since student-athletes have hydration states that are in constant flux, BIA results may be misleading unless strict hydration protocols are followed. In general, all of the commonly used techniques should be viewed as providing only estimates of body composition, and since these techniques use different theoretical assumptions in their prediction of body composition, values obtained from one technique should not be compared with values obtained from another technique.

CONCERNS WITH BODY COMPOSITION ASSESSMENT

1. Using Weight as a Marker of Body Composition.

While the collection of weight data is a necessary adjunct to body composition assessment, by itself weight may be a misleading value. For instance, young student-athletes have the expectation of growth and increasing weight, so gradual increases in weight should not be interpreted as a body composition problem. A student-athlete who has increased resistance training to improve strength may also have a higher weight, but since this

increased weight is likely to result from more muscle, this should be viewed as a positive change. The important consideration for weight is that it can be (and often is) misused as a measure of body composition, and this misuse can detract from the purpose of body composition assessment.

2. **Comparing Body Composition Values With Other Athletes.** Student-athletes often compare body composition values with other student-athletes, but this comparison is not meaningful and may drive a student-athlete to change body composition in a way that negatively impacts both performance and health. Health professionals involved in obtaining body composition data should be sensitive to the confidentiality of this information, and explain to each student-athlete that differences in height, age and gender are likely to result in differences in body composition, without necessarily any differences in performance. Strategies for achieving this include:
 - Obtaining body composition values with only one student-athlete at a time, to limit the chance that the data will be shared.
 - Giving student-athletes information on body composition using phrases such as “within the desirable range” rather than a raw value, such as saying “your body fat level is 18 percent.”
 - Providing athletes with information on how they have changed between assessments, rather than offering the current value.
 - Increasing the focus on muscle mass, and decreasing the focus on body fat.
 - Using body composition values as a means of helping to explain changes in objectively measured performance outcomes.
3. **Seeking an Arbitrarily Low Level of Body Fat.** Most student-athletes would like their body fat level to be as low as possible. However, student-athletes often try to seek a body fat level that is

arbitrarily low, and this can increase the frequency of illness, increase the risk of injury, lengthen the time the student-athlete can return to training after an injury, reduce performance and increase the risk of an eating disorder. Body composition values should be thought of as numbers on a continuum that are usual for a sport. If a student-athlete falls anywhere on that continuum, it is likely that factors other than body composition (training, skills acquisition, etc.) will be the major predictors of performance success.

4. Frequency of Body Composition Assessment.

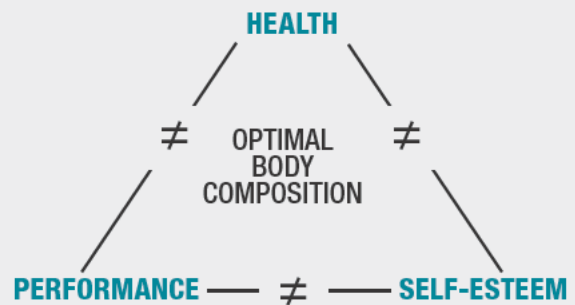
Student-athletes who have frequent weight and/or skinfolds taken are fearful of the outcome, since the results are often (inappropriately) used punitively. Real changes in body composition occur slowly, so there is little need to assess student-athletes weekly, biweekly or even monthly. If body composition measurements are sufficient and agreed upon by all parties, measurement frequency of twice a year should be sufficient. In some isolated circumstances in which a student-athlete has been injured or is suffering from a disease state, it is reasonable for a physician to recommend a more frequent assessment rate to control for changes in lean mass. Student-athletes and/or coaches who desire more frequent body composition or weight measurement should shift their focus to assessments of objective performance-related measures.

SUMMARY

The assessment of body composition can be a useful tool in helping the student-athlete and coach understand the changes that are occurring as a result of training and nutritional factors. However, the body composition measurement process and the values obtained can be a sensitive issue for the student-athlete. A legitimate purpose for body composition assessment should dictate the use of these measurement techniques. Health professionals involved in obtaining body composition data should focus on using the same technique with the same prediction equations to derive valid comparative data over time. Institutions should have a protocol in place outlining the rationale for body composition measurements, who is allowed to measure the student-athlete, who is permitted to discuss the results with the student-athlete and what frequency of body composition measurement is appropriate. The student-athlete should not feel forced or obligated to undergo body composition or weight measurement.

UNDERSTANDING OPTIMAL BODY COMPOSITION

For each student-athlete, there may be a unique optimal body composition for performance, for health and for self-esteem. However, in most cases, these three values are NOT identical. Mental and physical health should not be sacrificed for performance. An erratic or lost menstrual cycle, sluggishness or an obsession with achieving a number on a scale may be a sign that health is being challenged.



Everyone involved directly or indirectly with body composition measurement should understand that inappropriate measurement and use of body composition data might contribute to the student-athlete experiencing unhealthy emotional stress. This stress can lead to the development or enhancement of eating disorders in the student-athlete (see Guideline 2F). All coaches (sport or strength/conditioning) should be aware of the sizable influence they may have on the behaviors and actions of their student-athletes. Many student-athletes are sensitive about body fat, so care should be taken to apply body composition measurement, when appropriate, in a way that enhances the student-athlete's well-being.

REFERENCES

1. Benardot D: Working with young athletes: Views of a nutritionist on the sports medicine team. *Int. J. Sport Nutr.* 6(2):110-120, 1996.
2. Boileau RA and Lohman TG. The measurement of human physique and its effect on physical performance. *Orthopedic Clin. N. Am.* 8:563-581, 1977.
3. Clarkson PM. Nutritional supplements for weight gain. *Sports Science Exchange SSE#68(11):* 1-18, 1998.
4. Clasey JL, Kanaley JA, Wideman L, Heymsfield SB, Teates CD, Gutgesell ME, Thomer MO, Hartman ML, and Weltman A. Validity of

- methods of body composition assessment in young and older men and women. *J. Appl. Physiol.* 86(5):1728-38, 1999.
5. Fleck SJ. Body composition of elite American athletes. *Am. J. Sports Med.* 11:398-403, 1983.
 6. Heymsfield SB and Want Z. Measurement of total-body fat by underwater weighing: new insights and uses for old method. *Nutrition* 9:472-473, 1993.
 7. Houtkooper LB and Going SB. Body composition: How should it be measured? Does it affect sport performance? *Sports Science Exchange SSE#52(7)*:1-15, 1994.
 8. Houtkooper LB, Going SB, Lohman TG, Roche AF, and Van Loan M. Bioelectrical impedance estimation of fat-free body mass in children and youth: a cross-validation study. *J. Appl. Physiol.* 72:366-373, 1992.
 9. Jackson AS and Pollock ML. Generalized equations for predicting body density in men. *Br. J. Nutr.* 40:497-504, 1978.
 10. Jackson AS, Pollock ML, and Ward A. Generalized equations for predicting body density of women. *Med. Sci. Sports Exerc.* 12:175-182, 1980.
 11. Lukaski HC. Methods for the assessment of human body composition—traditional and new. *Am. J. Clin. Nutr.* 46:537-56, 1987.
 12. Malina RM and Bouchard C. Characteristics of young athletes. In: *Growth, Maturation and Physical Activity*. Champaign, IL: *Human Kinetics Books*, pp. 443-463, 1991.
 13. Manore M, Benardot D, and Love P. Body measurements. In: Benardot D (Ed). *Sports Nutrition: A Guide for Professionals Working With Active People*. Chicago, IL: *American Dietetic Association*, pp. 70-93, 1993.
 14. Melby CL and Hill JO. Exercise, macronutrient balance, and body weight regulation. *Sports Science Exchange SSE#72(12)*: 1-16, 1999.
 15. Thomas BJ, Cornish BH, Ward LC, and Jacobs A. Bioimpedance: is it a predictor of true water volume? *Ann. N.Y. Acad. Sci.* 873:89-93, 1999.

GUIDELINE 2F

NUTRITION AND ATHLETIC PERFORMANCE

January 1986 • Revised June 2002, May 2009, 2013

Athletic performance and recovery from training are enhanced by attention to nutrient intake. Optimal nutrition for health and performance includes the identification of both the quantity and quality of food and fluids needed to support regular training and peak performance. As training demands shift during the year, athletes need to adjust their caloric intake and macronutrient distribution while maintaining a high nutrient-dense diet that supports their training and competition nutrient needs. The following key points summarize the impacts of training on energy, nutrient and fluid recommendations for competitive student-athletes as recommended by the American College of Sports Medicine (ACSM) and the Academy of Nutrition and Dietetics.

It is helpful to think of collegiate athletes' training year as including three phases: **base**, **competition** and **transition**. During **base** training when training volume is high (practices are longer and/or more frequent), athletes' energy needs are at their highest. A high-quality nutritional plan is key during this phase. Base training is also the best phase to experiment with and define event fueling and hydration strategies that can be continued throughout the year.

The **competition** phase usually reflects a decrease in training volume, and perhaps high-intensity training sessions with extended periods of tapering leading up to competition and travel. During the competition phase, athletes should adjust calorie and macronutrient intake to prevent unwanted weight gain. They should learn how to eat before competition, how to eat while traveling and how to adjust fluid needs based on environmental impacts. Athletes who consume a balanced diet will likely exhibit the best performance and experience less illness during the competition phase.

The **transition** (recovery) phase, during which athletes' training volume and intensity are at their lowest, requires some attention to the prevention of unwanted changes in body weight (increased body fat or decreased muscle mass). During this phase, athletes may need to decrease total calorie intake and resist overindulging while still maintaining a nutrient-dense diet.

Carbohydrates, the primary fuel for higher intensity activity, are required to replenish liver and muscle

glycogen stores and to prevent low blood sugar (hypoglycemia) during training. Carbohydrate intake has been well documented to have a positive impact on adaptation to training, performance and improved immune function.

During base training, a daily intake of 6 to 10 grams of carbohydrate per kilogram of body weight per day is advised. As training intensity and/or volume increase, carbohydrate need may easily exceed 10 grams of carbohydrates per kilogram of body weight. Athletes should begin to think about fueling for their next athletics activity immediately after the one they just completed. Recovery carbohydrates, to replace glycogen stores, can be calculated based on 1 to 1.5 grams of carbohydrates per kilogram of body weight and should be consumed immediately after training sessions. Within two hours after training, additional carbohydrates will help continue glycogen repletion.

The U.S. Dietary Guidelines and experts in performance nutrition recommend that athletes focus their food choices on less-refined types of carbohydrates, as these contain essential micronutrients vital to health and performance. Whole grain breads and pasta, whole fruits and vegetables are excellent sources of high-quality carbohydrates.

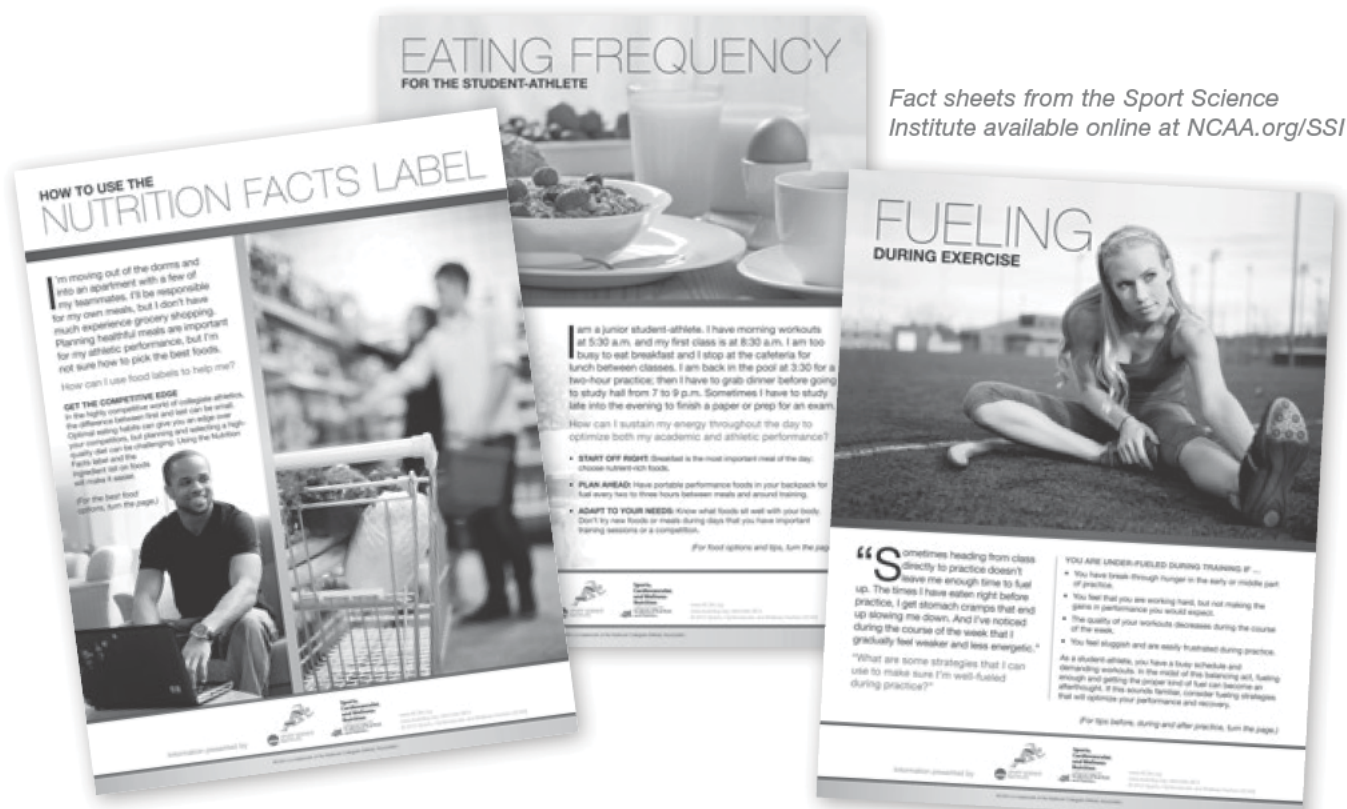
Protein requirements are slightly higher in both endurance (1.2 to 1.4 grams per kilogram body weight) and strength-training student-athletes (1.6 to 1.7 grams per kilogram body weight), above the typical recommended daily intake (0.8 grams per kilogram body weight). Recommendations include ingesting a snack rich in carbohydrates with 10-20 grams of protein within 30 minutes after a training session for effectiveness.

Fortunately, the higher intakes recommended for athletes are easily achieved in a well-balanced diet without the use of additional supplements.

Fat intake is an important source of essential fatty acids and carrier for fat-soluble vitamins necessary for optimal physiological immune function. During prolonged, lower-intensity training, fats are a major energy contributor and are stored in muscle as triglyceride for use during activity. Dietary fat intake is suggested to be from 20 to 35 percent of total daily caloric intake.



NCAA.org/SSI



Fact sheets from the Sport Science Institute available online at NCAA.org/SSI

Diets low in fat can negatively impact training, nutrient density of the diet and the ability to consistently improve performance.

In general, vitamin and mineral supplements are not required if a student-athlete is consuming adequate energy from a variety of foods to maintain body weight. However, the risk of micronutrient deficiencies is greatest in student-athletes who are restricting calories, engaging in rapid weight-loss practices or eliminating specific foods or food groups from their diet. A multivitamin providing not more than 100 percent of the daily recommended intake can be considered for these student-athletes. Female student-athletes are especially prone to deficiencies in calcium and iron due to the impacts of regular menstrual cycles. The diets and iron status of endurance athletes and vegetarians (especially females) should be evaluated. However, megadoses of specific vitamins or minerals (10 to 100 times the Recommended Dietary Allowances) are not recommended.

Hydration status affects health and performance. Athletes should consume fluids throughout their day (water, low-fat milk, 100 percent fruit juices) and before, during and after training.

Fluids containing electrolytes and carbohydrates are a good source of fuel and rehydration for exercise lasting longer than 60 minutes. Fluids (e.g., energy drinks) containing questionable supplement ingredients and high levels of caffeine or other stimulants (e.g. 500 milligrams) may be detrimental to the health of the competitive athlete and are not effective forms of fuel or hydration.

Adequate overall energy intake throughout the day is important for all student-athletes. Insufficient energy intakes (due to skipped meals or dieting) will have a

rapid negative impact on training and performance, and over time, on bone, immune function and injury risk. Inadequate energy intake increases fatigue, depletes muscle glycogen stores, increases the risk of dehydration, decreases immune function, increases the risk of injury and can result in unwanted loss of muscle mass. A low caloric intake in female student-athletes can lead to menstrual dysfunction and decreased bone mineral density.

The maintenance or attainment of an ideal body weight is sport-specific and represents an important part of a nutritional program. However, student-athletes in certain sports face a difficult paradox in their training/nutrition regimen, particularly those competing in "weight class" sports (e.g., wrestling, rowing), sports that favor those with lower body weight (e.g., distance running, gymnastics), sports requiring student-athletes to wear body contour-revealing clothing (track, diving, swimming, volleyball) and sports with subjective judging related to "aesthetics" (gymnastics, diving). These student-athletes are encouraged to eat to provide the necessary fuel for performance, yet they often face self- or team-imposed weight restrictions. Emphasis on low body weight or low body fat may benefit performance only if the guidelines are realistic, the calorie intake is reasonable and the diet is nutritionally balanced.

The use of extreme weight-control measures can jeopardize the health of the student-athlete and possibly trigger behaviors associated with disordered eating. NCAA studies have shown that at least 40 percent of member institutions reported at least one case of anorexia nervosa or bulimia nervosa in their athletics programs. Once identified, these individuals should be referred for interdisciplinary medical care (medical, psychological, sports dietetics).

A more prevalent issue is the large number of sub-clinical or chronically dieting athletes. Department-wide efforts to educate staff and student-athletes should include addressing the negative impacts of under-fueling and weight/food preoccupation on the athletes' performance and overall well-being. Although disordered eating is much more prevalent in women (approximately 90 percent of the reports in NCAA studies were in women's sports), disordered eating also occurs in men. Female athletes who miss three or more menstrual cycles in a year, are preoccupied with weight, experience rapid changes in body weight, avoid eating with others, or are over-focused on shape and food are exhibiting warning signs worth addressing for health reasons. The medical examination and updated health history (Bylaw 17.1.5) is an opportunity to assess athletes for these risk factors and refer them to appropriate professionals for further evaluation and diagnosis.

Disordered eating is often an expression of underlying emotional distress that may have developed long before the individual was involved in athletics. Disordered eating can be triggered in psychologically vulnerable individuals by a single event or comments (such as offhand remarks about appearance, or constant badgering about a student-athlete's body weight, body composition or body type) from a person important to the individual. Coaches, athletic trainers, sport dietitians and supervising physicians must be watchful for student-athletes at higher risk for eating disorders. Disordered eating can lead to dehydration, resulting in loss of muscular strength and endurance, decreased aerobic and anaerobic power, loss of coordination, impaired judgment, and other complications that decrease performance and impair health. These symptoms may be readily apparent or may not be evident for an extended period of time. Many student-athletes have performed successfully while experiencing an eating disorder. Therefore, diagnosis of this problem should not be based entirely on a decrease in athletic performance.

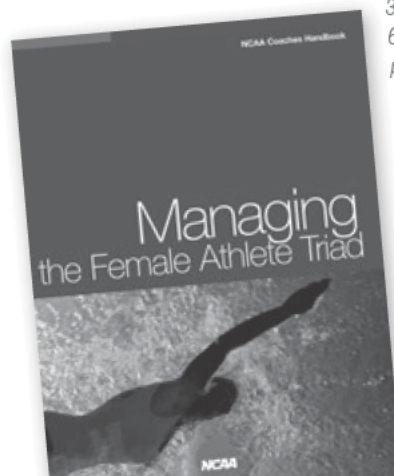
Body composition and body weight can affect exercise performance but should not be used as the main criteria for participation in sports. Decisions regarding weight loss should be based on the following recommendations to reduce the risk of disordered eating:

1. Frequent weigh-ins (either as a team or individually) are discouraged unless part of strategies to determine sweat loss as outlined in Guideline 2C.
2. Weight loss (fat loss) should be addressed during base or transition phases.
3. Weight-loss goals should be determined by the student-athlete, sports dietitian and medical staff with consultation from the coach.
4. Weight-loss plans should be individualized, realistic and preferably designed by a board certified specialist in sports dietetics (CSSD).

For each student-athlete, there may be a unique optimal body composition for performance, for health and for self-esteem. However, in most cases, these three values are NOT identical. Mental and physical health should not be sacrificed for performance. An erratic or lost menstrual cycle, sluggishness or an obsession with achieving a number on a scale may be signs that a student-athlete's health is being challenged.

REFERENCES

1. *Nutrition and Athletic Performance*. American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada, Joint Position Stand, *Medicine and Science in Sports and Exercise*. 109:3:509-527, March 2009
2. *The Female Athlete Triad*. American College of Sports Medicine (ACSM) Position Stand, *Medicine and Science in Sports and Exercise*, 39:10: 1-10 2007.
3. *Exercise and Fluid Requirements*. American College of Sports Medicine (ACSM) Position Stand. 2007
4. Brownell KD, Rodin J, Wilmore JH: *Eating, Body Weight, and Performance in Athletes: Disorders of Modern Society* Malvern, PA: Lea and Febiger, 1992.
5. Dale, KS, Landers DM. Weight control in wrestling: eating disorders or disordered eating? *Medicine and Science in Sports and Exercise* 31:1382-1389, 1999.
6. Dick RW: Eating disorders in NCAA athletics programs. *Athletic Training* 26:136-140, 1991.
7. Sandbom CF, Horea M, Siemers BJ, Dieringer KI. Disordered eating and the female athlete triad. *Clinics in Sports Medicine*:19:199-213, 2000.



Available online at
NCAA.org/SSI.

GUIDELINE 2G

DIETARY SUPPLEMENTS

January 1990 • Revised June 2004, June 2009

Nutritional and dietary supplements are marketed to student-athletes to improve performance, recovery time and muscle-building capability. Many student-athletes use nutritional supplements despite the lack of proof of effectiveness. In addition, such substances are expensive and may potentially be harmful to health or performance. Of greater concern is the lack of regulation and safety in the manufacture of dietary supplements. Most compounds obtained from specialty “nutrition” stores and mail-order businesses are not subject to the strict regulations set by the U.S. Food and Drug Administration. Therefore, the contents of many of these compounds are not represented accurately on the list of ingredients and may contain impurities or banned substances, which may cause a student-athlete to test positive. Positive drug-test appeals based on the claim that the student-athletes did not know the substances they were taking contained banned drugs have not been successful. Student-athletes should be instructed to consult with the institution’s sports medicine staff before taking ANY nutritional supplement. Reference NCAA Banned Drug Classes in Appendix A.

Member institutions are restricted in the providing of nutritional supplements – see NCAA bylaws for divisional regulations.

It is well known that a high-carbohydrate diet is associated with improved performance and enhanced ability to train. Carbohydrates in the form of glycogen are the body’s main fuel for high-intensity activity. A large number of student-athletes only consume 40 to 50 percent of their total calories from carbohydrates, versus the recommended 55 to 65 percent for most people (about 5 to 10 grams per kilogram of body weight). The lower end of the range should be ingested during regular training; the high end during intense training.

High-carbohydrate foods and beverages can provide the necessary amount of carbohydrates for the high caloric demand of most sports to optimize performance. Low-carbohydrate diets are not advantageous for athletes during intense training and could result in a significantly reduced ability to perform or train by the end of an intense week of training. When the levels of carbohydrates are reduced, exercise intensity and length of activity decreases, and fatigue rapidly increases. A high-carbohydrate diet consisting of complex carbohydrates, fruits, vegetables, low-fat dairy products and whole grains (along with adequate protein) is the optimal diet for peak performance. (See Guideline 2F, Nutrition and Athletic Performance.)

RESOURCE EXCHANGE CENTER

The NCAA subscribes to the Resource Exchange Center (REC). The REC (www.drugfreesport.com/rec) provides accurate information on performance-enhancing drugs, dietary supplements, medications, new ingredients and validity of product claims, and whether a substance is banned by the NCAA. This service is provided 24 hours a day via a password-protected website for all NCAA member schools and their student-athletes and athletics personnel. To access the REC, go to www.drugfreesport.com/rec. The password is ncaa1, ncaa2 or ncaa3, depending on your divisional classification.

Protein and amino acid supplements are popular with bodybuilders and strength-training student-athletes. Although protein is needed to repair and build muscles after strenuous training, most studies have shown that student-athletes ingest a sufficient amount without supplements. The recommended amount of protein in the diet should be 12 to 15 percent of total energy intake (about 1.4 to 1.6 grams per kilogram of body weight) for all types of student-athletes. Athlete should consider eating a post-workout carbohydrate snack that contains protein within one hour of concluding that vigorous exercise session. Although selected amino acid supplements are purported to increase the production of anabolic hormones, studies using manufacturer-recommended amounts have not found increases in growth hormone or muscle mass. Ingesting high amounts of single amino acids is contraindicated because they can affect the absorption of other essential amino acids, produce nausea, and/or impair kidney function and hydration status.

Other commonly advertised supplements are vitamins and minerals. Most scientific evidence shows that selected vitamins and minerals will not enhance performance provided no deficiency exists. Some vitamins and minerals are marketed to student-athletes for other benefits. For example, the antioxidants, vitamins E and C, and beta carotene, are used by many student-athletes because they believe that these antioxidants will protect them from the damaging effects of aerobic exercise. Although such exercise can cause muscle damage, studies have found that training will increase the body’s natural antioxidant defense system so that megadoses of antioxidants may not be needed. Supplementation in

high dosages of antioxidants, such as vitamins E and C, and beta carotene, could disrupt the normal balance of these compounds and the balance of free radicals in the body and cause more harm than good. (American Council on Science and Health)

The mineral chromium has been suggested to increase muscle mass and decrease fat; these claims have little, if any, credible support. In fact, the Federal Trade Commission has declared such claims to be unsubstantiated and deceptive. Similarly, magnesium is purported, but not proven, to prevent cramps. To obtain necessary vitamins and minerals, student-athletes should eat a wide variety of foods because not all vitamins and minerals are found in every food.

Other substances naturally occurring in foods, such as carnitine, herbal extracts and special enzyme formulations, do not provide any benefit to performance. The main source of energy for the muscle during exercise will come from carbohydrate rich foods. The high-protein diet has received recent attention, but data showing that this diet will enhance performance are weak. High-protein diets are discouraged by most nutrition experts due to increased stress placed on the kidneys. Mild to severe stomach cramping and diar-

rhea, dehydration and gout have been associated with use of certain amino acid supplements.

Creatine has been found in some laboratory studies to enhance short-term, high-intensity exercise capability, delay fatigue on repeated bouts of such exercise and increase strength. Several studies have contradicted these claims, and, moreover, the safety of creatine supplements has not been verified. Weight gains of 1 to 3 kilograms per week have been found in creatine users, but the cause is unclear.

Many other "high-tech" nutritional or dietary supplements may seem to be effective at first, but this is likely a placebo effect — if student-athletes believe these substances will enhance performance, they may train harder or work more efficiently. Ultimately, most nutritional supplements are ineffective, costly and unnecessary.

Student-athletes should be aware that nutritional supplements are not limited to pills and powders; "energy" drinks that contain stimulants are popular. Many of these contain large amounts of either caffeine (e.g. 500 milligrams) or other stimulants, both of which can result in a positive drug test. Student-athletes should be wary of drinks that promise an "energy boost," because they may contain banned stimulants. In addition, the use of stimulants while exercising can increase the risk of heat illness.

Student-athletes should be provided accurate and sound information on nutritional supplements. It is not worth risking eligibility for products that have not been scientifically proven to improve performance and may contain banned substances. Member institutions should review NCAA Bylaw 16.5.2, educational

What you don't know can hurt your eligibility

Nutritional/Dietary Supplements

- Are not strictly regulated
- May contain banned substances
- May not list all contents on the label
- May be legal but still contain NCAA banned substances

Consult with your institution's sports medicine staff before taking any nutritional/dietary supplement.

Ignorance is no excuse!

NCAA www.NCAA.org/health-safety

THE DANGER OF SUPPLEMENTS

Nutritional/dietary supplements may contain NCAA banned substances. The U.S. Food and Drug Administration does not strictly regulate the supplement industry; therefore, purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information.

columns and interpretations for guidance on restrictions on providing supplements to student-athletes. Institutions should designate an individual (or individuals) as the athletics department resource for questions related to NCAA banned drugs and the use of nutritional supplements. In addition, institutions should educate athletics department staff members who have regular interaction with student-athletes that the NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA website; any nutritional supplement use may present risks to a student-athlete's health and eligibility; and questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated department resource individual (or individuals). See Appendix B for Division I legislative requirements.

REFERENCES

1. Burke L: *Practical issues in nutrition for athletes*. *Journal of Sports Sciences* 13:S83-90, 1995.
2. Clarkson PM, Haymes EM: *Trace Mineral Requirements for Athletes*. *International Journal of Sport Nutrition* 4:104-19, 1994.
3. Clarkson PM: *Micronutrients and exercise: Antioxidants and minerals*. *Journal of Sports Sciences* 12:S11-24, 1995.
4. American College of Sports Medicine. *The physiological and health effects of oral creatine supplementation*. *Medicine and Science in Sports and Exercise*. 32 (3): 706-717, 2000.
5. Lemon PWR: *Do athletes need more dietary protein and amino acids?* *International Journal of Sport Nutrition* 5:S39-61, 1995.
6. Volek JS, Kraemer WJ: *Creatine supplementation: Its effect on human muscular performance and body composition*. *Journal of National Strength and Conditioning Research* 10:200-10, 1996.
7. Williams C: *Macronutrients and performance*. *Journal of Sports Sciences* 13:S1-10, 1995.
8. The National Center for Drug Free Sport, Inc., 810 Baltimore, Suite 200, Kansas City, Missouri. 64105; 816/474-8655.
9. ACSM JOINT POSITION STATEMENT, *Nutrition and Athletic Performance*, 2000. Available at www.acsm-msse.org.
10. *Nutritional Supplements*, *The NCAA News*, April 15, 2005.
11. IOC study, 2001.
12. HFL study, 2007.

GUIDELINE 2H

'BURNERS' (BRACHIAL PLEXUS INJURIES)

June 1994 • Revised June 2003

"Burners" or "stingers" are so named because the injuries can cause a sudden pain and numbness along the forearm and hand. The more formal medical terminology is transient brachial plexopathy or an injury to the brachial plexus. A brachial plexus injury may also involve injury to a cervical root. An injury to the spinal cord itself is more serious and frequently does not fall under this category of injury, although it shares certain symptoms; therefore, spinal cord injuries should be ruled out when diagnosing stingers.

The majority of stingers occur in football. Such injuries have been reported in 52 percent of college football players during a single season. As many as 70 percent of college football players have experienced stingers. Stingers also can occur in a variety of other sports, including basketball, ice hockey, wrestling and some field events in track.

MECHANISM

The most common mechanism for stingers is head movement in an opposite direction from the shoulder either from a hit to the head or downward traction of the shoulder, although foramen encroachment may also be a cause of symptoms. This can stretch the nerve roots on the side receiving the blow (traction), or compress or pinch those on the opposite side. Contact to the side of the neck may cause a direct contusion to the brachial plexus. In football, improper blocking and tackling techniques may result in a brachial plexus injury. Coaches, parents and student-athletes should be cautioned regarding the consequences of improper techniques, which may result in cervical spine injuries or trauma to the brachial plexus.

SYMPTOMS AND SEVERITY

Student-athletes who suffer burners may be unable to move the affected arm from their side and will complain of burning pain, and potentially, numbness traveling from the injured side of the neck through the shoulder down the arm and forearm, and sometimes into the hand. Weakness may be present in the muscles of the shoulder, elbow and hand.

Brachial plexus injuries can be classified into three categories. The mildest form (Grade 1) are neuropraxic injuries that involve demyelination of the axon sheath without intrinsic axonal disruption. Complete recovery typically occurs in a few seconds to days. Grade 1 injuries are the most common in athletics. Grade 2 injuries involve axonotmesis, or disruption of the axon and myelin sheath, with preservation of the epineuri-

um, perineurium and endoneurium, which can serve as the conduit for the regenerating axon as it re-grows at 1 to 7 millimeters per day. Weakness can last for weeks, but full recovery typically occurs. Grade 3 injuries, neurotmesis, or complete nerve transections, are rare in athletes. Surgical repair of the nerve is required in these cases, and complete recovery may not occur.

These classifications have more meaning with regard to anticipated recovery of function than a grading on the severity of symptoms at the time of initial injury.

TREATMENT AND RETURN TO PLAY

Burners and stingers typically result in symptoms that are sensory in nature, frequently involving the C5 and C6 dermatomes. All athletes sustaining burners should be removed from competition and examined thoroughly for injury to the cervical spine and shoulder. All cervical roots should be assessed for motor and sensory function. If symptoms clear within seconds to several minutes and are not associated with any neck pain, limitation of neck movement or signs of shoulder subluxation or dislocation, the athlete can safely return to competition. It is important to re-examine the athlete after the game and for a few successive days to detect any reoccurrence of weakness or alteration in sensory exam.

If sensory complaints or weakness persists for more than a few minutes, a full medical evaluation with radiographs and consideration for an MRI should be done to rule out cervical disk or other compressive pathology. If symptoms persist for more than two to three weeks, an EMG may be helpful in assessing the extent of injury. However, an EMG should not be used for return-to-play criteria, as EMG will not show positive findings until at least two weeks after the nerve injury and those nerve changes may persist for several years after the symptoms have resolved. Shoulder injuries (acromioclavicular separation, shoulder subluxation or dislocation, and clavicular fractures) should be considered in the differential diagnosis of the athlete with transient or prolonged neurologic symptoms of the upper extremity. Any injured athlete who presents with specific cervical-point tenderness, neck stiffness, bony deformity, fear of moving his/her head and/or complains of a heavy head should be immobilized on a spine board (as one would for a cervical spine fracture) and transported to a medical facility for a more thorough evaluation.

Bilateral symptoms indicate that the cord itself has been traumatized and may suggest transient



quadriplegia. These athletes should also be immobilized and transported to a medical facility for a more thorough evaluation.

All athletes sustaining burners or stingers should undergo a physical rehabilitation program that includes neck and trunk strengthening exercises. The fit of shoulder pads should be re-checked, and consideration of other athletic protective equipment, such as neck rolls and/or collars, should be given. The athlete's tackling techniques should be reviewed.

Stinger assessment should be part of the student-athletes' preseason physical and mental history (see Guideline 1C) so that these "at-risk" athletes can be instructed in a preventative exercise program and be provided with proper protective equipment.

RECURRENT BURNERS

Recurrent burners may be common; 87 percent of athletes in one study had experienced more than one. Medical personnel should pay special attention to this condition. Although rare, risk of permanent nerve injury exists for those with recurrent burners. Therefore, participants should report every occurrence to their certified athletic trainers or team physician. Any player with persistent pain, burning, numbness and/or weakness (lasting longer than two minutes) should be held out of competition and referred to a physician for further evaluation.

A WORD OF CAUTION

Management of the student-athlete with recurrent burners can be difficult. There are no clear guidelines concerning return to play. However, at-risk student-athletes are those who have: 1) narrow cervical foramen or 2) poor neck and should muscular stabilization. Although some risk of permanent nerve injury exists, a review of the literature shows this risk to be small for those with recurrent episodes. The most important concern for student-athletes with recurrent

burners is to stress the importance of reporting all symptoms to the attending medical personnel so that a thorough physical examination, with particular attention to strength and sensory changes, can be obtained. Any worsening of symptoms should provoke a more thorough evaluation.

REFERENCES

1. Meyer S, Schulte K, et al: Cervical Spinal Stenosis and Stingers in Collegiate Football Players. *American Journal of Sports Medicine* 22(2):158-166, 1994.
2. Torg J, et al: Cervical Cord Neuropraxia: Classification Pathomechanics, Morbidity and Management Guidelines. *Journal of Neurosurgery* 87:843-850, 1997.
3. Feinberg J, et al: Peripheral Nerve Injuries in the Athlete. *Sports Medicine* 12(6):385-408, 1997.
4. Meyer S, et al: Cervical Spinal Stenosis and Stingers in Collegiate Football Players. *American Journal of Sports Medicine* 22(2), 1994.
5. Cantu R: Stingers, Transient Quadriplegia, and Cervical Spinal Stenosis: Return-to-Play Criteria. *Medicine and Science of Sports and Exercise* 7(Suppl):S233-235, 1997.
6. Levitz C, et al: The Pathomechanics of Chronic Recurrent Cervical Nerve Root Neuropraxia, the Chronic Burner Syndrome. *American Journal of Sports Medicine* 25(1), 1997.
7. Castro F, et al: Stingers, the Torg Ratio, and the Cervical Spine. *American Journal of Sports Medicine* 25(5), 1997.
8. Weinstein S: Assessment and Rehabilitation of the Athlete With a Stinger. A Model for the Management of Non-catastrophic Athletic Cervical Spine Injury. *Clinic and Sports Medicine* 17(1), 1998.
9. Shannon B, Klimkiewicz J, Cervical Burners in the Athlete. *Clinic and Sports Medicine* 21(1):29-35 January 2002.
10. Koffler K, Kelly J, Neurovascular Trauma in Athletes. *Orthop Clin N Am* 33: 523-534(2002).
11. Feinberg J, Burners and Stingers, *Phys Med Rehab N Am* 11(4): 771-783 Nov 2000.

GUIDELINE 21

SPORT-RELATED CONCUSSION

June 1994 • Revised July 2004, 2009, July 2010, July 2011, July 2013, July 2014

In July 2014, the NCAA, in partnership with numerous medical and sport organizations, announced “Inter-Association Guidelines” (www.NCAA.org/ssi) that addressed diagnosis and management of sport-related concussion. The section in teal that follows is taken directly from these guidelines.

BACKGROUND

There are more than 42 consensus-based definitions of concussion. A recently published, evidence-based definition of concussion follows.¹

Concussion is:

- a change in brain function,
- following a force to the head, which
- may be accompanied by temporary loss of consciousness, but is
- identified in awake individuals, with
- measures of neurologic and cognitive dysfunction.

Diagnosis and management of sport-related concussion is a clinical diagnosis based on the judgment of the student-athlete’s health care providers.² The diagnosis and management of sport-related concussion is challenging for many reasons:

- The physical and cognitive examinations are often normal, and additional tests such as brain computerized tomography (CT), brain MRI, electroencephalogram and blood tests are also commonly normal. Although comprehensive neuropsychological tests may be a useful adjunctive tool supporting the diagnosis of sport-related concussion, there remains controversy regarding interpretation and utility as a clinical tool.
- The clinical effects of sport-related concussion are often subtle and difficult to detect with existing sport-related concussion assessment tools.
- The symptoms of sport-related concussion are not specific to concussion and it is challenging to evaluate a student-athlete who presents non-specific symptoms that may be related to other conditions.
- Sport-related concussion may manifest with immediate or delayed-onset symptoms. Symptom manifestation can vary between individuals and in the same individual who has suffered a repeat concussion.

- Modifying factors and co-morbidities -- such as attention deficit hyperactivity disorder, migraine and other headache disorders, learning disabilities and mood disorders -- should be considered in making the diagnosis, in providing a management plan, and in making both return-to-play and return-to-learn recommendations.³⁻⁷

- “Signal detection” on clinical measures (e.g., cognitive and balance testing) often quickly diminishes in the acute setting of early recovery. Although cognitive function and balance assessed within 24 hours with various sideline tests (Standardized Assessment of Concussion [SAC] and Balance Error Scoring System, respectively) have been shown to be useful in diagnosing concussion, these tests often normalize within a few days and cannot be used to make a definitive diagnosis.

- Student-athletes may underreport symptoms and inflate their level of recovery in hopes of being rapidly cleared for return to competition.^{8,9}
- Clinical assessment of sport-related concussion is a surrogate index of recovery and not a direct measure of brain structure and functional integrity after concussion.

In summary, the natural history of concussion remains poorly defined, diagnosis can be difficult, there are often few objective findings for diagnosis or physiological recovery that exist for clinical use, and there often remains a significant reliance on self-report of symptoms from the student-athlete.

The NCAA Concussion Policy and Legislation mandates that institutions implement the following:¹⁰

1. An annual process that ensures student-athletes are educated about the signs and symptoms of concussion;
2. A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities and evaluated by a medical staff member with experience in the evaluation and management of concussion;
3. A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity for at least the remainder of that calendar day; and
4. A policy that requires medical clearance for a stu-

dent-athlete diagnosed with a concussion to return to athletics activity as determined by a physician or the physician's designee.

GUIDELINES

The goals of developing guidelines for the diagnosis and management of sport-related concussion are: (1) helping athletic health care providers to diagnose and manage sport-related concussion; (2) developing prevention strategies for sport-related concussions and repeat sport-related concussion; (3) promoting sport-related concussion injury resolution; (4) minimizing factors that contribute to prolonged or recurrent symptoms of sport-related concussion; and (5) preventing or minimizing complications of other co-morbidities that may accompany sport-related concussion (e.g., ADHD, migraine and other headache disorders, learning disabilities and mood disorders).

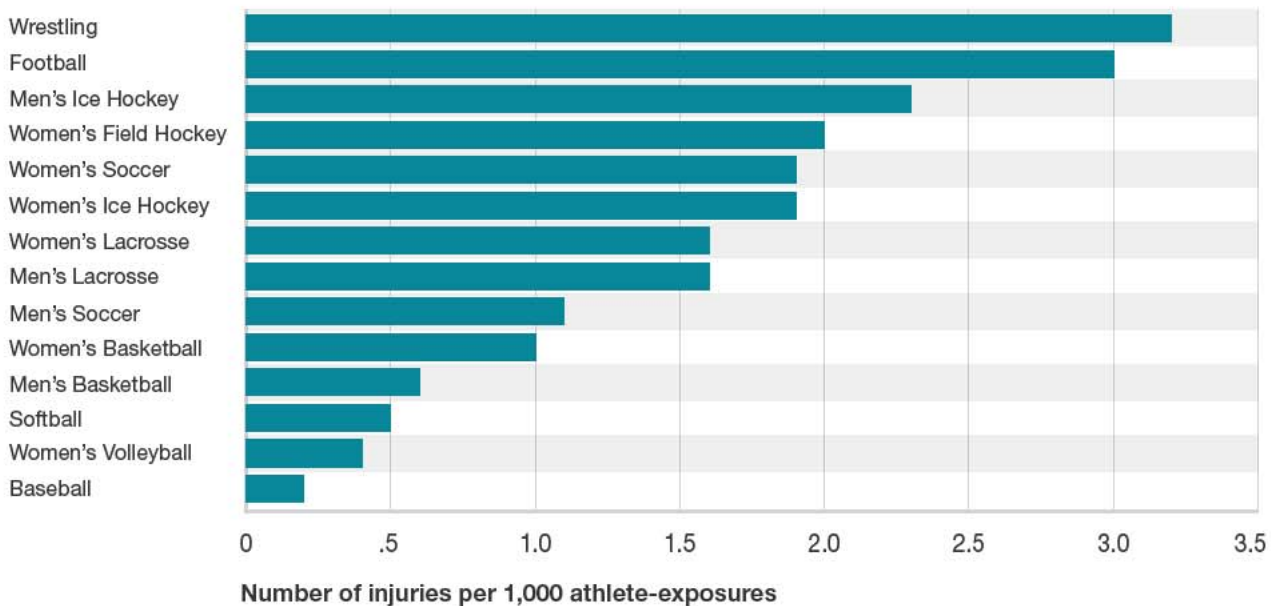
CONCUSSION MANAGEMENT PLAN

Institutions should make their concussion management plan publically available, either through printed material, their website, or both. Guideline components of a concussion management plan are:

1. Education: Institutions should provide applicable NCAA concussion fact sheets or other applicable educational material annually to student-athletes,



Figure 1: Rate of competition concussion injury in 14 NCAA sports



Data from 2004-05 to 2013-14. Overall practice and game injury rates for each sport can be found in

coaches, team physicians, athletic trainers, and athletics directors. There should be a signed acknowledgment that all parties have read and understand these concussion facts and their institution's concussion management plan.

2. Pre-participation assessment: A one-time, pre-participation baseline concussion assessment for all varsity student-athletes should include, but not necessarily be limited to:

- A brain injury/concussion history;
- Symptom evaluation;
- Cognitive assessment; and
- Balance evaluation.

The team physician should determine pre-participation clearance and/or the need for additional consultation or testing.¹¹

3. Recognition and diagnosis of concussion: All student-athletes who are experiencing signs, symptoms or behaviors consistent with a sport-related concussion, at rest or with exertion, must be removed from practice or competition and referred to an athletic trainer or team physician with experience in concussion management. A student-athlete's health care provider experienced in the diagnosis and management of concussion should conduct and document serial clinical evaluation inclusive of symptom inventory and evaluation of cognition and balance. A student-athlete diagnosed with sport-related concussion should not be allowed to return to play in the current game or practice and should be withheld from athletic activity for the remainder of the day. Disposition decisions for more serious injuries such as cervical spine trauma, skull fracture or intracranial bleed, should be made at the time of presentation.

4. Post-concussion management: The foundation of sport-related concussion management is initial physical and relative cognitive rest as part of an individualized treatment plan.² Initial management of sport-related concussion is based on individual serial clinical assessments, taking a concussion history, modifying factors, and taking specific needs of the student-athlete into consideration. Such management includes, but is not limited to:

Figure 2: National annual estimate of concussions for practice and competition in 14 NCAA sports

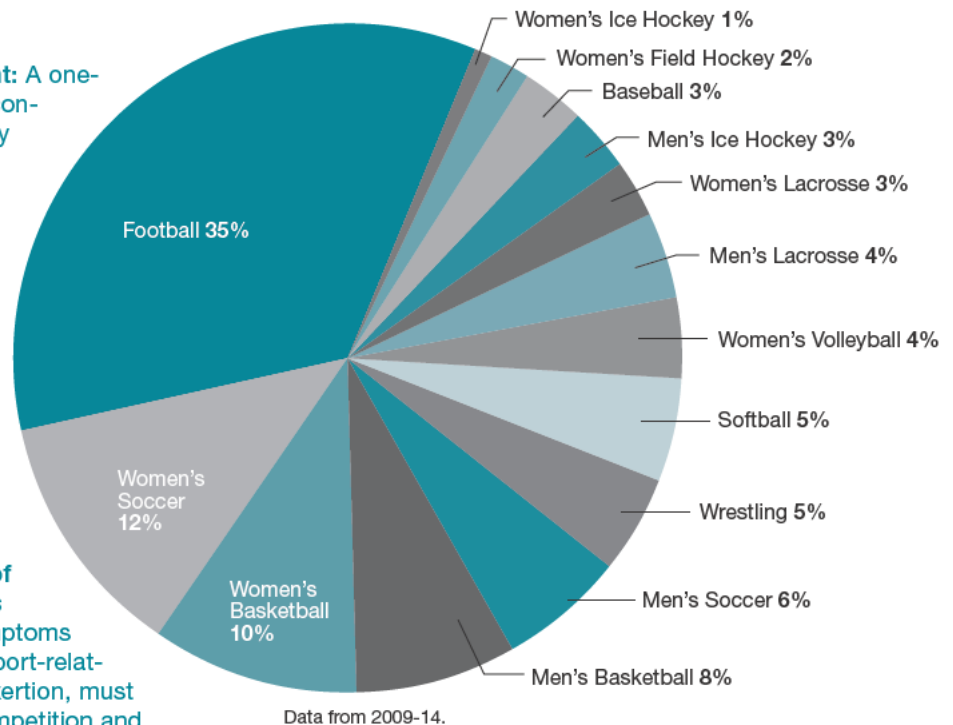
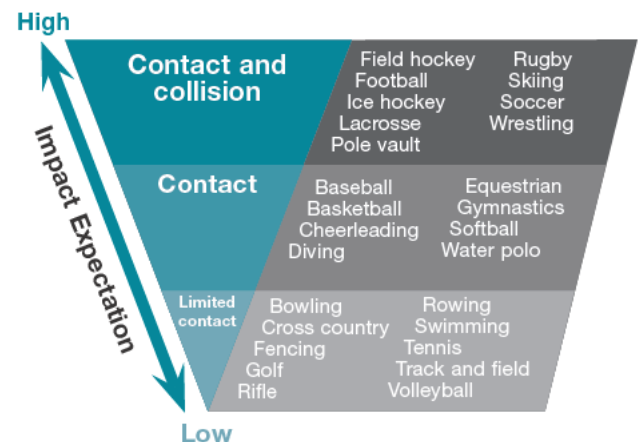


Figure 3: Impact expectation by sport



- Clinical evaluation at the time of injury. When the rapid assessment of concussion is necessary (e.g., during competition), symptom assessment, physical and neurological exam, and balance

SIGNS AND SYMPTOMS OF CONCUSSION

Physical

- Headache
- Nausea
- Vomiting
- Balance problems
- Fatigue
- Sensitivity to light
- Numbness/tingling
- Dazed
- Stunned

Cognitive

- Feeling mentally “foggy”
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering
- Forgetful of recent information and conversations
- Confused about recent events
- Answers questions slowly

Emotional

- Irritable
- Sad
- More emotional
- Nervous

Sleep

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Difficulty falling asleep

American Medical Society for Sports Medicine 2013 Position Stand

exam should be performed. Brief concussion-evaluation tools such as the Standardized Concussion Assessment Tool 3 (SCAT3), which includes the Standardized Assessment of Concussion (SAC), provide standardized methods and can be compared to a baseline evaluation.¹²

- Assessment for head and cervical spine injury at time of injury and implementation of the emergency action plan, as warranted.
- Transportation to the nearest hospital if any of following signs and symptoms are present: Glasgow Coma score less than 13; prolonged period of loss of consciousness (longer than one minute); focal neurological deficit; repetitive vomiting; persistently diminished or worsening mental status or other neurological signs or symptoms; and potential spine injury.
- Serial evaluation and monitoring for deterioration following injury. Upon discharge from medical care, both oral and written instructions for home care should be given to the student-athlete and to a responsible adult (e.g., parent or roommate) who should continue to monitor and supervise the student-athlete during the acute phase of sport-related concussion.¹²

RETURN TO ACTIVITY

Sport-related concussion is a challenging injury for student-athletes and, unlike other injuries, the timeline for return to full activity (including return-to-play and return-to-learn) is often difficult to project. The psychological response to injury is also unpredictable. Sometimes, student-athletes who are kept out of their sport for a prolonged period of time experience emotional distress related to being unable to participate in sport.¹³ It is important that health care providers remain alert to the

signs and symptoms of depression and other emotional responses to injury that can be particularly challenging following concussive injury.¹³ A student-athlete's health care providers should verify the diagnosis instead of assuming that the student-athlete has prolonged concussion symptoms. These symptoms may represent post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, or co-morbid mood disorders such as anxiety and depression.⁷ Passive management, such as prolonged physical and cognitive rest, may be counter-productive in these scenarios.

RETURN-TO-PLAY

Once a student-athlete has returned to his/her baseline, the return-to-play decision is based on a protocol of a stepwise increase in physical activity that includes both an incremental increase in physical demands and contact risk supervised by a physician or physician-designee.¹² Most return-to-play protocols are similar to those in the Consensus Statement on Concussion in Sport guidelines,² which outline a progressive increase in physical activity if the individual is at baseline before starting the protocol and remains at baseline throughout each step of the protocol. It is noteworthy that all return-to-play guidelines are consensus-based and have not been validated by evidence-based studies.¹⁴⁻¹⁵ McCrea and colleagues¹⁶ have reported that a symptom-free waiting period is not predictive of either clinical recovery or risk of a repeat concussion. Further, student-athletes have variable understanding of the importance of reporting possible concussion symptoms.⁸⁻⁹ In summary, it should be recognized that current return-to-play guidelines are based on expert consensus.

There is emerging evidence that focused exercise or recovery techniques may be utilized before full recovery

has occurred, but more study is needed. Given the paucity of scientific evidence regarding return-to-play and expert consensus documents that have been published, adherence to consensus guidelines is recommended. However, it is important to stress an individualized approach for return-to-play. Some student-athletes may have minimal concussive symptomatology with minimal symptom duration and no modifiers (conditions that may prolong recovery such as prior concussion, migraine, ADHD, depression/anxiety). In scenarios of this nature, and with experienced clinicians in a highly select setting, the return-to-play protocol may be modified.¹⁷ In contrast, if a student-athlete has a concussion history, increased symptom burden or duration, or has symptoms for three to four weeks with other concussion modifiers, then the return-to-play progression should proceed more cautiously and each stage may take more than a day.¹²

Distinctive neurological deficits, such as vestibular or oculo-motor dysfunction, should be specifically addressed to avoid prolonged return-to-play. For example, if a student-athlete suffers from vestibular dysfunction as a manifestation of sport-related concussion, and is unable to progress in the return-to-play protocol, it is important to address the specific vestibular dysfunction rather than to simply return the student-athlete to the previous level of return-to-play progression.⁷ In other words, ‘rest’ can sometimes lead to adverse outcomes if an accurate diagnosis based on neurological dysfunction is not made. The guidelines presented herein serve as a general guide and are not meant to be prescriptive.

STEPWISE PROGRESSION

The initial management of sport-related concussion is relative physical and cognitive rest. Athletes diagnosed with sport-related concussion must be removed from play and must not return to sport-related activity for at least one calendar day and are to be evaluated by a health care provider with expertise in sport-related concussion. Once a concussed student-athlete has returned to baseline level of symptoms, cognitive function and balance, then the return-to-play progression can be initiated, as follows in this general outline:

1. Light aerobic exercise such as walking, swimming or riding a stationary bike. No resistance training. If asymptomatic with light aerobic exercise, then;
2. Mode, duration and intensity-dependent exercise based upon sport. If asymptomatic with such exertion, then;
3. Sport-specific activity with no head impact. If asymptomatic with sport-specific activity, then;

4. Non-contact sport drills and resumption of progressive resistance training. If asymptomatic with non-contact drills and resistance training, then;
5. Full-contact practice. If asymptomatic with full-contact practice, then;
6. Return-to-play. Medical clearance will be determined by the team physician/physician designee, or athletic trainer in consultation with a team physician.

At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete should be returned to the previous level of activity. Final determination of return-to-play ultimately resides with the team physician/physician designee.

RETURN TO ACADEMICS

Return to academics (return-to-learn) is a parallel concept to return-to-play,^{6,18-20} but has received less scientific evaluation. Return-to-learn guidelines assume that both physical and cognitive activities require brain energy utilization, and that after a sport-related concussion, brain energy may not be available for physical and cognitive exertion because of a brain energy crisis.³ Return-to-learn should be managed in a stepwise program that fits the needs of the individual, within the context of a multi-disciplinary team that includes physicians, athletic trainers, coaches, psychologists/counselors, neuropsychologists, administrators as well as academic (e.g. professors, deans, academic advisors) and office of disability services representatives. The return-to-learn recommendations outlined below are based on expert consensus. Like return-to-play, it is difficult to provide prescriptive recommendations for return-to-learn. The student-athlete may appear physically normal but may be unable to perform as expected due to concussive symptomatology.

STEPWISE PROGRESSION

As with return-to-play, the first step of return-to-learn is relative physical and cognitive rest. Relative cognitive rest involves minimizing potential cognitive stressors, such as school work, video games, reading, texting and watching television. Data from small studies suggest a beneficial effect of cognitive rest on concussion recovery.²⁰ For the college student-athlete, consideration should be given to avoiding the classroom for at least the same day as the sport-related concussion. The period of time needed to avoid class or homework should be individualized. The gradual return to academics should be based on the absence

STEPWISE RETURN-TO-PLAY PROTOCOL

-
1. **Light aerobic exercise** (Walking, swimming or stationary cycling; no resistance training.)
 2. **Mode, duration and intensity-dependent exercise based upon sport**
 3. **Sport-specific activity with no head impact**
 4. **Non-contact sport drills and resumption of progressive resistance training**
 5. **Full-contact practice**
 6. **Return to play**

of concussion symptoms following cognitive exposure. The consensus to date includes:^{3,19}

1. If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall.
2. Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.

At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete's cognitive activity reassessed.

The extent of academic adjustments needed should be decided by a multi-disciplinary team that may include the team physician, athletic trainer, faculty athletics representative or other faculty representative, coach, individual teachers, neuropsychologist and psychologist/counselor. The level of multi-disciplinary involvement will vary on a case-by-case basis. The majority of student-athletes who are concussed will not need a detailed return-to-learn program because full recovery typically occurs within two weeks. For the student-athlete whose academic schedule requires some minor modification in the first one to two weeks following a sport-related concussion, adjustments can often be made without requiring meaningful curriculum or testing alterations.

For those student-athletes whose symptoms persist for longer than two weeks, there are differing ways to access academic adjustment or accommodations. The student-athlete may need a change in his or her class schedule; special arrangements may be required for extended absences, tests, term papers and projects.

Many institutions offer "provisional or temporary" accommodations for individuals who have impairments that are short-term in nature – six months or less (such as a broken arm or concussion). Such accommodations are often accessed through the disability services office.

A more difficult scenario occurs when the student-athlete experiences prolonged cognitive difficulties. In this case, considerations should include neuropsychological evaluation to: (a) determine the nature and severity of cognitive impairment, and (b) identify the extent to which psychological issues may be present and may be interacting with the cognitive processes. Institutions can develop a detailed academic plan that specifies the support services available for that student-athlete. The student-athlete can also choose to disclose the documentation to the disability office in order to seek long-term accommodations or academic adjustments. The disability office will verify if the impairment is limiting a major life activity per the Americans with Disabilities Act. Accommodations or academic adjustments are often provided in order to "level the playing field" for the student-athlete with prolonged cognitive difficulties resulting from a concussion. A detailed academic plan coupled with accommodations can provide the needed support for a student-athlete as he or she returns to learning after a concussion.

The successful implementation of return-to-learn depends on several variables:

- Recognition that concussion symptoms vary widely among student-athletes, and even within the same individual who may be suffering a repeat concussion.
- Identification of a point person or case manager for the student-athlete who can navigate the dual obligations of academics and athletics.

- Identification of co-morbid conditions that may impair recovery, such as migraine or other headache conditions, attention-deficit hyperactivity disorder, anxiety and depression, or other mood disorders.
- Identification of campus resources that can help assure that student-athletes are provided their full rights during this transition period.

Campus resources vary, and may include the following:

- Learning specialists. Many college campuses have certified learning specialists who have specialized knowledge of medical conditions such as concussion and post-concussion syndrome. They usually work directly with the disability office.
- Office of disability services. Most campuses have a disability office that is responsible for verifying each student's impairment under the Americans with Disabilities Act Amendments Act (ADAAA). Sometimes there is a separate disability office and ADAAA office. In this case the first resource is the campus disability office. Concussion and mild traumatic brain injury are covered under ADAAA.

It is advisable for the concussed student-athlete's medical team to identify an academic point person and to be certain this academician is interwoven into the medical management plan. Because return-to-learn is often under-managed and under-recognized, there should also be broad discussions of this important paradigm with athletics departments across the country, engaging organizations such as the National Association of Academic Advisors for Athletics, the American College Personnel Association, NASPA, Student Affairs Administrators in Higher Education, the Coalition on Intercollegiate Athletics, National Athletic Trainers Association, College Athletic Trainers Society, American Medical Society for Sports Medicine and other allied organizations. Student-athletes are more likely to return successfully to full classroom activity in the setting of a proactive and well-integrated management plan.

SPORTS PARTICIPATION DEFINITIONS AND CONCUSSION EPIDEMIOLOGY

Concussion incidence varies among sports. The American Academy of Pediatrics published a classification of sports by contact in 2001. Then in 2013, the American Academy of Neurology's statement described contact and collision sports as those in which athletes purposely hit other athletes or inanimate objects. The purposeful collisions put athletes participating in this class of sports at greater risk for concussions. Limited contact sports were described

as those in which the force and the frequency of collisions, whether with other athletes or inanimate objects, are decreased. Noncontact sports were described as those in which players do not come in contact with athletes or inanimate objects by force.

The rate of concussion in NCAA sports can be assessed in various ways. Figure 1 demonstrates the rate of competition concussion per 1,000 student-athlete exposures. It is noteworthy that the higher rates occur in contact/collision sports. All meaningfully measurable rates occur in either contact/collision or limited contact/impact sports. It is also noteworthy that women have a higher rate of concussion than men for soccer and basketball. Another way to look at concussion is through annual estimates of the actual number of concussions within the sport, combining both practice and competition sessions. Figure 2 depicts the percentage of concussions from each sport given the total number of concussion in 14 NCAA sports.

Because of the large size of football teams and the higher rate of concussion relative to other sports, concussion incidence is highest in football. In assessing the available data, anticipating concussion risk can be made based on the sport; anticipating concussion risk can also be guided by impact expectation. For each sport, it is important to follow the institution's concussion management plan.

The NCAA reviewed various concussion guidelines in addition to the injury data across sports to classify sports by an expectation for impacts and collisions. Unlike the previous two classifications, this classification (Figure 3) lists lower-tier sports as limited contact because athletes are still at risk of a concussion both in sports and daily life.

POST-CONCUSSION RAMIFICATIONS

There is considerable controversy with regard to long-term implications of concussion. On one end of the spectrum, some claim that repeated concussions cause a neurodegenerative brain disease called chronic traumatic encephalopathy or CTE. On the other end of the spectrum, some claim that there are no significant long-term sequelae of concussion. The murky evidence lies somewhere in between.

Post-Concussion Syndrome. Post-concussion syndrome refers to prolonged concussion symptoms following concussion. It is not truly a "syndrome" because there is no core of consistent symptoms and there is no clear correlation with type or severity of concussion, biomarkers, or genetic/personality predisposition.

NCAA CONCUSSION POLICY AND LEGISLATION

The NCAA Executive Committee adopted (April 2010) the following policy for institutions in all three divisions:

“Institutions shall have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an athletics health care provider with experience in the evaluation and management of concussions. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or his or her designee according to the concussion management plan.

“In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process, student-athletes should be presented with educational material on concussions.”

NCAA adopted concussion management plan legislation

An active member institution shall have a concussion management plan for its student-athletes. The plan shall include, but is not limited to, the following:

- (a) An annual process that ensures student-athletes are educated about the signs and symp-

toms of concussions. Student-athletes must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion-related injuries and illnesses to a medical staff member;

- (b) A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities (e.g., competition, practice, conditioning sessions) and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions;
- (c) A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (d) A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to athletics activity (for example, competition, practice, conditioning sessions) as determined by a physician (e.g., team physician) or the physician's designee.

Effect of violation. A violation of Constitution 3.2.4.17 shall be considered an institutional violation per Constitution 2.8.1; however, the violation shall not affect the student-athlete's eligibility.

Symptoms may be neurologic (e.g., dizziness, light sensitivity), cognitive (memory, attention deficits) and emotional (depression, anxiety). Post-concussion syndrome is best considered a neuropsychiatric disorder, and it is important to recognize that it has no bearing on the extent of, or expected recovery from, concussion. Post-concussion syndrome is best managed in a multidisciplinary manner that includes gradual increase in physical and cognitive activity. Management is distinctly different from acute concussion management, and individuals should not simply be relegated to prolonged rest, which may perpetuate the symptomatology.

Chronic Neurobehavioral Impairment. Cognitive and executive dysfunction has been described following multiple concussions. However, only two Class I studies exist, and these are for jockeys and rugby players. There

are seven Class II studies that include boxers, NFL players and soccer players, which demonstrate long-term cognitive impairment. Two studies show an association with apoE4 genotype, suggesting a genetic predisposition, and one study shows an association with a prior history of learning disability. There is one Class III study of NFL players. There is some correlation with magnitude of exposure and chronic neurobehavioral impairment in professional athletes, but the relationship between exposure and chronic neurobehavioral impairment in amateur athletes is uncertain. This may be from a combination of underpowered studies and possible brain adaptations that are different in younger individuals.

Depression. Depression also has been reported as a possible long-term manifestation of repeated concussion. Two Class II studies of retired NFL players note

an increased rate of depression in a dose-response manner, and one Class III study of retired NFL players notes a higher depression rate than the general population. There are also studies that show no clear relationship between depression and prior concussion. Of note: about 21 percent of college student-athletes report depression at baseline.

Chronic Traumatic Encephalopathy (CTE). CTE is a progressive neurodegenerative disease whose pathologic hallmark is abnormal tau deposition, with clinical manifestations of mood disorder, neuromuscular incoordination, dementia and death. There are not agreed-upon pathological and clinical criteria for CTE, although it seems clear that CTE is a distinct clinical entity from Alzheimer's disease. In a 2012 publication of CTE case series (Brain), CTE is described as a "progressive tauopathy that occurs as a consequence of repetitive mild traumatic brain injury." In the Zurich 2012 consensus paper, it is noted that "it is not possible to determine the causality or risk factors [of CTE] with any certainty. As such, the speculation that repeated concussion or sub-concussive impacts cause CTE remains unproven." The universal consensus in the NCAA Concussion Task Force was that we need to better understand CTE with regard to genetic predispositions and biomarkers. No task force member noted a clear cause-and-effect relationship between concussion and CTE.

REFERENCES

1. Carney N, Ghajar J, Jagoda A et al. Concussion Guidelines Part 1: Systematic review of prevalent indicators. *Neurosurgery*, accepted in press.
2. McCrory P et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *Br J Sports Med* 2013; 47:250-258.
3. NCAA Sport Science Institute Newsletter, Vol 1, Issue 2, 2013.
4. NCAA Sport Science Institute Newsletter, Vol 1, Issue 4, 2013.
5. NCAA Sport Science Institute Newsletter, Vol 1, Issue 6, 2013.
6. NCAA Sport Science Institute Newsletter, Vol 1, Issue 7, 2013.
7. NCAA Sport Science Institute Newsletter, Vol 2, Issue 3, 2014.
8. Torres DM et al. Sports-related concussion: anonymous survey of a collegiate cohort. *Neurol Clin Pract* 2013; 3:279-287.
9. Kroshus E et al. NCAA concussion education in ice hockey: an ineffective mandate. *Br J Sports Med* 2013; 48:135-140.
10. 2013-14 NCAA Sports Medicine Handbook.
11. Makdissi et al. Revisiting the modifiers: how should the evaluation and management of acute concussions differ in specific groups. *Br J Sports Med* 2013; 47:314-320.
12. Broglio SP et al. National Athletic Trainers' Association position statement: management of sport concussion. *J Athl Train* 2014; 49:245-265.
13. Putukian M. Psychological response to injury: mental health issues.

ENDORSEMENTS

The 'Consensus Best Practice, Diagnosis and Management of Sport-Related Concussion' has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- National Athletic Trainers' Association
- NCAA Concussion Task Force
- Sports Neuropsychological Society

RESOURCES

- **NCAA Concussion Fact Sheets and Video for Coaches and Student-Athletes**
Available at NCAA.org/SSI.
- **Heads Up: Concussion Tool Kit**
CDC. Available at www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm.
- **Heads Up Video**
NATA. Streaming online at www.nata.org/Heads-Up.

- Presented at NCAA Mental Health Task Force, November 2013.
14. Harmon KG et al. American Medical Society for Sports Medicine position statement: concussion in sport. *Br J Sports Med* 2013; 47:15-26.
 15. Giza CC et al. Summary of evidence-based guideline update: Evaluation and management of concussion in sports. *Neurology* 2013; 80:2250-2257.
 16. McCrea M et al. Effects of a symptom-free waiting period on clinical outcome and risk of reinjury after sport-related concussion. *Neurosurgery* 2009; 65:876-883.
 17. Guskiewicz K, Putukian M. Standardized assessment and return to play. Safety in College Football Summit. Presented January 23, 2014, Atlanta, GA.
 18. Centers for Disease Control and Prevention: Returning to school after a concussion: a fact sheet for school professionals. http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf.
 19. Halstead ME et al: Returning to learning following a concussion. *Pediatrics* 2013; 132:948-957.
 20. Moser RS et al. Efficacy of immediate and delayed cognitive and physical for treatment of sports-related concussion. *J Pediatr* 2012; 161:922-926.

GUIDELINE 2J

SKIN INFECTIONS

July 1981 • Revised June 2008

Skin infections may be transmitted by both direct (person to person) and indirect (person to inanimate surface to person) contact. Infection control measures, or measures that seek to prevent the spread of disease, should be used to reduce the risks of disease transmission. Efforts should be made to improve student-athlete hygiene practices, to use recommended procedures for cleaning and disinfection of surfaces, and to handle blood and other bodily fluids appropriately. Institutions should promote hand- and personal-hygiene practices; educate athletes and athletics staff; ensure procedures for cleaning and disinfection of hard surfaces are followed; and verify the cleanup of blood and other potentially infectious materials is done according to the Occupational Health and Safety Administration (OSHA) Blood-borne Pathogens standard.

Categories of skin conditions and examples include:

1. Bacterial skin infections
 - a. Impetigo;
 - b. Erysipelas;
 - c. Carbuncle;
 - d. Staphylococcal disease, MRSA;
 - e. Folliculitis (generalized);
 - f. Hidradenitis suppurativa;
2. Parasitic skin infections
 - a. Pediculosis;
 - b. Scabies;

3. Viral skin infections
 - a. Herpes simplex;
 - b. Herpes zoster;
 - c. Molluscum contagiosum; and
4. Fungal skin infections
 - a. Tinea corporis (ringworm).
 - b. Tinea pedis (athlete's foot).

Note: Current knowledge indicates that many fungal infections are easily transmitted by skin-to-skin contact. In most cases, these skin conditions can be covered with a securely attached bandage or nonpermeable dressing to allow participation.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition (see Guideline 2A). The term “adequately protected” means that the wound or skin condition has been deemed as noninfectious and adequately treated as deemed appropriate by a health care provider and is able to be properly covered. The term “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity. A health care provider might exclude a student-athlete if the activity poses a risk to the health of the infected athlete (such as injury to the infected area), even though the infection can be properly covered. If wounds can be properly covered, good hygiene measures such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash should be stressed to the athlete.

ANTIBIOTIC RESISTANT STAPH INFECTIONS

There is much concern about the presence and spread of antibiotic-resistant *Staphylococcus aureus* in intercollegiate athletics across sports. Athletes are at risk due to the presence of open wounds, poor hygiene practices, close physical contact, and the sharing of towels and equipment. Institutions and conferences should continue efforts and support for the education of staff and student-athletes on the importance of proper hygiene and wound care to prevent skin infections from developing and infectious diseases from being transmitted.

Staphylococcus aureus, often referred to as “staph,” are bacteria commonly carried on the skin or in the nose of healthy people. Occasionally, staph can cause an infection. Staph bacteria are one of most common causes of skin infections in the U.S. Most infections



PREVENTING SKIN INFECTIONS

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based sanitizer routinely
2. Encourage good hygiene
 - Immediate showering after activity
 - Ensure availability of adequate soap and water
 - Pump soap dispensers are preferred over bar soap
3. Avoid whirlpools or common tubs
 - Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment
4. Avoid sharing towels, razors and daily athletic gear
 - Avoid contact with other people's wounds or material contaminated from wounds
5. Maintain clean facilities and equipment
 - Wash athletic gear and towels after each use
 - Establish routine cleaning schedules for shared equipment
6. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy
 - Train student-athletes and coaches to recognize potentially infected wounds and seek first aid
 - Encourage coaches and sports medicine staff to assess regularly for skin lesions
 - Encourage health care personnel to seek bacterial cultures to establish a diagnosis
7. Care and cover skin lesions appropriately before participation
 - Keep properly covered with a proper dressing until healed
 - "Properly covered" means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity
 - If wounds can be properly covered, good hygiene measures should be stressed to the student-athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash
 - If wound cannot be properly covered, consider excluding players with potentially infectious skin lesions from practice and/or competition until lesions are healed or can be covered adequately

are minor, typically presenting as skin and soft tissue infections (SSTI) such as pimples, pustules and boils. They may be red, swollen, warm, painful or purulent. Sometimes, athletes confuse these lesions with insect bites in the early stages of infection. A purulent lesion could present as draining pus; yellow or white center; central point or "head"; or a palpable fluid-filled cavity.

In the past, most serious staph bacterial infections were treated with antibiotics related to penicillin. In recent years, antibiotic treatment of these infections has changed because staph bacteria have become resistant to various antibiotics, including the commonly used penicillin-related antibiotics. These resistant bacteria are called methicillin-resistant *Staphylococcus aureus*, or MRSA. Fortunately, the first-line treatment for most purulent staph, including MRSA, skin and soft tissue infections is incision and drainage with or without antibiotics. However, if antibiotics are prescribed, patients should complete the full course and consult physicians if the infection does not get better. The Centers for Disease Control and Prevention (CDC), American Medical Association (AMA) and Infectious Diseases Society of America (IDSA) have developed a treatment algorithm that should be reviewed; it is accessible at www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_skin.html.

Staph bacteria including MRSA can spread among people having close contact with infected people. MRSA is almost always spread by direct physical contact, and not through the air. Spread may also occur through indirect contact by touching objects contaminated by the infected skin of a person with MRSA or staph bacteria (e.g. towels, sheets, wound dressings, clothes, workout areas, sports equipment).

If a lesion cannot be properly covered for the rigors of the sport, consider excluding players with potentially infectious skin lesions from practice and competition until lesions are healed.

Staph bacteria including MRSA can be found on the skin and in the nose of some people without causing illness. The role of decolonization is still under investigation. Regimens intended to eliminate MRSA colonization should not be used in patients with active infections. Decolonization regimens may have a role in preventing recurrent infections, but more data are needed to establish their efficacy and to identify optimal regimens for use in community settings. After treating active infections and reinforcing hygiene and appropri-



ate wound care, consider consultation with an infectious disease specialist regarding use of decolonization when there are recurrent infections in an individual patient or members of a defined group.

MRSA infections in the community are typically SSTI, but can also cause severe illness such as pneumonia. Most transmissions appear to be from people with active MRSA skin infections. Staph and MRSA infections are not routinely reported to public health authorities, so a precise number is not known. It is estimated that as many as 300,000 hospitalizations are related to MRSA infections each year. Only a small proportion of these have disease onset occurring in the community. It has also been estimated that there are more than 12 million outpatient (i.e., physician offices, emergency and outpatient departments) visits for suspected staph and MRSA SSTIs in the U.S. each year. Approximately 25 to 30 percent (80 million people) of the population is colonized in the nose with staph bacteria at a given time and approximately 1.5 percent (4.1 million people) is colonized with MRSA.

In an effort to educate the public about the potential risks of MRSA, organizations such as the CDC, NCAA and the National Athletic Trainers' Association (NATA) have issued official statements recommending all health care personnel and physically active adults and children take appropriate precautions if suspicious skin infections appear, and immediately contact their health care provider.

Individual cases of MRSA usually are not required to be reported to most local/state health departments; however, most states have laws that require reporting of certain communicable diseases, including outbreaks regardless of pathogens. So in most states if an outbreak of skin infections is detected, the local and/or state health department should be contacted.

Recognition of MRSA is critical to clinical management. Education is the key, involving all individuals associated with athletics, from student-athletes to coaches to medical personnel to custodial staff. Education should encompass proper hygiene, preven-

tion techniques and appropriate precautions if suspicious wounds appear. Each institution should develop prevention strategies and infection control policies and procedures.

SKIN INFECTIONS IN WRESTLING

Data from the NCAA Injury Surveillance Program indicate that skin infections are associated with at least 17 percent of the practice time-loss injuries in wrestling.

It is recommended that qualified personnel, including a knowledgeable, experienced physician, examine the skin of all wrestlers before any participation (practice and competition). Male student-athletes shall wear shorts and female student-athletes should wear shorts and a sports bra during medical examinations.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition (see Guideline 2A). The term "adequately protected" means that the wound or skin condition has been deemed as noninfectious and adequately treated as deemed appropriate by a health care provider and is able to be properly covered. The term "properly covered" means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity. An example would be a noncontagious/noninfectious skin condition covered by a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged. A health care provider might exclude a student-athlete if the activity poses a risk to the health of the infected athlete (such as injury to the infected area), even though the infection can be properly covered. If wounds can be properly covered, good hygiene measures such as performing hand hygiene before and after changing bandages and discarding used bandages in the biohazard waste should be stressed to the athlete. (See Wrestling Rule 6.1.4.)

MEDICAL EXAMINATIONS

Medical examinations must be conducted by knowledgeable physicians and/or certified athletic trainers.

The presence of an experienced dermatologist is recommended. The examination should be conducted in a systematic fashion so that more than one examiner can evaluate problem cases. Provisions should be made for appropriate lighting and the necessary facilities to confirm and diagnose skin infections.

Wrestlers who are undergoing treatment for a communicable skin disease at the time of the meet or tournament shall provide written documentation to that effect from a physician. The status of these individuals should be decided before the screening of the entire group. The decision made by a host event physician and/or certified athletic trainer "on site" should be considered FINAL.

GUIDELINES FOR DISPOSITION OF SKIN INFECTIONS

Unless a new diagnosis occurs at the time of the medical examination conducted at the meet or tournament, the wrestler presenting with a skin lesion shall provide a completed Skin Evaluation and Participation Status Form from the team physician documenting clinical diagnosis, lab and/or culture results, if relevant, and an outline of treatment to date (i.e., surgical intervention, duration, frequency, dosages of medication).

Adequately covered is defined as "the noninfectious/noncontagious lesion is covered by a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged throughout the sport activity."

Bacterial infections

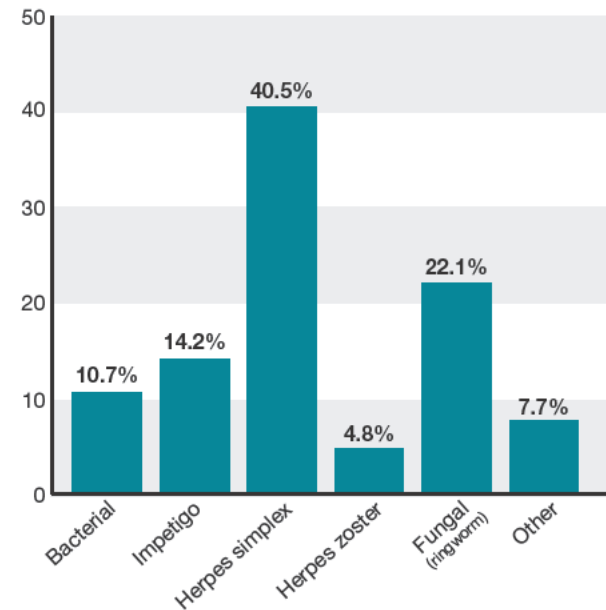
(Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease, MRSA)

1. Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament.
2. Wrestler must have completed 72 hours of antibiotic therapy and have no moist, exudative or draining lesions at meet or tournament time.
3. Gram stain of exudate from questionable lesions (if available).
4. Active purulent lesions shall not be covered to allow participation. See above criteria when making decisions for participation status.

Hidradenitis suppurativa

1. Wrestler will be disqualified if extensive or purulent draining lesions are present.
2. Extensive or purulent draining lesions shall not be covered to allow participation.

Percentage of infections in practices



Skin Infections in practices, men's wrestling, 1993-1994 through 2003-2004 (n = 1151).

Pediculosis

Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Scabies

Wrestler must have negative scabies prep at meet or tournament time.

Herpes simplex

Primary Infection

1. Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
2. Wrestler must have developed no new blisters for 72 hours before the examination.
3. Wrestler must have no moist lesions; all lesions must be dried and surmounted by a FIRM ADHERENT CRUST.
4. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
5. Active herpetic infections shall not be covered to allow participation.

See form on page 71 when making decisions for participation status.

CLEANING AND DISINFECTING ATHLETIC FACILITIES FOR MRSA

Shared equipment that comes into direct skin contact should be cleaned after each use and allowed to dry. Equipment, such as helmets and protective gear, should be cleaned according to the equipment manufacturers' instructions to make sure the cleaner will not harm the item.

1. Athletic facilities such as locker rooms should always be kept clean whether or not MRSA infections have occurred among the athletes.
2. Review cleaning procedures and schedules with the janitorial/environmental service staff.
 - Cleaning procedures should focus on commonly touched surfaces and surfaces that come into direct contact with people's bare skin each day.
 - Cleaning with detergent-based cleaners or Environmental Protection Agency (EPA)-registered detergents/disinfectants will remove MRSA from surfaces.
 - Cleaners and disinfectants, including household chlorine bleach, can be irritating, and exposure to these chemicals has been associated with health problems such as asthma and skin and eye irritation.
 - Take appropriate precautions described on the product's label instructions to reduce exposure. Wearing personal protective equipment such as gloves and eye protection may be indicated.
3. Follow the instruction labels on all cleaners and disinfectants, including household chlorine bleach, to make sure they are used safely and correctly.
 - Some key questions that should be answered by reading the label include:
 - How should the cleaner or disinfectant be applied?
 - Do you need to clean the surface first before using the disinfectant (e.g., pre-

cleaned surfaces)?

- Is it safe for the surface? Some cleaners and disinfectants, including household chlorine bleach, might damage some surfaces (e.g., metals, some plastics).
 - How long do you need to leave it on the surface to be effective (i.e., contact time)?
 - Do you need to rinse the surface with water after using the cleaner or disinfectant?
- If you are using household chlorine bleach, check the label to see if the product has specific instructions for disinfection. If no disinfection instructions exist, then use 1/4 cup of regular household bleach in 1 gallon of water (a 1:100 dilution equivalent to 500-615 parts per million [ppm] of available chlorine) for disinfection of pre-cleaned surfaces.
 - Environmental cleaners and disinfectants should not be put onto skin or wounds and should never be used to treat infections.
 - The EPA provides a list of registered products that work against MRSA (Available online at <http://epa.gov/oppad001/chem-regindex.htm>)
4. There is a lack of evidence that large-scale use (e.g., spraying or fogging rooms or surfaces) of disinfectants will prevent MRSA infections more effectively than a more targeted approach of cleaning frequently touched surfaces.
 5. Repair or dispose of equipment and furniture with damaged surfaces that do not allow surfaces to be adequately cleaned.
 6. Covering infections will greatly reduce the risks of surfaces becoming contaminated with MRSA.

Centers for Disease Control and Prevention
Available online at www.cdc.gov/mrsa/environment/athleticFacilities.html.

Recurrent Infection

1. Blisters must be completely dry and covered by a FIRM ADHERENT CRUST at time of competition, or wrestler shall not participate.
2. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
3. Active herpetic infections shall not be covered to allow participation.

See form on page 73 when making decisions for participation status.

Questionable Cases

1. Tzanck prep and/or HSV antigen assay (if available).
2. Wrestler's status deferred until Tzanck prep and/or HSV assay results complete.

Wrestlers with a history of recurrent herpes labialis or

herpes gladiatorum could be considered for season-long prophylaxis. This decision should be made after consultation with the team physician.

Herpes zoster

Skin lesions must be surmounted by a FIRM ADHERENT CRUST at meet or tournament time and have no evidence of secondary bacterial infection.

Molluscum contagiosum

1. Lesions must be curetted or removed before the meet or tournament.
2. The only way that coverage ensures prevention of transmission is if the molluscum is on the trunk or most uppermost thighs, which are assured of remaining covered with clothing; Band-Aids are not sufficient.
3. Solitary or localized, clustered lesions can be covered with a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged.

Verrucae (wart)

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament but cannot be seeping.
2. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions "adequately covered."

Tinea infections (ringworm)

1. A minimum of 72 hours of topical therapy is considered appropriate therapeutic regimen to allow effective drug intervention for most tinea infections. The NCAA Skin Evaluation and Participation Status form shall be used to confirm time-under-treatment.
2. Status of lesions (activity) can be judged by KOH preparation or a review of documented therapeutic regimen.
3. On-site medical personnel will disqualify wrestlers with extensive, multiple lesions following assessment.
4. A minimum of two weeks of systemic (oral) antifungal therapy is required for scalp (diagnosed tinea capitis) lesions.
5. Active lesions may be covered to allow participation if lesions are in a body location that can be "adequately covered."
6. The final disposition of student-athletes with tinea

infections will be decided on an individual basis by the on-site examining physician or certified athletic trainer.

REFERENCES

1. *Descriptive Epidemiology of Collegiate Men's Wrestling Injuries: National Collegiate Athletic Association Injury Surveillance System, 1988-1989 Through 2003-2004.* *Journal of Athletic Training* 2007;42(2):303-310.
2. Adams, BB.: Transmission of cutaneous infection in athletics. *British Journal of Sports Medicine* 34(6):413-4, 2000 Dec.
3. Anderson BJ.: The Effectiveness of Valacyclovir in Preventing Reactivation of Herpes Gladiatorum in Wrestlers. *Clin J Sports Med* 9(2):86-90, 1999 Apr.
4. Association for Professionals in Infection Control and Epidemiology (APIC). 1996. *APIC infection control and applied epidemiology principles and practice.* St. Louis: Mosby.
5. Beck, CK.: Infectious diseases in sports: Medicine and Science in Sports and Exercise 32(7 Suppl):S431-8, 2000 Jul.
6. Belongia EA, Goodman JL, Holland EJ, et. al.: An outbreak of herpes gladiatorum at a high school wrestling camp. *The New England Journal of Medicine.* 325(13):906-910, 1991.
7. Cordoro, KM and Ganz, JE. Training room management of medical condition: *Sports Dermatology. Clinics in Sports Medicine.* 24: 565-598, 2005.
8. Cozad, A. and Jones, R. D. Disinfection and the prevention of disease. *American Journal of Infection Control,* 31(4): 243-254, 2003.
9. Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion. (2002). Campaign to prevent antimicrobial resistance in health care settings. Available at www.cdc.gov/drugresistance/healthcare/.
10. Dorman, JM.: Contagious diseases in competitive sport: what are the risks? *Journal of American College Health* 49(3):105-9, 2000 Nov.
11. Mast, E. and Goodman, R.: Prevention of Infectious Disease Transmission in Sports. *SportsMedicine* 24(1):1-7, 1997.
12. Kohl TD, Martin DC, Nemeth R, Hill T, Evans D.: Fluconazole for the prevention and treatment of tinea gladiatorum. *Pediatric Infectious Disease Journal* 19(8):717-22, 2000 Aug.
13. Lindenmayer JM, Schoenfeld S, O'Grady R, Carney JK.: Methicillin-resistant *Staphylococcus aureus* in a high school wrestling team and the surrounding community. *Archives of Internal Medicine* 158(8):895-9, 1998 Apr.
14. Vasily DB, Foley JJ.: More on Tinea Corporis Gladiatorum. *J Am Acad Dermatol* 2002, Mar.
15. Vasily DB, Foley JJ, First Episode Herpes Gladiatorum: Treatment with Valacyclovir (manuscript submitted for publication). Weiner, R. Methicillin-Resistant *Staphylococcus aureus* on Campus: A new challenge to college health. *Journal of American College Health.* 56(4):347-350.
16. Zinder SM, Basler RS, Foley J, Scarlata C, Vasily DB. National Athletic Trainers' Association Position Statement; Skin Diseases. *Journal of Athletic Training.* 2010; 95 (H):411-428.
17. Selected EPA-registered Disinfectants. U.S. Environmental Protection Agency. October 22, 2012, Available online at <http://epa.gov/oppad001/chemregindex.htm>

National Collegiate Athletic Association
SKIN EVALUATION AND PARTICIPATION STATUS
 (Physician Release for Student-Athlete to Participate with Skin Lesion)

Student-Athlete: _____

Date of Exam: ____ / ____ / ____

Institution: _____

Please Mark Location of Lesion(s):

Dual(s)/Tournament: _____

Number of Lesion(s): _____

Cultured: ☐ No ☐ Yes _____

Diagnosis: _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ____ / ____ / ____ Time: _____

Earliest Date student-athlete may return to participation: ____ / ____ / ____

Physician Name (Printed): _____

Physician Signature: _____

(M.D. or D.O.)

Specialty: _____

Office Address: _____

Contact #: _____

Institution Certified Athletic Trainer Notified: ☐ No ☐ Yes Signature: _____

Note to Physicians: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NCAA Wrestling Rules which state: (refer to the NCAA Wrestling Rules and Interpretations publication for complete information)

"9 6 4 ... The presence of a communicable skin disease ... shall be full and sufficient reason for disqualification"

"9 6 5 ... If a student-athlete has been diagnosed as having such a condition, and is currently being treated by a physician (ideally a dermatologist) who has determined that it is safe for that individual to compete without jeopardizing the health of the opponent, the student-athlete may compete. However, the student-athlete or his/her coach or athletic trainer shall provide current written documentation from the treating physician to the medical professional at the medical examination, ..."

"9 6 6 ... Final determination of the participant's ability to compete shall be made by the host site's physician or certified athletic trainer who conducts the medical examination after review of any such documentation and the completion of the exam."

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to wrestling: (please refer to the NCAA Sports Medicine Handbook for complete information)

Bacterial Infections (Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease, CA-MRSA): Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament; completed 72 hours of antibiotic therapy and have no moist, exudative or draining lesions at meet or tournament time. Gram stain of exudate from questionable lesions (if available). Active bacterial infections shall not be covered to allow participation.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): Skin lesions must be surmounted by a FIRM ADHERENT CRUST at competition time, and have no evidence of secondary bacterial infection. For primary (first episode of Herpes Gladiatorum) infection, the wrestler must have developed no new blisters for 72 hours before the examination; be free of signs and symptoms like fever, malaise, and swollen lymph nodes; and have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the competition. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over. Active herpetic infections shall not be covered to allow participation.

Tinea Lesions (ringworm): Oral or topical treatment for 72 hours on skin and 14 days on scalp. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be adequately covered.

Molluscum Contagiosum: Lesions must be curetted or removed before the meet or tournament and covered.

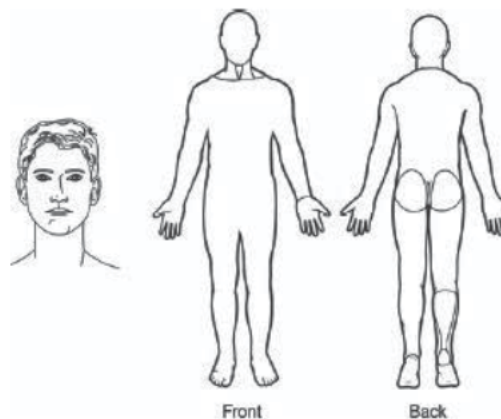
Verrucae: Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions adequately covered.

Hidradenitis Suppurativa: Wrestler will be disqualified if extensive or purulent draining lesions are present; covering is not permissible.

Pediculosis: Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Scabies: Wrestler must have negative scabies prep at meet or tournament time.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named physician/provider, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided herein



GUIDELINE 2K

MENSTRUAL-CYCLE DYSFUNCTION

January 1986 • Revised June 2002

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Anne Loucks, Ohio University, in the revision of this guideline.

In 80 percent of college-age women, the length of the menstrual cycle ranges from 23 to 35 days. Oligomenorrhea refers to a menstrual cycle that occurs inconsistently, irregularly and at longer intervals. Amenorrhea is the cessation of the menstrual cycle with ovulation occurring infrequently or not at all. A serious medical problem of amenorrhea is the lower level of circulating estrogen (hypoestrogenism) and its potential health consequences.

The prevalence of menstrual-cycle irregularities found in surveys depends on the definition of menstrual function used, but has been reported to be as high as 44 percent in athletic women. Research suggests that failure to increase dietary energy intake in compensation for the expenditure of energy during exercise can disrupt the hypothalamic-pituitary-ovarian (HPO) axis. Exercise training appears to have no suppressive effect on the HPO axis beyond the impact of its strain on energy availability.

There are several important reasons to discuss the treatment of menstrual-cycle irregularities. One reason is infertility; fortunately, the long-term effects of menstrual cycle dysfunction appear to be reversible. Another medical consequence is skeletal demineralization, which occurs in hypoestrogenic women. Skeletal demineralization was first observed in amenorrheic athletes in 1984. Initially, the lumbar spine appeared to be the primary site where skeletal demineralization occurs, but new techniques for measuring bone mineral density show that demineralization occurs throughout the skeleton. Some women with menstrual disturbances involved in high-impact activities, such as gymnastics and figure skating, display less demineralization than women runners. Despite resumption of normal menses, the loss of bone mass during prolonged hypoestrogenemia is not completely reversible. Therefore, young women with low levels of circulating estrogen, due to menstrual irregularities, are at risk for low peak bone mass, which may increase the potential for osteoporotic fractures later in life. An increased incidence of stress fractures also has been observed in the long bones and feet of women with menstrual irregularities.

The treatment goal for women with menstrual irregularities is the re-establishment of an appropriate hormonal environment for the maintenance of bone health.

This can be achieved by the re-establishment of a regular menstrual cycle or by hormone replacement therapy, although neither change has been shown to result in complete recovery of the lost bone mass. Additional research is necessary to develop a specific prognosis for exercise-induced menstrual dysfunction. All student-athletes with menstrual irregularities should be seen by a physician. General guidelines include:

1. Full medical evaluation, including an endocrine work-up and bone mineral density test;
2. Nutritional counseling with specific emphasis on:
 - a. Total caloric intake versus energy expenditure;
 - b. Calcium intake of 1,200 to 1,500 milligrams a day; and
3. Routine monitoring of the diet, menstrual function, weight-training schedule and exercise habits.

If this treatment scheme does not result in regular menstrual cycles, estrogen-progesterone supplementation should be considered. This should be coupled with appropriate counseling on hormone replacement and review of family history. Hormone-replacement therapy is thought to be important for amenorrheic women and oligomenorrheic women whose hormonal profile reveals an estrogen deficiency.

The relationship between amenorrhea, osteoporosis and disordered eating is termed the "female athlete triad." In 1997, the American College of Sports Medicine issued a position stand calling for all individuals working with physically active girls and women to be educated about the female athlete triad and develop plans for prevention, recognition, treatment and risk reduction. Recommendations are that any student-athlete who presents with any one component of the triad be screened for the other two components and referred for medical evaluation.

Other recommendations include:

- All sports medicine professionals, including coaches and athletic trainers, should learn to recognize the symptoms and risks associated with the female athlete triad.
- Coaches and others should avoid pressuring female athletes to diet and lose weight and should be educated about the warning signs of eating disorders.
- Sports medicine professionals, athletics administrators and officials of sport governing bodies

share a responsibility to prevent, recognize and treat this disorder.

- Sports medicine professionals, athletics administrators and officials of sport governing bodies should work toward offering opportunities for educating and monitoring coaches to ensure safe training practices.
- Young, physically active females should be educated about proper nutrition, safe training practices, and the risks and warning signs of the female athlete triad.

REFERENCES

1. Ackerman KE, Misra M. Bone health and the female athlete triad in adolescent athletes. *Phys Sportsmed*. 2011 Feb;39(1):131-41.
2. American Academy of Pediatrics Committee on Sports Medicine: Amenorrhea in adolescent athletes. *Pediatrics* 84(2):394-395, 1989.
3. Doyle-Lucas AF, Akers JD, Davy BM. Energetic efficiency, menstrual irregularity, and bone mineral density in elite professional female ballet dancers. *J Dance Med Sci*. 2010;14(4):146-54.
4. Ducher G, Turner AI, Kukuljan S, Pantano KJ, Carlson JL, Williams NI, De Souza MJ. Obstacles in the optimization of bone health outcomes in the female athlete triad. *Sports Med*. 2011 Jul 1;41(7):587-607.
5. Gibbs JC, Williams NI, Scheid JL, Toombs RJ, and MJ De Souza. The Association of a High Drive for Thinness With Energy Deficiency and Severe Menstrual Disturbances: Confirmation in a Large Population of Exercising Women. *Int J Sport Nutr Exerc Metab*. 2011 Aug 21(4):280-290.
6. Joy EA. ACSM Clinician Profile. *Curr Sports Med Rep*. 2011 May-Jun;10(3):121.
7. Keen AD, Drinkwater BL. Irreversible bone loss in former amenorrheic athletes. *Osteoporosis International* 7(4):311-315, 1997.
8. Loucks AB, Verdun M, Heath EM: Low energy availability, not stress of exercise, alters LH pulsatility in exercising women. *Journal of Applied Physiology* 84(1):37-46, 1998.
9. Otis CT, Drinkwater B, Johnson M, Loucks A, Wilmore J: American College of Sports Medicine Position Stand on the Female Athlete Triad. *Medicine and Science in Sports and Exercise* 29(5):i-ix, 1997.
10. Shangold M, Rebar RW, Wentz AC, Schiff I: Evaluation and management of menstrual dysfunction in athletes. *Journal of the American Medical Association* 262(12):1665-1669, 1990.

GUIDELINE 2L

BLOOD-BORNE PATHOGENS

April 1988 • Revised August 2013

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis virus (HBV, HCV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HCV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or hepatitis C.

The emphasis for the student-athlete and the athletics health care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

HEPATITIS B VIRUS (HBV)

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of 1 percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately 1 million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure.

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS VIRUS)

The acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately 14 percent of all new HIV infections occur in people from 12 to 24 years old. The risk of infection is increased by having unprotected sexual intercourse, and the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized-wound or mucous-membrane exposure.

COMPARISON OF HBV/HIV

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained, close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

TESTING OF STUDENT-ATHLETES

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing



based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, and modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

PARTICIPATION BY THE STUDENT-ATHLETE WITH HEPATITIS B (HBV) INFECTION

Individual's Health. In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission. The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained, close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following rec-

ommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

PARTICIPATION OF THE STUDENT-ATHLETE WITH HIV

Individual's Health. In general, the decision to allow an HIV-positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV-infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.

The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health

and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

Disease Transmission. Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate, but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

ADMINISTRATIVE ISSUES

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those people in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete's medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

ATHLETICS HEALTH CARE RESPONSIBILITIES

The following recommendations are designed to further minimize risk of transmission of blood-borne pathogens and other potentially infectious organisms in the context of athletics events and to provide treatment guidelines for caregivers. In the past, these guidelines were referred to as "Universal (blood and body fluid) Precautions." Over time, the recognition of "Body Substance Isolation," or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as "Standard Precautions." Standard precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether they contain visible blood. These guidelines, originally developed for health

care, have additions or modifications relevant to athletics. They are divided into two sections — the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

Care of the Athlete

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include personal protective equipment (PPE) (minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled "sharps" container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are

deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change the uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution and presume all blood is infectious. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.
9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled "sharps" container. Medical equipment, bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71 degrees Celsius (160 degrees Fahrenheit) for 25-minute cycles may be used.
10. Post-exposure evaluation and follow-up. Following the report of any incident in which an athlete has nonintact skin, eye, mouth, mucous membrane or parenteral (under the skin) contact with blood or other potentially infectious materials, the athlete should seek a confidential medical evaluation and follow-up. This evaluation must be conducted by a licensed health care professional.

Disinfecting of Environmental Surfaces

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include personal protective equipment (PPE) (gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).
3. Put on disposable gloves.
4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer's label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:100, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol, the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

Final Notes:

1. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a hepatitis B (HBV) vaccination.

2. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
3. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information.

Member institutions should ensure that policies exist for orientation and education of all health care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.

REFERENCES

1. AIDS education on the college campus: A theme issue. *Journal of American College Health* 40(2):51-100, 1991.
2. American Academy of Pediatrics: Human immunodeficiency virus (AIDS virus) in the athletic setting. *Pediatrics* 88(3):640-641, 1991.
3. Calabrese L, et al.: HIV infections: exercise and athletes. *Sports Medicine* 15(1):1-7, 1993.
4. Canadian Academy of Sports Medicine position statement: HIV as it relates to sport. *Clinical Journal of Sports Medicine* 3:63-68, 1993.
5. Fitzgibbon J, et al.: Transmissions from one child to another of human immunodeficiency virus type I with azidovudine-resistance mutation. *New England Journal of Medicine* 329 (25):1835-1841, 1993.
6. HIV transmission between two adolescent brothers with hemophilia. *Morbidity and Mortality Weekly Report* 42(49):948-951, 1993.
7. Kashiwagi S, et al.: Outbreak of hepatitis B in members of a high-school sumo wrestling club. *Journal of American Medical Association* 248 (2):213-214, 1982.
8. Klein RS, Freidland GH: Transmission of human immunodeficiency virus type 1 (HIV-1) by exposure to blood: defining the risk. *Annals of Internal Medicine* 113(10):729-730, 1990.
9. Public health services guidelines for counseling and antibody testing to prevent HIV infection and AIDS. *Morbidity and Mortality Weekly Report* 36(31):509-515, 1987.
10. Recommendations for prevention of HIV transmission in health care settings. *Morbidity and Mortality Weekly Report* 36(25):3S-18S, 1987.
11. United States Olympic Committee Sports Medicine and Science Committee: Transmission of infectious agents during athletic competition, 1991. (1750 East Boulder Street, Colorado Springs, CO 80909)
12. Update: Universal precautions for prevention of transmission by human immunodeficiency virus, hepatitis B virus, and other blood borne pathogens in health care settings. *Morbidity and Mortality Weekly Report* 37:377-388, 1988.
13. When sports and HIV share the bill, smart money goes on common sense. *Journal of American Medical Association* 267(10):1311-1314, 1992.
14. World Health Organization consensus statement: Consultation on AIDS and sports. *Journal of American Medical Association* 267(10):1312, 1992.
15. Human immunodeficiency virus (HIV) and other blood-borne pathogens in sports. Joint position statement by the American Medical Society for Sports Medicine (AMSSM) and the American Academy of Sports Medicine (AASM). *The American Journal of Sports Medicine* 23(4):510-514, 1995.
16. Most E, et al.: Transmissions of blood-borne pathogens during sport: risk and prevention. *Annals of Internal Medicine* 122(4):283-285, 1995.
17. Brown LS, et al.: Bleeding injuries in professional football: estimating the risk for HIV transmission. *Annals of Internal Medicine* 122(4):271-274, 1995.
18. Arnold BL: A review of selected blood-borne pathogen statements and federal regulations. *Journal of Athletic Training* 30(2):171-176, 1995.
19. Montalov v. Radcliffe, 167 F. 3d 873 (4th Cir. 1999), cert. denied, 120 S Ct. 48 1999.
20. Bitting, LA, Trowbridge, CA, Costello, LE. A Model for a Policy on HIV/AIDS and Athletics. *J Athl Train.* 1996 Oct-Dec; 31(4): 356-357
21. McGrew CA, Dick RW, Schniedwind K, Gikas P. Survey of NCAA institutions concerning HIV/AIDS policies and universal precautions. *Med Sci Sports Exerc.* 1993 Aug;25(8):917-21.
22. Brown LS Jr, Phillips RY, Brown CL Jr, Knowlan D, Castle L, Moyer J. HIV/AIDS policies and sports: the National Football League. *Med Sci Sports Exerc.* 1994 Apr;26(4):403-7.
23. Kordi, R. and Wallace, WA. Blood-borne infections in sport: risks of transmission, methods of prevention, and recommendations for hepatitis B vaccination. *Br J Sports Med* 2004;38:678-684 doi:10.1136/bjism.2004.011643

GUIDELINE 2M

THE USE OF LOCAL ANESTHETICS

June 1992 • Revised June 2004

The use of local injectable anesthetics to treat sports-related injuries in college athletics is primarily left to the discretion of the physician treating the individual, since there is little scientific research on the subject. This guideline provides basic recommendations for the use of these substances, which commonly include lidocaine (Xylocaine), 1 or 2 percent; bupivacaine (Marcaine), 0.25 to 0.50 percent; and mepivacaine (Carbocaine), 3 percent. The following recommendations do not include the use of corticosteroids.

It is recommended that:

1. These agents should be administered only by a qualified clinician who is licensed to perform this procedure and who is familiar with these agents' actions, reactions, interactions and complications. The treating clinician should be well aware of the quantity of these agents that can be safely injected.
2. These agents should only be administered in facilities equipped to handle any allergic reaction, including a cardiopulmonary emergency, which may follow their use.
3. These agents should only be administered when medically justified, when the risk of administration is fully explained to the patient, when the use is not harmful to continued athletics activity and when there is no enhancement of a risk of injury.

The following procedures are not recommended:

1. The use of local anesthetic injections if they jeopardize the ability of the student-athlete to protect himself or herself from injury.
2. The administration of these drugs by anyone other than a qualified clinician licensed to perform this procedure.
3. The use of these drugs in combination with epinephrine or other vasoconstrictor agents in fingers, toes, earlobes and other areas where a decrease in circulation, even if only temporary, could result in significant harm.

GUIDELINE 2N

INJECTABLE CORTICOSTEROIDS IN SPORTS INJURIES

June 1992 • Revised June 2004

Corticosteroids, alone or in combination with local anesthetics, have been used for many years to treat certain sports-related injuries. This guideline is an attempt to identify specific circumstances in which corticosteroids may be appropriate and also to remind both physicians and student-athletes of the inherent dangers associated with their use.

The most common reason for the use of corticosteroids in athletics is the treatment of chronic overuse syndromes such as bursitis, tenosynovitis and muscle origin pain (for example, lateral epicondylitis). They have also been used to try to prevent redevelopment of a ganglion and to reduce keloid scar formation. Rarely is it appropriate to treat acute syndromes such as acromioclavicular (AC) joint separations or hip pointers with a corticosteroid.

There is still much to be learned about the effects of intra-articular, intraligamentous or intratendinous injection of corticosteroids. Researchers have noted reduced synthesis of articular cartilage after corticosteroid administration in both animals and human models. However, a causal relationship between the intra-articular corticosteroid and degeneration of articular cartilage has not been established. Research also has shown that a single intraligamentous or multiple intra-articular injections have the potential to cause significant and long-lasting deterioration in the mechanical properties of ligaments and collagenous tissues in animal models. Finally, studies have shown significant degenerative changes in active animal tendons treated with a corticosteroid as early as 48 hours after injection.

This research provides the basis for the following recommendations regarding the administration of corticosteroids in college-athletics.

It is recommended that:

1. Injectable corticosteroids should be administered only after more conservative treatments, including nonsteroidal anti-inflammatory agents, rest, ice, ultrasound and various treatment modalities, have been exhausted.
2. Only those physicians who are knowledgeable about the chemical makeup, dosage, onset of action, duration and potential toxicity of these agents should administer corticosteroids.
3. These agents should be administered only in facilities that are equipped to deal with allergic reactions, including cardiopulmonary emergencies.

4. Repeated corticosteroid injections at a specific site should be done only after the consequences and benefits of the injections have been thoroughly evaluated.
5. Corticosteroid injections only should be done if a therapeutic effect is medically warranted and the student-athlete is not subject to either short- or long-term significant risk.
6. These agents should only be administered when medically justified, when the risk of administration is fully explained to the student-athlete, when the use is not harmful to continued athletics activity and when there is no enhancement of a risk of injury.

The following procedures are not recommended:

1. Intra-articular injections, particularly in major weight-bearing joints. Intra-articular injections have a potential softening effect on articular cartilage.
2. Intratendinous injections, since such injections have been associated with an increased risk of rupture.
3. Administration of injected corticosteroids immediately before a competition.
4. Administration of corticosteroids in acute trauma.
5. Administration of corticosteroids in infection.

REFERENCES

1. Corticosteroid injections: balancing the benefits. *The Physician and Sports Medicine* 22(4):76, 1994.
2. Corticosteroid Injections: Their Use and Abuse. *Journal of the American Academy of Orthopaedic Surgeons* 2:133-140, 1994.
3. Kennedy JC, Willis RD: The effects of local steroid injections on tendons: A biomechanical and microscopic correlative study. *American Journal of Sports Medicine* 4:11-21, 1970.
4. Leadbetter WB: Corticosteroid injection therapy in sports injuries. In: *Sports Induced Inflammation* Park Ridge, IL: *American Academy of Orthopaedic Surgeons*, pp. 527-545, 1990.
5. Mankin HJ, Conger KA: The acute effects of intra-articular hydrocortisone on articular cartilage in rabbits. *Journal of Bone and Joint Surgery* 48A:1383-1388, 1966.
6. Noyes FR, Keller CS, Grood ES, et al.: Advances in the understanding of knee ligament injuries, repair and rehabilitation. *Medicine and Science in Sports and Exercise* 16:427-443, 1984.
7. Noyes FR, Nussbaum NS, Torvik PT, et al.: Biomechanical and



ultrastructural changes in ligaments and tendons after local corticosteroid injections. *Abstract, Journal of Bone and Joint Surgery* 57A:876, 1975.

8. Pfenninger JL: Injections of joints and soft tissues: Part I. General guidelines. *American Family Physician* 44(4):1196-1202, 1991.
9. Pfenninger JL: Injections of joints and soft tissues: Part II. Guidelines for specific joints. *American Family Physician* 44(5):1690-1701, 1991.

GUIDELINE 20

MENTAL HEALTH: INTERVENTIONS

June 2006 • Revised 2012, July 2014

In November 2013, the NCAA Sport Science Institute hosted a Mental Health Task Force that included clinicians, scientists, administrators, coaches and student-athletes. A broad range of mental health issues were discussed, and a number of mental health research projects and initiatives were agreed to. Readers are encouraged to monitor developments at www.NCAA.org/ssi.

CONSIDERATIONS IN IDENTIFYING AND REFERRING STUDENT-ATHLETES WITH POTENTIAL MENTAL HEALTH ISSUES

The full range of mental health issues found in the general student population can also be found in the life of a student-athlete. The mental health of a college student is challenged by any number of factors of student life, and participation in athletics does not provide the student-athlete with immunity from mental health issues. Rather, participation in intercollegiate athletics imposes additional stressors on the student-athlete that can increase the risk for mental health issues. The unique stressors of intercollegiate athletic participation include the physical demands of training and competition, the time commitment to their sport, sustaining a time-loss, chronic or season-/career-ending injury, having difficulty interacting with teammates and coaches, and struggling with poor sports performance. This chapter offers suggestions in developing an institution's Student-Athlete Mental Health Considerations Plan. Each plan may vary from institution to institution; however, having a plan assists the athletics department in navigating the student-athlete's health and well-being.

Coaches, athletic trainers, team physicians, strength and conditioning staff, academic support staff, equipment managers and administrators are in position to observe and interact with student-athletes on a daily basis. In most cases, athletics department personnel have the trust of the student-athlete and are someone that the student-athlete turns to in difficult times or personal crisis. In some cases, the student-athlete will confide in a teammate and/or roommate. Also, there are some student-athletes who will not be aware of and/or inform anyone of their developing mental or emotional health issue, but will act out in nonverbal ways to let on that something is bothering them. In addition, some student-athletes will demonstrate behaviors that have at their root mental health issues. For example, someone who gets in fights when drinking and shows up late all the time may actually be struggling with depression.

BEHAVIORS TO MONITOR

The behaviors in the following list are not all-inclusive, may be singular or multiple in nature, and may be subtle in appearance. Concern is warranted when the following behaviors for a student-athlete change from his/her normal lifestyle:

- Changes in eating and sleeping habits.
- Unexplained weight loss.
- Drug and/or alcohol abuse.
- Gambling issues.
- Withdrawing from social contact.
- Decreased interest in activities that have been enjoyable, or taking up risky behavior.
- Talking about death, dying or "going away."
- Loss of emotion, or sudden changes of emotion within a short period of time.
- Problems concentrating, focusing or remembering.
- Frequent complaints of fatigue, illness or being injured that prevent participation.
- Unexplained wounds or deliberate self-harm.
- Becoming more irritable or problems managing anger.

SPORT PSYCHOLOGY

Commonly, the term "sport psychologist" can mean one of two things – someone who is licensed to practice psychology and can diagnose and treat mental health problems with a special emphasis on athletes, or someone trained to apply mental preparation techniques to athletes with an understanding of how physiological processes relate to performance.

While performance enhancement is a major part of sport psychology and often provides a psychologist entrée to discuss more serious clinical issues, some NCAA member institutions are hiring licensed, clinical psychologists to work with student-athletes on issues ranging from mental preparation for competition and relaxation to clinical depression and eating disorders. Licensed mental health professionals can enhance the medical care for student-athletes by:

- Providing mental health screening and prevention education.
- Conducting pre-participation evaluation screenings.
- Providing continuing care for concussion management.
- Managing eating disorders.
- Providing counseling on challenges and stresses related to being a student-athlete.
- Resolving conflict between athlete and coach, athlete and athlete, coach and administrator, athlete and parent, etc.

TRIGGER EVENTS

There are events that may serve to trigger or exacerbate a mental or emotional health concern with a student-athlete. Some examples:

- Poor performance, or perceived “poor” performance by the student-athlete.
- Conflicts with coaches or teammates.
- A debilitating injury or illness, resulting in a loss of playing time or surgery.
- Concussions.
- Class issues — schedule, grades, amount of work.
- Lack of playing time.
- Family and relationship issues.
- Changes in importance of sport, expectations by self/parents, role of sport in life.
- Violence — being assaulted, a victim of domestic violence, automobile accidents, or merely witnessing a personal injury or assault on a family member, friend or teammate.
- Adapting to college life.
- Death of a loved one or close friend.
- Alcohol or drug abuse.
- Significant dieting or weight loss.
- History of physical or sexual abuse.
- Gambling issues.
- Post-traumatic stress disorder (PTSD) for combat veterans who are now enrolled in college and participating in intercollegiate athletics.

- Serving as a key member of the athletics department catastrophic-incident team.

ESTABLISHING A RELATIONSHIP WITH MENTAL HEALTH SERVICES

Unless the athletics department staff member is a credentialed and practicing mental health care professional, the athletics department staff member should refrain from attempts to “counsel” a student-athlete who may be experiencing a mental health issue. Encouraging student-athletes, or “giving them permission,” to seek help from mental health providers that will help them gain insight into their situation, and encouraging athletes that seeking counseling is a sign of strength, not weakness, can be very useful.

Athletics departments should identify and foster relationships with mental health resources on campus or within the local community that will enable the development of a diverse and effective referral plan addressing the mental well-being of their student-athletes and staff. Because student-athletes are less likely to use counseling than nonathlete students, increasing interaction among mental health staff members, coaches and student-athletes will improve compliance with referrals. The sports medicine staff is often a reasonable first resource for student-athletes who are not at imminent risk, yet who do not feel comfortable going directly to a mental health provider. If the student-athlete requests a mental health care evaluation, or is compelled to be evaluated because of behavior that violates an institutional code of conduct, then referring the student-athlete to the mental health care system at your institution is recommended. There are many avenues for the student-athlete to be referred. Athletics departments can seek psychological services and mental health professionals from the following resources:

- Athletics department sports medicine services.
- Athletics department academic services.
- University student health and counseling services.
- University medical school.
- University graduate programs (health sciences, education, medical, allied health).
- Local community.

Understand that per institutional policy, unless a code of conduct violation has occurred, the student-athlete makes the final decision to go for a mental health

Available online at NCAA.org/SSI.



evaluation and care. The athletics department staff member can encourage the student-athlete to go for an evaluation and care, but unless there is a violation, or a threat of self-harm or harm to others, then, per institutional policy, the student-athlete can't be compelled to go for an evaluation or care.

It is recommended that a relationship be developed with the campus counseling services and any community mental health care professionals in order to facilitate referrals. **All athletic health care providers should be aware of such relationships. Ideally, the relationship can become part of the extended interdisciplinary health care team. (See Guideline 1B.)**

Confidentiality. The student-athlete's privacy must be respected unless he/she is at risk for self-harm or harm to others. The student-athlete may be encouraged to inform others about his/her care as appropriate. If the student-athlete is under age, then refer to your institutional general counsel and student affairs office for guidance in informing the parents or guardians.

Create a Supportive Environment. Coaches and sports medicine staff members should follow the following guidelines in order to help enhance student-athlete compliance with mental health referrals:

- Express confidence in the mental health professional (e.g., "I know that other student-athletes have felt better after talking to Dr. Kelly.").
- Be concrete about what counseling is and how it could help (e.g., "Amy can help you focus more on your strengths.").
- Focus on similarities between the student-athlete and the mental health professional (e.g., "Bob has a sense of humor that you would appreciate." "Dr. Jones is a former college student-athlete and understands the pressures student-athletes face.").
- Offer to accompany the student-athlete to the initial appointment.
- Offer to make the appointment (or have the student-athlete make the appointment) while in your office.
- Emphasize the confidentiality of medical care and the referral process.

The following self-help strategies may improve mild depression symptoms:

- Reduce or eliminate the use of alcohol and drugs.
- Break large tasks into smaller ones; set realistic goals.

- Engage in regular, mild exercise.
- Eat regular and nutritious meals.
- Participate in activities that typically make you feel better.
- Let family, friends and coaches help you.
- Increase positive or optimistic thinking.
- Engage in regular and adequate sleep habits.

Emergency Considerations. If the student-athlete reports suicidal feelings or comments, or he/she reports feeling like harming others, follow the institution's mental health issue emergency protocol. Be sure the procedure is included in the athletics department plan. Include phone numbers, protocol in staying with the student-athlete, where to take the student-athlete on campus or in the community, and counseling services contact numbers. It is recommended to work with the student affairs office in developing this component of the plan, and be sure to contact appropriate institutional departments in the event of an emergency, per the institution's plan.

Institutional Review of Plan. Have the Student-Athlete Mental Health Considerations Plan reviewed and approved by the institution's general counsel, risk management, student affairs office and any other department recommended by the institution's general counsel.

MENTAL HEALTH CONDITIONS AND INTERCOLLEGIATE ATHLETICS

As with physical injuries, mental health problems may, by their severity, affect athletic performance and limit or even preclude training and competition until successfully managed and treated. Some examples include:

Mood Disorders

- Depression
- Suicidal Ideation

Anxiety Disorders

- Panic Attacks
- Stress
- General Anxiety
- Obsessive Compulsive Disorder
- Eating Disorders and Disordered Eating
- Substance Abuse Disorders

Depression is more than the blues, letdowns from a game loss, or the normal daily ups and downs. It is feeling "down," "low" and "hopeless" for weeks at a time. Depression is a serious medical condition.

Little research has been conducted on depression among student-athletes; however, preliminary data indicate that student-athletes experience depressive symptoms and illness at similar or decreased rates than nonathlete students. Approximately 9.5 percent of the population — or one out of 10 people — suffers from a depressive illness during any given one-year period. Women are twice as likely to experience depression as men; however, men are less likely to admit to depression. Moreover, even though the majority of people's depressive disorders can be improved, most people with depression do not seek help.

Depression is important to assess among student-athletes because it impacts overall personal well-being, athletic performance, academic performance and injury healing. No two people experience depressed feelings in exactly the same way. However, with the proper treatment 80 percent of those who seek help and 50 percent of those who are clinically depressed get better, and many people begin to feel better in just a few weeks.

Student-athletes may experience depression because of genetic predisposition, developmental challenges of college transitions, academic stress, financial pressures, interpersonal difficulties and grief over loss/failure.

Participation in athletics does not provide student-athletes any immunity to these stresses, and it has the potential to pose additional demands. Student-athletes must balance all of the demands of being a college student along with athletics demands. This includes the physical demands of their sport, and the time commitment of participation, strength and conditioning, and skill instruction.

Most student-athletes participate almost year-round, often missing holidays, school and summer breaks, classes and even graduation. In addition, if they struggle in their performance, have difficulty interacting with the coach or teammates, or they lose their passion for their sport, it can be very difficult to handle. Many athletes also define themselves by their role as an athlete, and an injury can be devastating.

Some attributes of athletics and competition can make it extremely difficult for student-athletes to obtain help. They are taught to “play through the pain,” struggle through adversity, handle problems on their own and “never let anyone see you cry.” Seeking help is seen as a sign of weakness, when it should be recognized as a sign of strength.

Team dynamics also may be a factor. Problems often are kept “in the family,” and it is common for teams to try to solve problems by themselves, often ignoring signs or symptoms of more serious issues. Depression affects approximately 19 million Americans, and for many, the symptoms first appear before or during college.

Early identification and intervention (referral/treatment) for depression or other mental illness is extremely important, yet may be inhibited within the athletics culture for the following reasons:

- Physical illness or injury is more readily measured and treated within sports medicine, and often there is less comfort in addressing mental illness.
- Mental wellness is not always perceived as necessary for athletic performance.
- The high profile of student-athletes may magnify the attention paid on campus and in the surrounding community when an athlete seeks help.
- History and tradition drive athletics and can stand as barriers to change.
- The athletics department may have difficulty associating mental illness with athletic participation.

Enhancing Knowledge and Awareness of Depressive Disorders. Sports medicine staff, coaches and student-athletes should be knowledgeable about the types of depression and related symptoms. Men may be more willing to report fatigue, irritability, loss of interest in work or hobbies and sleep disturbances, rather than feelings of sadness, worthlessness and excessive guilt, which are commonly associated with depression in women. Men often mask depression with the use of alcohol or drugs, or by the socially acceptable habit of working excessively long hours.

TYPES OF DEPRESSIVE ILLNESS

Depressive illnesses come in different forms. The following are general descriptions of the three most prevalent, though for an individual the number, severity and duration of symptoms will vary.

Major Depression, or “clinical depression,” is manifested by a combination of symptoms that interfere with a person's once pleasurable activities (school, sport, sleep, eating, work). Student-athletes experiencing five or more symptoms for two weeks or longer, or noticeable changes in usual functioning, are factors that should prompt referral to the team physician or mental health professional. Fifteen percent of people with major depression die by suicide. The

rate of suicide in men is four times that of women, though more women attempt it during their lives.

Dysthymia is a less severe form of depression that tends to involve long-term, chronic depressive symptoms. Although these symptoms are not disabling, they do affect the individual's overall functioning.

Bipolar Disorder, or "manic-depressive illness," involves cycling mood swings from major depressive episodes to mania. Depressive episodes may last as little as two weeks, while manic episodes may last as little as four days.

In addition to the three types of depressive disorders, student-athletes may suffer from an adjustment disorder. Adjustment disorders occur when an individual experiences depressive (or anxious) symptoms in response to a specific event or stressor (e.g., poor performance, poor relationship with a coach). An adjustment disorder can also progress into major depressive disorder.

SCREENING FOR DEPRESSION AND RELATED RISK FOR SUICIDE

One way to ensure an athletics department is in tune with student-athletes' mental well-being is to systematically include mental health checkups, especially around high-risk times such as the loss of a coach or teammate, significant injury, being cut from the team and catastrophic events. Members of the sports medicine team and/or licensed mental health professionals should also screen athletes for depression at pre-established points in time (e.g., pre-participation, exit interviews). Research indicates that sports medicine professionals are better equipped to assess depression with the use of appropriate mental health instruments; simply asking about depression is not recommended.

A thorough assessment on the part of a mental health professional is also imperative to differentiate major depression from dysthymia and bipolar disorder, and other conditions, such as medication use, viral illness, anxiety disorders, overtraining and illicit substance use. Depressive disorders may co-exist with substance-abuse disorders, panic disorder, obsessive-compulsive disorder, anorexia nervosa, bulimia nervosa and borderline personality disorder.

For depression screening, it is recommended that sports medicine teams use the Center for Epidemiological Studies Depression (CES-D) Scale published by the National Institute for Mental Health (NIMH). The CES-D is free to use and available at

WHAT TO LOOK FOR

Depressive signs and symptoms

Individuals might present:

- Decreased performance in school or sport.
- Noticeable restlessness.
- Significant weight loss or weight gain.
- Decrease or increase in appetite nearly every day (fluctuating?).

Individuals might express:

- Indecisiveness.
- Feeling sad or unusual crying.
- Difficulty concentrating.
- Lack of or loss of interest or pleasure in activities that were once enjoyable (hanging out with friends, practice, school, sex).
- Depressed, sad or "empty" mood for most of the day and nearly every day.
- Recurrent thoughts of death or thoughts about suicide.
- Frequent feelings of worthlessness, low self-esteem, hopelessness, helplessness or inappropriate guilt.

Manic signs and symptoms

Individuals might present:

- Abnormal or excessive elation.
- Unusual irritability.
- Markedly increased energy.
- Poor judgment.
- Inappropriate social behavior.
- Increased talking.

Individuals might express:

- Racing thoughts.
- Increased sexual desire.
- Decreased need for sleep.
- Grandiose notions.

www.nimh.nih.gov. Other resources include such programs as QPR (Question, Persuade, Refer) Gatekeeper training; the Jed Foundation ULifeline; and the Screening for Mental Health depression and anxiety screenings. Information about these programs, and ways to incorporate them into student-athlete checkups, can be found at NCAA.org.

SEEKING HELP

Most individuals who suffer from depression will fully

APPROACHING THE STUDENT-ATHLETE WITH A POTENTIAL MENTAL HEALTH ISSUE

Approaching anyone with a concern over mental well-being can be an uncomfortable experience. However, the health and wellness of the student-athlete is paramount. It is important to have facts correctly, with context, before arranging a private meeting with the student-athlete. The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening is essential. Consider questions that are open ended and encouraging for the student-athlete to talk about his or her issue:

- “How are things going for you?”
- “Tell me what is going on.”
- “Your behavior (mention the incident or incidents) has me concerned for you. Can you tell me what is going on, or is there something I need to understand or know why this incident happened?”
- “Tell me more (about the incident).”
- “How do you feel about this (the incident or the facts presented)?”
- “Tell me how those cuts (or other wounds) got there.”
- “Perhaps you would like to talk to someone about this issue?”
- “I want to help you, but this type of issue is beyond my scope as (coach, athletic trainer, administrator, support staff member), but I know how to refer you to someone who can help.”

recover to lead productive lives. A combination of counseling and medication appears to be the most effective treatment for moderately and severely depressed individuals. Although some improvement in mood may occur in the first few weeks, it typically takes three to four weeks of treatment to obtain the full therapeutic effect. *Medication should only be taken and/or stopped under the direct care of a physician, and the team physicians should consult with psychiatrists regarding complex mental health issues.*

A referral should be made to a licensed mental health professional when coaches or sports medicine staff

members witness any of the following with their student-athletes:

- Reported suicidal thoughts.
- Multiple depressive symptoms.
- A few depressive symptoms that persist for several weeks.
- Depressive symptoms that lead to more severe symptoms or destructive behaviors.
- Alcohol and drug abuse as an attempt at self-treatment.
- Overtraining or burnout, since depression has many of the same symptoms.
- Manic-type symptoms.

REFERENCES

1. Backmand J, et. al. Influence of physical activity on depression and anxiety of former elite athletes. *International Journal of Sports Medicine*. 2003. 24(8):609-919.
2. Hosick, M. Psychology of sport more than performance enhancement. *The NCAA News*. March 14, 2005. Available online.
3. Klossner, DA. Essay: Individuals Providing Consultation on the Psychology of Sport within NCAA Division I Institutions. *Journal of Intercollegiate Sport*. 2012;4(2): 243 – 246.
3. Maniar SD, Chamberlain R, Moore N. Suicide risk is real for student-athletes. *The NCAA News*. November 7, 2005. Available online.
4. Maniar SD, Curry LA, Sommers-Flanagan J, Walsh JA. Student-athlete preferences in seeking help when confronted with sport performance problems. *The Sport Psychologist*. 2001;15(2):205-23.
5. National Institute of Mental Health. Depression. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services; 2000. (NIH Publication No 02-3561). 25 pages. Available at <http://www.nimh.nih.gov/health/topics/depression/index.shtml>.
6. Neal, TL. Syracuse University. Considerations in Identifying and Referring Student-Athletes with Potential Mental Health Issues. 2010.
7. Neal TL, Diamond AB, Goldman S, et al. Inter-association recommendations in developing a plan for recognition and referral of student-athletes with psychological concerns at the collegiate level: A consensus statement 2014:85, Dallas, Tx.
8. Pinkerton RS, Hinz LD, Barrow JC. The college student-athlete: Psychological considerations and interventions. *Journal of American College Health*. 1989;37(5):218-26.
9. Putukian, M, Wilfert, M. Student-athletes also face dangers from depression. *The NCAA News*. April 12, 2004. Available online.
10. Schwenk, TL. The stigmatization and denial of mental illness in athletes. *British Journal of Sports Medicine*. 2000. 34:4-5.

GUIDELINE 2P

PARTICIPATION BY THE STUDENT-ATHLETE WITH IMPAIRMENT

January 1976 • Revised August 2004

In accordance with the recommendations of major medical organizations and pursuant to the requirements of federal law (in particular, the Rehabilitation Act of 1976 and the Americans With Disabilities Act), the NCAA encourages participation by student-athletes with physical or mental impairments in intercollegiate athletics and physical activities to the full extent of their interests and abilities. It is imperative that the university's sports medicine personnel assess a student-athlete's medical needs and specific limitations on an individualized basis so that needless restrictions will be avoided and medical precautions will be taken to minimize any enhanced risk of harm to the student-athlete or others from participation in the subject sport.

A student-athlete with impairment should be given an opportunity to participate in an intercollegiate sport if he or she has the requisite abilities and skills in spite of his or her impairment, with or without a reasonable accommodation. Medical exclusion of a student-athlete from an athletics program should occur only when a mental or physical impairment presents a significant risk of substantial harm to the health or safety of the student-athlete and/or other participants that cannot be eliminated or reduced by reasonable accommodations. Recent judicial decisions have upheld a university's legal right to exclude a student-athlete from competition if the team physician has a reasonable medical basis for determining that athletic competition creates a significant risk of harm to the student-athlete or others. When student-athletes with impairments not otherwise qualified to participate in existing athletics programs are identified, every means should be explored by member institutions to provide suitable sport and recreational programs in the most appropriate, integrated settings possible to meet their interests and abilities.

PARTICIPATION CONSIDERATIONS

Before allowing any student-athlete with an impairment to participate in an athletics program, it is recommended that an institution require joint approval from the physician most familiar with the student-athlete's condition, the team physician and an appropriate official of the institution, as well as his or her parent(s) or guardian. The following factors should be considered on an individualized basis in determining whether he or she should participate in a particular sport:

1. Available published information regarding the medical risks of participation in the sport with the athlete's mental or physical impairment;

2. The current health status of the student-athlete;
3. The physical demands of the sport and position(s) that the student-athlete will play;
4. Availability of acceptable protective equipment or measures to reduce effectively the risk of harm to the student-athlete or others; and
5. The ability of the student-athlete [and, in the case of a minor, the parent(s) or guardian] to fully understand the material risks of athletic participation.

ORGAN ABSENCE OR NONFUNCTION

When the absence or nonfunction of a paired organ constitutes the impairment, the following specific issues need to be addressed with the student-athlete and his/her parents or guardian (in the case of a minor). The following factors should be considered:

- The quality and function of the remaining organ;
- The probability of injury to the remaining organ; and
- The availability of current protective equipment and the likely effectiveness of such equipment to prevent injury to the remaining organ.

MEDICAL RELEASE

When a student-athlete with impairment is allowed to compete in the intercollegiate athletics program, it is recommended that a properly executed document of understanding and a waiver release the institution for any legal liability for injury or death arising from the student-athlete's participation with his or her mental or physical impairment/medical condition. The following parties should sign this document: the student-athlete, his or her parents/guardians, the team physician and any consulting physician, a representative of the institution's athletics department, and the institution's legal counsel. This document evidences the student-athlete's understanding of his or her medical condition and the potential risks of athletic participation, but it may not immunize the institution from legal liability for injury to the student-athlete.

REFERENCES

1. American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Medical Conditions Affecting Sports Participation Pediatrics. 94(5): 757-60, 1994.
2. Mitten, M.J. Enhanced risk of harm to one's self as a justification for exclusion from athletics. Marquette Sports Law Journal. 8:189-223, 1998.
3. CASE SUMMARY: Knapp v. Northwestern University: No. 95 C6454, 1996 WL 495559 (N.D.ILL. AUG. 18, 1996) Journal of Art and Entertainment Law

GUIDELINE 2Q

PREGNANCY

January 1986 • Revised June 2009

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. James Clapp, FACSM, in the revision of this guideline.

PREGNANCY POLICIES

Pregnancy places unique challenges on the student-athlete. Each member institution should have a policy clearly outlined to address the rights and responsibilities of the pregnant student-athlete. The policy should address:

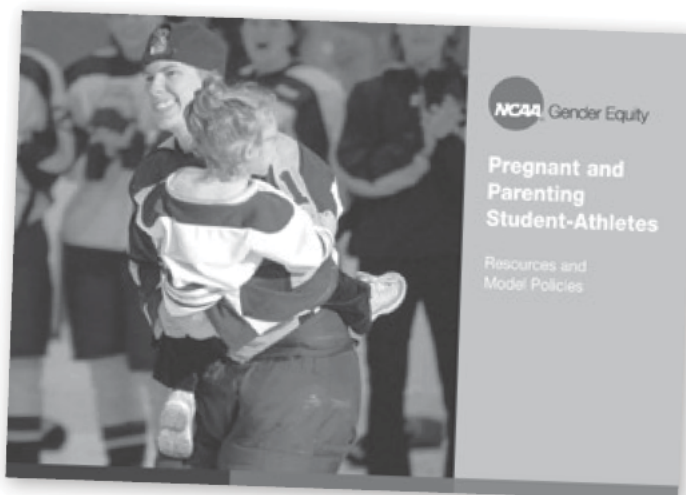
- Where the student-athlete can receive confidential counseling;
- Where the student-athlete can access timely medical and obstetrical care;
- How the pregnancy may affect the student-athlete's team standing and institutional grants-in-aid;
- That pregnancy should be treated as any other temporary health condition regarding receipt of institutional grants-in-aid; and
- That NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

Student-athletes should not be forced to terminate a pregnancy because of financial or psychological pressure or fear of losing their institutional grants-in-aid. See Bylaw 15.3.4.3, which specifies that institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award because of an injury, illness or physical or mental medical condition.

The team's certified athletic trainer or team physician is often approached in confidence by the student-athlete. The sports medicine staff should be well-versed in the athletics department's policies and be able to access the identified resources. The sports medicine staff should respect the student-athlete's requests for confidentiality until such time when there is medical reason to withhold the student-athlete from competition.

EXERCISE IN PREGNANCY

Assessing the risk of intense, strenuous physical activity in pregnancy is difficult. There is some evidence that women who exercise during pregnancy have improved cardiovascular function, limited weight gain and fat retention, improved attitude and mental state, easier and less complicated labor and enhanced postpartum recovery. There is no evidence that increased activity increases the risk of spontaneous abortion in uncomplicated pregnancies. There are, however, theo-



WARNING SIGNS TO TERMINATE EXERCISE WHILE PREGNANT

- Vaginal bleeding
- Shortness of breath before exercise
- Dizziness
- Headache
- Chest pain
- Calf pain or swelling
- Preterm labor
- Decreased fetal movement
- Amniotic fluid leakage
- Muscle weakness

retical risks to the fetus associated with increased core body temperatures that may occur with exercise, especially in the heat.

The fetus may benefit from exercise during pregnancy in several ways, including an increased tolerance for the physiologic stresses of late pregnancy, labor and delivery.

The safety of participation in individual sports by a pregnant woman should be dictated by the movements and physical demands required to compete in that sport and the previous activity level of the individual. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsava.

Exercise in the supine position after the first trimester may cause venous obstruction, and conditioning or training exercises in this position should be avoided. Sports with increased incidences of bodily contact (basketball, ice hockey, field hockey, lacrosse, soccer, rugby) or falling (gymnastics, equestrian, downhill skiing) are generally considered higher risk after the first trimester because of the potential risk of abdominal trauma. The student-athlete's ability to compete also may be compromised due to changes in physiologic capacity, and musculoskeletal issues unique to pregnancy. There is also concern that in the setting of intense competition a pregnant athlete will be less

likely to respond to internal cues to moderate exercise and may feel pressure not to let down the team.

The American College of Obstetrics and Gynecology states that competitive athletes can remain active during pregnancy but need to modify their activity as medically indicated and require close supervision.

If a student-athlete chooses to compete while pregnant, she should:

- Be made aware of the potential risks of her particular sport and exercise in general while pregnant;
- Be encouraged to discontinue exercise when feeling overexerted or when any warning signs (see page 91) are present;
- Follow the recommendations of her obstetrical provider in coordination with the team physician; and
- Take care to remain well-hydrated and to avoid overheating.

After delivery or pregnancy termination, medical clearance is recommended to ensure the student-athlete's safe return to athletics. (See Follow-up Examinations section of Guideline 1C.) The physiologic changes of pregnancy persist four to six weeks postpartum; however, there have been no known maternal complications from resumption of training. Care should be taken to individualize return to practice and competition.

REFERENCES

1. *Pregnant & Parenting Student-athletes: Resources and Model Policies*. 2009. NCAA.org/SSI.
2. American College of Obstetrics and Gynecology Committee on Obstetric Practice: *Exercise During Pregnancy and the Postpartum Period*. *Obstetrics and Gynecology* 99(1) 171-173, 2002.
3. American College of Sports Medicine: *Exercise During Pregnancy*. In: *Current Comment from the American College of Sports Medicine*, Indianapolis, IN, August 2000.
4. Clapp JF: *Exercise During Pregnancy, A Clinical Update*. *Clinics in Sports Medicine* 19(2) 273-286, 2000.

GUIDELINE 2R

THE STUDENT-ATHLETE WITH SICKLE CELL TRAIT

October 1975 • Revised June 2013

Sickle cell trait is not a disease and is not a barrier to exercise or participation in sport. It is the inheritance of one gene for normal hemoglobin (A) and one gene for sickle hemoglobin (S), giving the genotype AS. Sickle cell trait (AS) is not sickle cell anemia (SS), in which two abnormal genes are inherited. Sickle cell anemia causes major anemia and many clinical problems, whereas sickle cell trait causes no anemia and few clinical problems. Sickle cell trait will not turn into the disease. However, it is possible to have symptoms of the disease under extreme conditions of physical stress or low oxygen levels. In some cases, athletes with the trait have expressed significant distress, collapsed and even died during rigorous exercise.

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, the Caribbean, Mediterranean countries, India and Saudi Arabia. Sickle cell trait occurs in about 8 percent of the U.S. African-American population and rarely (between one in 2,000 and one in 10,000) in the Caucasian population. It is present in athletes at all levels, including high school, collegiate, Olympic and professional. Sickle cell trait is no barrier to outstanding athletic performance.

Sickle cell trait is generally benign and consistent with a long, healthy life. As they get older, some people with the trait become unable to concentrate urine nor-

mally, but this is not a key problem for college athletes. Most athletes complete their careers without any complications. However, there are three constant concerns that exist for athletes with sickle cell trait: gross hematuria, splenic infarction, and exertional rhabdomyolysis, which can be fatal.

Gross hematuria, visible blood in the urine, usually from the left kidney, is an occasional complication of sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Splenic infarction can occur in people with sickle cell trait, typically at altitude. The risk may begin at 5,000 feet and increases with rising altitude. Vigorous exercise (e.g., skiing, basketball, football, hiking, anaerobic conditioning) may increase the risk. Splenic infarction causes left upper quadrant or lower chest pain, often with nausea and vomiting. It can mimic pleurisy, pneumothorax, side stitch or renal colic. Splenic infarction at altitude has occurred in athletes with sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Exertional rhabdomyolysis can be life threatening. During intense exertion and hypoxemia, sickled red cells can accumulate in the blood. Dehydration worsens exertional sickling. Sickled red cells can "logjam" blood vessels in working muscles and provoke ischemic rhabdomyolysis. Exertional rhabdo-

NCAA fact sheets and video for coaches and student-athletes are available at NCAA.org/SSI.



BEST PRACTICES

The NCAA has published best practices for fall sports preseason periods throughout guidelines in this handbook on emergency care, preseason preparation and heat illness prevention.

myolysis is not exclusive to athletes with sickle cell trait. Planned emergency response and prompt access to medical care are critical components to ensure adequate response to a collapse or athlete in distress.

The U.S. armed forces linked sickle cell trait to sudden unexplained death during basic training. Recruits with sickle cell trait were about 30 times more likely to die than other recruits. The deaths were initially classified as either acute cardiac arrest of undefined mechanism or deaths related to heatstroke, heat stress or rhabdomyolysis. Further analysis showed that the major risk was severe exertional rhabdomyolysis, a risk that was about 200 times greater for recruits with sickle cell trait. Deaths among college athletes with sickle cell trait, almost exclusively in football dating back to 1974, have been from exertional rhabdomyolysis, including early cardiac death from hyperkalemia and lactic acidosis and later metabolic death from acute myoglobinuric renal failure.

In other cases, athletes have survived collapses while running a distance race, sprinting on a basketball court or football field, and running timed laps on a track. The harder and faster athletes go, the earlier and greater the sickling. Sickling can begin in only two to three minutes of sprinting, or in any other all-out exertion of sustained effort, thus quickly increasing the risk of collapse. Athletes with sickle cell trait cannot be “conditioned” out of the trait, and coaches pushing these athletes beyond their normal physiological response to stop and recover place these athletes at an increased risk for collapse.

An exertional collapse in a student-athlete with sickle cell trait can be a medical emergency. Even the fittest athletes can experience a collapse. Themes from the literature describe athletes with sickle cell trait experiencing ischemic pain and muscle weakness rather than muscular cramping or “locking up.” Unlike cardiac collapse (with ventricular fibrillation), the athlete who slumps to the ground from sickling can still talk. This athlete is typically experiencing major lactic acidosis, impending shock and imminent hyperkalemia from sudden rhabdomyolysis that can lead to life-threatening

complications or even sudden death. The emergent management of a collapsed athlete is covered in the references. In general, athletes with sickle cell trait may have more problems recovering during exercise or following a collapse and should be monitored closely.

Screening for sickle cell trait as part of the medical examination process is required in Division I, Division II and Division III institutions unless documented results of a prior test are provided to the institution or the student-athlete or prospective student-athlete declines the test and signs a written release. The references allude to growing support for the practical benefits of screening, and campuses that screen are increasing in frequency. Although sickle cell trait screening is normally performed on all U.S. babies at birth, many student-athletes may not know whether they have the trait.

Screening can be accomplished with a simple blood test that is relatively inexpensive. However, screening positives must be confirmed with additional diagnostic testing such as hemoglobin electrophoresis or high performance liquid chromatography (HPLC) to detect the specific hemoglobinopathies. If a test is positive, the student-athlete should be offered counseling on the implications of sickle cell trait, including health, athletics and family planning. Screening can be used as a gateway to targeted precautions.

Precautions can enable student-athletes with sickle cell trait to thrive in their sport. These precautions are outlined in the references and in a 2007 NATA Consensus Statement on Sickle Cell Trait and the Athlete. Knowledge of a student-athlete’s sickle cell status should facilitate prompt and appropriate medical care during a medical emergency.

Student-athletes with sickle cell trait should be knowledgeable of these precautions, and institutions should provide an environment in which these precautions may be activated. In general, these precautions suggest student-athletes with sickle cell trait should:

- Set their own pace.
- Engage in a slow and gradual preseason conditioning regimen to be prepared for sports-specific performance testing and the rigors of competitive intercollegiate athletics.
- Build up slowly while training (e.g., paced progressions).
- Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.

- Not be urged to perform all-out exertion of any kind beyond two to three minutes without a breather.
- Be excused from performance tests such as serial sprints or timed mile runs, especially if these are not normal sport activities.
- Stop activity immediately upon struggling or experiencing symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Access supplemental oxygen at altitude as needed.
- Seek prompt medical care when experiencing unusual distress.

REFERENCES

1. NATA Consensus Statement: *Sickle cell trait and the athlete*, June 2007.
2. Clarke CE, Paul S, Stilson M, Senf J: *Sickle cell trait preparticipation screening practices of collegiate physicians*. *Clin J Sport Med* 2007;16:440a
3. Eichner ER: *Sickle cell trait*. *J Sport Rehab* 2007;16:197-203.
4. Eichner ER: *Sickle cell trait and athletes: three clinical concerns*. *Curr Sports Med Rep* 2007;6:134-135.
5. Kark JA, Posey DM, Schumacher HR, Ruehle CJ: *Sickle-cell trait as a risk factor for sudden death in physical training*. *N Engl J Med* 1987;317:781-787.
6. Gardner JW, Kark JA: *Fatal rhabdomyolysis presenting as mild heat illness in military training*. *Milit Med* 1994;159:160-163.
7. Bergeron MF, Gannon JG, Hall EL, Kutlar A: *Erythrocyte sickling during exercise and thermal stress*. *Clin J Sport Med* 2004;14:354-356.
8. Eichner ER: *Sickle cell trait and the athlete*. *Gatorade Sports Science Institute Sports Science Exchange* 2006; 19(4):1-4.
9. Browne RJ, Gillespie CA: *Sickle cell trait: A risk factor for life-threatening rhabdomyolysis?* *Phys Sportsmed* 1993;21(6):80-88.
10. Dincer HE, Raza T: *Compartment syndrome and fatal rhabdomyolysis in sickle cell trait*. *Wisc Med J* 2005;104:67-71.
11. Makaryus JN, Catanzaro JN, Katona KC: *Exertional rhabdomyolysis and renal failure in patients with sickle cell trait: Is it time to change our approach?* *Hematology* 2007;12:349-352.
12. Mitchell BL: *Sickle cell trait and sudden death – bringing it home*. *J Nat Med Assn* 2007;99:300-305.

GUIDELINE 2S

SUN PROTECTION

June 2012

Exposure to sunlight or ultraviolet (UV) light has a profound effect on the skin causing damage, premature skin aging, eye damage, immune system suppression and skin cancer. Repeated unprotected exposure to the sun's UVA and UVB rays can lead to sunburns, cataracts (clouding of the eye lens), photoaging and skin wrinkling and can contribute to skin cancer.

Skin cancer is the most common type of cancer and is thought to account for half of all cancers. About 3.5 million cases of nonmelanoma skin cancer (basal cell or squamous cell cancers, the two most common types of skin cancer) are diagnosed each year. Melanoma, the third most common type of skin cancer, accounts for fewer than 5 percent of skin cancer cases but causes a majority of skin cancer deaths.

RISK FACTORS

Skin cancer is largely preventable by limiting exposure to the primary source of ultraviolet (UV) radiation, sunlight. Reducing exposure to the sun's UV rays can decrease the risk of sunburn, skin cancer and photoaging. People with high levels of exposure to UV radiation are at an increased risk for all three major forms of skin cancer. The U.S. Environmental Protection Agency (EPA) estimates that the sun causes 90 percent of nonmelanoma skin cancers. Approximately 65 to 90 percent of melanomas can be attributed to exposure to UV radiation, and because a substantial percentage of lifetime sun exposure occurs before age 20, UV light exposure during childhood and adolescence plays an important role in the development of skin cancer. Other risk factors include lighter natural skin color and skin that burns, freckles, reddens easily, or becomes painful in the sun; appearance of moles (particularly an increased number of moles or an atypical mole or changing mole); family history of skin cancer; increasing age; and use of artificial UV radiation (e.g. tanning beds). Environmental factors that increase the amount of UV radiation exposure are also of importance to note, including latitude (closer distance to the equator), higher altitude, light cloud coverage (UV rays can penetrate clouds, windshields, windows and light clothing) and the presence of materials that reflect the sun (e.g. snow, pavement, water and sand).

PREVENTION

Unprotected skin can be damaged by the sun's UV rays in as little as 15 minutes. Reducing exposure to the sun's UV rays can decrease the risk of skin damage and developing skin cancer. Wearing

RISK FACTORS

Primary Risk Factors

Exposure to UV radiation is the most important risk factor for developing skin cancer. Other risk factors include:

- Those who have had at least one severe, blistering sunburn.
- A lighter natural skin color and skin that burns, freckles, reddens easily or becomes painful in the sun.
- Appearance of moles (particularly, an increased number of moles or an atypical or changing mole).
- Total amount of sun exposure over a lifetime.
- Use of artificial UV radiation (e.g. tanning beds).
- Family history of skin cancer.
- Increasing age.

Environmental Risk Factors

The hours between 10 a.m. and 4 p.m. daylight saving time (9 a.m. to 3 p.m. standard time) are the most hazardous for UV exposure outdoors. Environmental factors that increase the amount of UV radiation exposure include:

- Latitude (closer distance to the equator).
- Higher altitude.
- Light cloud coverage (UV rays can get through clouds, windshields, windows and light clothing).
- The presence of materials that reflect the sun (e.g. snow, pavement, water and sand).





broad spectrum (UVA and UVB) sunscreens and/or clothing to protect as much skin as possible when exposed to the sun are key components of a comprehensive skin protection program. Sunscreens help to prevent UV radiation from reaching the skin; however, no sunscreen provides complete and total protection. Avoiding the sun during the midday hours provides additional defense against skin damage. However, if the sun cannot be avoided, implementation of alternative sun protection measures (e.g. seeking shade, wearing a hat, protective clothing, sunglasses and using sunscreen) is paramount. With the right precautions student-athletes and athletics staff can participate safely in outdoor athletics activities.

Research suggests a need for improved primary prevention of UV damage among NCAA student-athletes. According to research, fewer than 10 percent of collegiate student-athletes reported using sunscreen regularly, defined as at least three of the previous seven days. Fifty-three percent of U.S. adults were “very likely” to protect themselves from the sun by practicing at least one sun protection measure. Another study of 290 student-athletes from two NCAA universities found that 96 percent of respondents believed sunscreen would help protect them from skin cancer. Yet, 43 percent of the student-athletes surveyed reported never using sunscreen, 31 percent reported only using sunscreen one to three days per week, 18 percent reported using sunscreen four to six days per week, and 8 percent reported using sunscreen every day of the week.

More than 250,000 NCAA student-athletes participate in outdoor sports. Sun protection measures should not reduce student-athlete participation. Institutions may find it difficult to avoid scheduling activities around the midday hours or when UV radiation is most damaging. Institutions should focus their efforts on promoting other protection measures (e.g. seeking shade;

PROTECTIVE MEASURES

Primary protective measures that help reduce the risk for skin cancer:

- Avoiding the sun between 10 a.m. and 4 p.m.
- Wearing sun-protective clothing when exposed to the sun.
- Using a broad spectrum sunscreen with a sun-protection factor (SPF) greater than or equal to 30.
- Avoiding tanning beds and other artificial sources of UV light.

wearing a hat and protective clothing; and using sunscreen), which can be implemented without compromising athletics participation while gradually making feasible scheduling changes.

Research suggests improved availability of sunscreen increases use among collegiate athletes. A study of collegiate women golfers reported the application of sunscreen increased significantly when athletes had easy access to sunscreen during practice and competition, highlighting an opportunity to improve sun-protective behaviors. A study, which included 13 NCAA outdoor sports, found that the percentage of athletes who wore sunscreen increased significantly with the frequency of coaches or athletic administrators speaking with them about sun protection.

PERSONAL SUN PROTECTION RECOMMENDATIONS

- Liberally and evenly apply a golf ball-sized amount (palm full) of a broad-spectrum sunscreen evenly over all exposed areas. For those with thin or thinning hair, apply sunscreen to the scalp, as well.
- Apply a broad spectrum sunscreen with an SPF greater than 30 before going outdoors.

- Reapply sunscreen every two hours and after swimming, perspiring and toweling off.
- Always wear protective clothing before going outside:
 - Long-sleeve shirts or sun sleeves.
 - A wide-brimmed hat to shade the face, head, ears, and neck (at least a 2- to 3-inch brim all around is ideal).
 - Sunglasses that wrap around and block as close to 100 percent of both UVA and UVB rays as possible.
- Do not use tanning beds or other artificial sources of UV light.
- Maintain proper hydration.

RECOMMENDATIONS FOR ATHLETICS HEALTH CARE PROVIDERS AND ATHLETICS ADMINISTRATORS

- Serve as a sun safety role model.
- Promote a culture of sun safety and awareness.
- Educate student-athletes and athletics staff about UV protection and skin cancer prevention.
- Use the preparticipation examination as an opportunity to educate student-athletes and parents about skin damage and skin cancer prevention.
- Assess athletics staff and each team's sun exposure patterns and reinforce sun-safe behaviors.
- Provide sun protection resources to student-athletes, coaches, athletics staff, administrators and institutional staff.
- Advocate for sun protection policies and practices with appropriate athletics and institutional administrators.
- Improve access to sunscreen for student-athlete use at every outdoor practice and competition.
- Encourage sunscreen and protective clothing (e.g. long-sleeve shirts, hats and sunglasses) as indispensable during outdoor practice as sports equipment.
- Consider ultraviolet protection factor (UPF) clothing for outdoor practice and competition uniforms.
- Stay in the shade whenever possible and assist athletics staff in choosing locations with shade for outdoor activities. Seek alternative methods of shade such as tents, umbrellas and shade from buildings.
- Make sun protection behaviors routine so that wearing protective gear and taking time out to reapply sunscreen become as much a part of athletics practices and competitions as water breaks.

REFERENCES

1. Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). (2012). Skin cancer. Available at www.cdc.gov/cancer/skin/.
2. Chavez, Daniel. Young athletes and skin cancer risk. *Medical News Today*. MediLexicon, Intl., 16 Aug. 2005. Available online at www.medicalnewstoday.com/releases/29176.php.
3. Cohen PH, Tsai H, Puffer JC.: Sun-protective behavior among high-school and collegiate athletes in Los Angeles, CA. *Clin J Sport Med*, 16(3):253-60, 2006 May.
4. Dubas, LE, Adams, BB., Department of Dermatology, University of Cincinnati, Cincinnati, Ohio.: Sunscreen use and availability among female collegiate athletes. *J Am Acad Dermatol*, 2012 Feb.
5. Hamant, ES, Adams BB.: Sunscreen use among collegiate athletes. *J Am Acad Dermatol*, 53(2):237-41, 2005 Aug.
6. Miller, NS. NCAA athletes not using sunscreen. *Skin & Allergy News Digital Network* 10 Nov. 2011. Available online at www.skinandallergynews.com/single-view/ncaa-athletes-not-using-sunscreen/c1452aba0b.html.
7. The Nemours Foundation. (2012). Sun safety. Available at http://kidshealth.org/parent/firstaid_safe/outdoor/sun_safety.html.
8. Rogers HW, et al.: Incidence estimate of nonmelanoma skin cancer in the United States, 2006. *Arch Dermatol*, 46(3):283-287, 2010.
9. United States Environmental Protection Agency. The SunWise Program. (2012). Available at www.epa.gov/sunwise/.

GUIDELINE 2T

EXERTIONAL RHABDOMYOLYSIS

July 2013

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Randy Eichner in the revision of this guideline.

Rhabdomyolysis is breakdown of skeletal muscle. In common use, however, rhabdomyolysis connotes an acute clinical syndrome of major muscle breakdown and leakage into the bloodstream of muscle contents (electrolytes, myoglobin, other proteins) as reflected by a sharp rise in serum creatine kinase (CK). The many causes of rhabdomyolysis can be categorized as: 1) trauma; 2) muscle hypoxia; 3) genetic defects; 4) infections; 5) body temperature changes; 6) metabolic or electrolyte disturbances; 7) drugs or toxins; and 8) exercise. This guideline focuses on rhabdomyolysis from exercise, or exertional rhabdomyolysis (ER). The first case series of ER was in 1960 in Marines doing squat jumps. ER also occurs in police and firefighter trainees, in overeager weightlifters and novice extreme exercise participants, in prisoners who overexert, in fraternity men who endure exercise hazing, in school kids pushed too hard in physical education class, and in recreational athletes who overdo it in training or competition. This guideline will focus on the NCAA student-athlete.

RECOGNITION

Exertional rhabdomyolysis occurs in the setting of strenuous exercise and can range from mild to severe. Clinical signs are often nonspecific: muscle pain, soreness, stiffness, and, in severe cases, weakness, loss of

mobility, and swollen, tender muscles. Severe ER is far more problematic than the milder form known as delayed onset muscle soreness (DOMS), in which muscles become sore and stiff in the first few days after a bout of unaccustomed, moderately strenuous exercise. DOMS is rarely a clinical problem and tends to be self-limited with only relative rest or a cutback in level of training. An even milder form of ER is the physiologic breakdown of muscle that commonly occurs while athletes train. This physiological muscle adaption to exercise overload has few or no symptoms, or only mild muscle symptoms that are generally ignored by the athlete, and so is manifest only by an elevation in serum creatine kinase (CK) – a condition sometimes called hyperCKemia.

Unlike hyperCKemia or DOMS, severe ER is a major health concern for any athlete. A challenge to the early recognition of ER for the athlete and clinician is that signs and symptoms of it during the triggering bout of intense exercise can be few and subtle. But there are clues that coaches and athletic trainers can watch for outlined by case examples involving team outbreaks. Importantly, signs and symptoms of severe ER can begin in the first few hours after the triggering exercise bout and tend to peak over the subsequent two days.

SEVERE EXERTIONAL RHABDOMYOLYSIS

The clinical diagnosis of severe exertional rhabdomyolysis soon after an overly intense exercise bout is a physician's judgment call that hinges in part on the fol-

SERIAL POSTURES OF EXERTIONAL COLLAPSE



- Athletes in active recovery to early fatigue: continue rehydration, rest intervals, cooling and controlled breathing.
- Athletes who are showing signs of physical distress should be allowed to set their own pace while conditioning. Instruct athletes to rest while experiencing symptoms as they may soon feel better and be ready to continue. If symptoms reoccur or progress, the athlete should stop exercise and be assessed by a health care provider.
- Athletes unable to stand on their own from a kneeling position or having trouble walking normally during recovery should raise suspicion of distress, and additional medical intervention should be considered.

lowing features that help separate severe ER from the overlapping but milder DOMS:

- Muscle pain more severe and sustained than expected.
- Swelling of muscles and adjacent soft tissues.
- Weak muscles, especially in hip or shoulder girdle.
- Limited active and passive range of motion.
- Brown (“Coca-Cola”) urine from myoglobin.

The clinical diagnosis of ER is commonly confirmed by documenting an elevated serum creatine kinase level. This raises the question of how to interpret CK levels. Several variables must be considered.

First, men tend to have CK levels about twice as high as women, and African-American men tend to have CK levels about twice as high as white men. These gender and ethnic differences in baseline CK level may in part reflect differences in muscle mass, muscle-fiber type and habits of physical activity.

Second, athletes tend to have CK levels higher than nonathletes, and CK can vary by sport and stage of training. For example, in a study of 12 Division I football players during two-a-days, mean CK was normal at the start (about 200 U/L), but by Day 4 had risen 25-fold (to about 5,000 U/L). Despite this sharp rise in CK level, all 12 players practiced football throughout the 10-day study without complications.

Third, there can be a wide range of serum CK elevation among exercising athletes. This was seen in the above football study, and is even more striking in laboratory studies that control the type and duration of exercise. For example, when college men perform the same bout of elbow-flexor exercise, the peak CK response can vary 100-fold, from about 250 U/L to about 25,000 U/L.

Fourth, the rate of rise in CK levels can vary in developing exertional rhabdomyolysis cases. This rate can be slow, over three to four days to a peak CK, as in the elbow-flexor exercise studies; or it can be rapid, as in exertional collapse in athletes or soldiers with sickle cell trait (SCT), where serum CK can reach 100,000 U/L in a few hours and exceed 1 million U/L by the next day.

Given these variables, what level of CK confirms ER that requires action? The U.S. military advises the following action for severe muscle pain if the CK is five times the upper limit of normal (ULN): oral hydration, relative rest and re-evaluation the next day. If the CK is greater than

CASE 1: FOOTBALL

Thirteen football players were hospitalized for ER following the first team workout after their three-week winter break. The workout was characterized as some upper body work and sled pushing with 100 timed back squats at 50 percent top weight for one repetition. The institution’s investigative committee concluded that the back squats were the likely cause of the ER and said that coaches told the players that the workout would be a tough challenge that “would demonstrate who wanted to be on the team.” Within the first two days, players reported with dark urine and severe leg pain, with complaints of difficulty putting on shoes or climbing stairs. These symptoms continued for days until ER was diagnosed in the players. All athletes went home over the next few days as symptoms subsided, and all but one returned to play within the next few weeks.

Another football team outbreak of ER occurred in January out-of-season training at a Division I institution. It was similar in some ways to the previously mentioned outbreak, occurring soon after a winter break transition period and including an intense back-squat drill. Up to five players developed ER, and one player had bilateral fasciotomy for thigh compartment syndrome.

5,000 U/L, the military advises referral to a medical treatment facility for full clinical and laboratory evaluation, intravenous hydration and possible hospital admission. These low CK values for clinical action cast a wide safety net but seem to conflict with research on ER in basic military training (BMT). In a recent study of 499 recruits during two weeks of BMT in hot and cool climates, none developed “clinically significant” ER (defined by muscle weakness, elevated CK, and myoglobin in serum or urine), although muscle pain and soreness were common, and nearly 90 percent of recruits had elevations in CK. At Day 7 of BMT, the range in CK levels was wide, from about 55 U/L to about 35,000 U/L; just more than 25 percent of the recruits had a CK greater than five times the ULN, and just more than 10 percent had a CK greater than 10 times the ULN.

The military researchers concluded that any ER in recruits in BMT is not “clinically significant” if there is no muscle weakness or swelling, no myoglobin in the urine,

no laboratory evidence of acute kidney injury (AKI) or electrolyte imbalance, and if the CK is less than 50 times the ULN. If this can be translated to sports medicine, given that the ULN for CK tends to be about 200-250 U/L, then any ER in an athlete is not necessarily “clinically significant” if the serum CK is less than 10,000-12,500 U/L. This may be true, but it casts too narrow a safety net, because in fulminant ER from exertional collapse in the athlete with sickle cell trait, for example, the initial CK in the emergency room can be less than 1,000 U/L, but the CK can increase exponentially in a few hours to 50,000-100,000 U/L. The bottom line is that wise and timely clinical decisions in athletes with ER are not easy and require informed physician judgment. Some lessons can be learned from recent NCAA team outbreaks of ER.

LESSONS FROM TEAM OUTBREAKS: 10 FACTORS THAT CAN INCREASE THE RISK OF EXERTIONAL RHABDOMYOLYSIS

1. Athletes who try the hardest — give it their all to meet the demands of the coach (externally driven) or are considered the hardest workers (internally driven).
2. Workouts not part of a periodized, progressive performance enhancement program (e.g., workouts not part of the annual plan).
3. Novel workouts or exercises immediately following a transitional period (winter/spring break).
4. Irrationally intense workouts intended to punish or intimidate a team for perceived underperformance, or to foster discipline and “toughness.”
5. Performing exercise to muscle failure during the eccentric phase of exercise such as repetitive squats (e.g. the downward motion of squats) and then pushed beyond to continue.
6. Focusing a novel intense drill/exercise on one muscle with overload and fast repetitions to failure.
7. Increasing the number of exercise sets and reducing the time needed to finish (e.g., 100 squats, timed runs, station drills).
8. Increasing the amount of weight lifted as a percentage of body weight.
9. Trying to “condition” athletes into shape in a day or even over several days, especially with novel exercises or loads.



10. Conducting an unduly intense workout ad hoc after a game loss and/or perceived poor practice effort.

RISK FACTORS FOR ER

Exertional rhabdomyolysis in an NCAA team athlete is commonly linked to three conditions:

- Novel overexertion.
- Exertional heatstroke.
- Exertional collapse with complications in athletes with sickle cell trait.

Novel overexertion is the single most common cause of exertional rhabdomyolysis and is characterized as too much, too soon, and too fast. Team outbreaks of ER in NCAA athletes (refer to case examples) have similarities of irrationally intense workouts designed and conducted by coaches and/or strength and conditioning personnel.

Consistent factors in military service ER cases include low baseline fitness and repetitive eccentric exercises.

Eccentric exercise is when a muscle contracts as an external force tries to lengthen it. Examples include downhill running, squats, push-ups, sit-ups, pull-ups, chair dips, plyometrics and lowering weights. Even though almost every athletic workout has an eccentric component, ER often occurs when exertion is pushed beyond the point at which fatigue would normally compel an individual to stop, such as what can occur during group exercise under demanding supervision or peer pressure.

Exertional heatstroke (EHS) and ER share common risk factors such as history of prior heat illness, elevated environmental heat and humidity, dehydration, or the abuse of stimulants. ER can accompany EHS but is rarely if ever the vital problem. Deaths in EHS are from heat damage to vital organs; the victim dies with some ER, but not directly from ER. In contrast, sickle cell trait is a critical risk factor for ER as deaths have been attributed directly to a seemingly unrecoverable metabolic cascade of ER. How to approach both EHS and sickle cell trait are covered in separate guidelines elsewhere in this handbook.

Other risk factors for ER are either rare or would preclude top athleticism in the first place. These include a severe viral invasion of the muscles, gravely low blood potassium, or an inborn metabolic myopathy. Among the drugs considered risk factors for ER, special consideration should be given to stimulants and pre-workout supplements.

Novel overexertion is by far the most common cause of ER; with early diagnosis and proper therapy, this condition is benign. For example, a recent brief review reported nearly 400 cases of ER (absent EHS or SCT) from novel overexertion in soldiers, athletes or other young people. All were benign. In sharp contrast, both EHS and exertional sickling can be fatal. However, ER from novel overexertion can lead to mild AKI, and/or muscle compartment syndrome, which if not treated promptly can lead to long-term disability.

It is vital that all coaches, strength and conditioning personnel, and athletic trainers prevent ER from novel overexertion, recognize it early and activate their emergency action plan while notifying the team physician for full clinical and laboratory assessment, rehydration to ensure good urine output, pain relief, and monitoring for acute compartment syndrome. After treatment for ER, the physician must assess the athlete for risk of recurrence, consider further testing, and decide on

CASE 2: FOOTBALL SUMMER CAMP

A team outbreak of ER occurred in a small high school. A new football coach introduced an intense, novel, triceps-focused drill, alternating chair dips and push-ups on the first day of a summer camp. This reported workout involved five consecutive bouts, with fast repetitions, competitive motivation and no rest periods. Over the next few days, half of the team members went to the hospital for ER, 12 were admitted, and three had surgery (fasciotomy) to release triceps muscle compartments under high pressure from the ER (compartment syndrome). The risk of ER was higher in the harder working players.

CASE 3: SWIMMING

On a Day 1 practice after a summer break, the 41 members of a Division I swim team met a new coach and a new, grueling drill before their usual two hours of swimming. The drill was as many push-ups as possible in a minute, followed by as many body squats as possible in a minute, with the sequence repeated for 10 minutes. Other upper body workouts continued on Days 2-3, along with swim practice. Beginning on Day 2 and continuing on subsequent days, several swimmers, men and women, presented with severe pain, swelling, and limited motion of the triceps and pectoral muscles, and dark urine. All were hospitalized. All went home in three to six days as their symptoms subsided, and all returned to college swimming.

when, if and under what conditions the athlete can safely return to play. A three-phase return-to-play guideline is recommended for athletes deemed as low risk for recurrence (refer to O'Conner et al reference). Athletes with recurrent rhabdomyolysis or cramping should seek additional testing by a specialist.

TIPS FOR PREVENTION AND EARLY RECOGNITION OF ER FROM NOVEL OVEREXERTION

- **Moderation.** Avoid too much, too soon, too fast. Educate everyone in the athletics department conducting exercise sessions – especially the

CASE 4: LACROSSE

On Day 1, after a three-month hiatus, a women's NCAA lacrosse team did three sets of 20 biceps curls with weights. The next day, several of them had painful, stiff, swollen biceps muscles. They gradually improved and by three weeks were back to full participation. They all completed the competitive season.

CASE 5: LACROSSE

An outbreak of ER in NCAA women's lacrosse occurred after a team lost its first game of the season. The student-athletes' next workout was reported to focus on the upper body and was new to them, with limited recovery on subsequent days. Exercises included many pull-ups, chin-ups and dips. Subsequent complaints included arms feeling "prickly, tingly" and being shaky and stiff; difficulty raising arms overhead to catch balls; and difficulty driving because of sore and stiff arms. Athletes experienced dark urine and were hospitalized for ER three days after the initial workout. All went home over the next three to five days, and all but one soon returned to lacrosse. The athlete who did the most pull-ups had the worst and longest course of ER.

coaches/strength and conditioning personnel – on all aspects of exertional rhabdomyolysis from novel overexertion and the additive effect of all physical exertion on the athlete.

- Strength and conditioning workouts are the highest risk rather than sport skills, drills or competitions. Group workouts in general can be risky if they drive all athletes at the same pace and intensity. Sometimes the athlete who tries the hardest to meet the demands of his/her coach suffers the worst ER.
- Avoid high-intensity conditioning workouts after vacations or seasonal breaks or on returning from injury. Athletes cannot be "conditioned into shape" in a day.
- The design of a workout should reflect a collaborative effort between a strength and conditioning coach and medical staff. However, athlete safety assumes the individual conducting the exercise sessions takes reasonable actions to allow recovery and prevent exertional collapse.
- All training programs should start slowly, build gradually, include adequate rest, and allow for individual differences. Avoid reckless intensity in an effort to make everyone bigger, stronger and faster.
- Workouts are meant to improve fitness, skills and athletic performance. They should be rational, physiologic and sport-specific. Avoid the use of additive physical activity as punishment or for building toughness.
- Athlete's physical readiness changes day to day. Encourage athletes to set their own pace or at least communicate with them frequently to learn if undue symptoms are developing. As the workout ends, watch them closely and ask them how they feel. Athletes who are showing signs of physical distress should be allowed to set their own pace while conditioning.
- Fluids should be regularly available, and frequent breaks should be scheduled.
- Set the right tone. Workouts are to enhance performance, not to punish or intimidate. Never use exercise as a form of punishment in an athlete experiencing physical distress. Athletes should feel free to report any symptom at any time and obtain immediate help. Athletic trainers should be authorized to step in to provide care for an athlete in distress at any time without retribution.
- Encourage athletes to read their body, cut back or stop if they start to struggle, and report immediately any concerning symptom, especially any peculiar, atypical or undue muscle discomfort, pain, swelling, stiffness or weakness.
- Post a urine-color chart in the locker room, athletic training room, and near urinals and restroom stalls. Athletes should report dark urine immediately.
- If one athlete on a team develops early signs or symptoms of possible ER, evaluate all members of the team who participated in the exercise session for ER.
- Design, file and practice an emergency action plan (EAP) for exertional heatstroke (EHS) and for exertional sickling in sickle cell trait (SCT). Coaches should be ready to intervene when athletes show signs of distress. Minutes count in these life-threatening emergencies. See the guidelines in this handbook on EAP, EHS and SCT.
- If you suspect that an athlete is developing ER from novel overexertion (absent EHS or SCT), the EAP should be activated, and the team physician should be promptly notified.

REFERENCES

1. Bosch X, Poch E, Grau JM. Rhabdomyolysis and acute kidney injury. *NEJM* 2009;361:62-72.
2. Ehlers GG, Ball TE, Liston L. Creatine kinase levels are elevated during 2-a-day practices in collegiate football players. *J Athl Train* 2002;37:151-56.
3. Eichner ER. An outbreak of muscle breakdown: A morality play in four acts. *Curr Sports Med Rep* 2010;9:325-26.
4. Eichner ER. Rhabdo redux: "Don't know much about history." *Curr Sports Med Rep* 2011;10:174-75.
5. Galvez G, Stacy J, Howley A. Exertional rhabdomyolysis in seven Division-1 swimming athletes. *Clin J Sport Med* 2008;18:366-68.
6. Hill OT, Wahi MM, Carter R, et al. Rhabdomyolysis in the US active duty Army, 2004-2006. *Med Sci Sports Exerc* 2012;44:442-49.
7. Kenney K, Landau ME, Gonzalez RS, et al. Serum creatine kinase after exercise: Drawing the line between physiologic response and exertional rhabdomyolysis. *Muscle Nerve* 2012;45:356-62.
8. Landau ME, Kenney K, Deuster P, Campbell R. Exertional rhabdomyolysis: A clinical review with a focus on genetic influences. *J Clin Neuromusc Dis* 2012;13:122-36.
9. Mougios V. Reference intervals for serum creatine kinase in athletes. *Br J Sports Med* 2007;41:674-78.
10. Oh JY, Laidler M, Fials SC, Hedberg K. Acute exertional rhabdomyolysis and triceps compartment syndrome during a high school football camp. *Sports Health* 2012;4:57-62.
11. O'Conner FG, Brennan FH, Campbell, W, Heled Y, Deuster, P. Return to physical activity after exertional rhabdomyolysis. *Current Sports Medicine Reports* 2008;7:328-331.
12. Smoot MK, Amendola A, Cramer E, et al. A cluster of exertional rhabdomyolysis affecting a Division 1 football team. *Clin J Sport Med* 2013;0:1-8 (Published ahead of print).

3 EQUIPMENT



GUIDELINE 3A

PROTECTIVE EQUIPMENT

June 1983 • Revised June 2007

Rules governing mandatory equipment and equipment use vary by sport. Athletics personnel should be familiar with what equipment is mandatory by rule and what constitutes illegal equipment; how to wear mandatory equipment during the contest; and when to notify the coaching staff that the equipment has become illegal during competition. Athletics personnel involved in sports with established equipment standards should adhere to those standards.

American Society for Testing and Materials (ASTM) International is one organization that creates specifications, test methods and practices for sports equipment, surfaces and facilities to reduce inherent risk of injuries. The National Operating Committee

on Standards for Athletic Equipment (NOCSAE) mark on a helmet or Hockey Equipment Certification Council (HECC) seal on an ice hockey face mask indicates that the equipment has been tested by the manufacturer in accordance with NOCSAE or HECC test standards. By keeping a proper fit, by not modifying its design, and by reporting to the coach or equipment manager any need for its maintenance, the student-athlete also is complying with the purpose of the standard.

The following list of mandatory equipment and rules regarding protective equipment use is based on NCAA sports rules. The most updated information should be obtained from relevant NCAA rules committees.



MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
1. Baseball	<ol style="list-style-type: none"> 1. A double ear-flap protective helmet while batting, on deck and running bases. Helmets must carry the NOCSAE mark. 2. All catchers must have a built-in or attachable throat guard on their masks. 3. All catchers are required to wear a protective helmet when fielding their position. 	None
2. Basketball	None	<p>Elbow, hand, finger, wrist or forearm guards, casts or braces made of fiberglass, plaster, metal or any other nonpliable substance shall be prohibited. Pliable (flexible or easily bent) material covered on all exterior sides and edges with no less than ½-inch thickness of a slow-rebounding foam shall be used to immobilize and/or protect an injury. The prohibition of the use of hard-substance material does not apply to the upper arm, shoulder, thigh or lower leg if the material is padded so as not to create a hazard for other players. Equipment that could cut or cause an injury to another player is prohibited, without respect to whether the equipment is hard. Equipment that, in the referee's judgment, is dangerous to other players, may not be worn.</p>
3. Fencing	<ol style="list-style-type: none"> 1. Masks with meshes (space between the wires) of a maximum of 2.1 millimeters and from wires with a minimum gauge of 1 millimeters diameter. 2. Gloves, of which the gauntlet must fully cover approximately half the forearm of the competitor's sword arm. 3. Jacket or vest and metallic lames. 4. Ladies' chest protectors made of metal or some other rigid material. 5. Underarm protector. 	
4. Field Hockey	<ol style="list-style-type: none"> 1. The following equipment is permitted for use only by goalkeepers: body and wrap-around throat protectors, pads, kickers, gauntlet gloves, helmet incorporating fixed full-face protection and cover for the head, and elbow pads. 2. Mouthguards for all players including goalkeepers. 3. Wrap-around throat protector and helmet for player designated as a "kicking back." In the event of a defensive penalty corner, the "kicking back" must also wear a chest protector and distinguishing jersey. 	<p>Players shall not wear anything that may be dangerous to other players. Players have the option of wearing soft headgear subject to game official approval.</p>

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
5. Football	<ol style="list-style-type: none"> 1. Soft knee pads at least ½-inch thick that are covered by pants. It is strongly recommended that they cover the knees. No pads or protective equipment may be worn outside the pants. 2. Face masks and helmets with a secured four- or six-point chin strap. All players shall wear helmets that carry a warning label regarding the risk of injury and a manufacturer's or reconditioner's certification indicating satisfaction of NOCSAE test standards. 3. Shoulder pads, hip pads with tailbone protectors and thigh guards. 4. An intra-oral mouthpiece of any readily visible color (not white or transparent) with FDA-approved base materials (FDCS) that covers all upper teeth. It is recommended that the mouthpiece be properly fitted. 	<p>Illegal equipment includes the following:</p> <ol style="list-style-type: none"> 1. Equipment worn by a player, including artificial limbs, that would endanger other players. 2. Hard, abrasive or unyielding substances on the hand, wrist, forearm or elbow of any player, unless covered on all exterior sides and edges with closed-cell, slow-recovery foam padding no less than ½-inch thick, or an alternate material of the same minimum thickness and similar physical properties. Hard or unyielding substances are permitted, if covered, only to protect an injury. Hand and arm protectors (covered casts or splints) are permitted only to protect a fracture or dislocation. 3. Thigh guards of any hard substances, unless all surfaces are covered with material such as closed-cell vinyl foam that is at least ¼-inch thick on the outside surface and at least ⅜-inch thick on the inside surface and the overlaps of the edges; shin-guards not covered on both sides and all edges with closed-cell, slow-recovery foam padding at least ½-inch thick, or an alternate material of the same minimum thickness having similar physical properties; and therapeutic or preventive knee braces, unless worn under the pants and entirely covered from direct external exposure. 4. Projection of metal or other hard substance from a player's person or clothing.
6. Gymnastics	None	None
7. Ice Hockey	<ol style="list-style-type: none"> 1. Helmet with chin straps securely fastened. It is recommended that the helmet meet HECC standards. 2. An intra-oral mouthpiece that covers all the upper teeth. 3. Face masks that have met the standards established by the HECC-ASTM F 513-89 Eye and Face Protective Equipment for Hockey Players Standard. 	<ol style="list-style-type: none"> 1. The use of pads or protectors made of metal or any other material likely to cause injury to a player is prohibited. 2. The use of any protective equipment that is not injurious to the player wearing it or other players is recommended. 3. Jewelry is not allowed, except for religious or medical medals, which must be taped to the body.
8. Women's Lacrosse	<ol style="list-style-type: none"> 1. The goalkeeper must wear a helmet with face mask, separate throat protector, a mouthpiece and a chest protector. 2. All field players shall wear properly an intra-oral mouthpiece that covers all upper teeth. 3. All field players shall wear protective eyewear that meets current ASTM lacrosse standards (effective January 1, 2005). 	<p>Protective devices necessitated on genuine medical grounds must be approved by the umpires. Close-fitting gloves, nose guards, eye guards and soft headgear may be worn by all players. These devices must create no danger to other players.</p>

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
9. Men's Lacrosse	<ol style="list-style-type: none"> 1. Protective helmet that carries the NOCSAE mark, equipped with face mask and chin pad, with a cupped four-point chin strap (high-point hookup). 2. Intra-oral mouthpiece that covers all the upper teeth and is yellow or any other highly visible color. 3. Protective gloves, shoulder pads, shoes and jerseys. Shoulder pads shall not be altered. 4. Throat protector and chest protector are required for the goalie. 	<ol style="list-style-type: none"> 1. A player shall not wear any equipment that, in the opinion of the official, endangers the individual or others. 2. The special equipment worn by the goalkeeper shall not exceed standard equipment for a field player, plus standard goalkeeper equipment, which includes shinguards, chest protectors and throat protectors.
10. Rifle	Shooters and range personnel in the immediate vicinity of the range required to wear hearing protection during smallbore. Shooters are urged to wear shatterproof eye protection.	None
11. Soccer	Players shall wear shinguards under the stockings in the manner intended, without exception. The shinguards shall be professionally manufactured, age and size appropriate and not altered to decrease protection. The shinguards must meet NOCSAE standards.	<ol style="list-style-type: none"> 1. A player shall not wear anything that is dangerous to another player. 2. Knee braces are permissible provided no metal is exposed. 3. Casts are permitted if covered and not considered dangerous. 4. A player shall not wear any jewelry of any type whatsoever. Exception: Medical alert bracelets or necklaces may be worn but must be taped to the body.
12. Skiing	Helmets manufactured for ski racing are required in all Alpine events and event training.	None
13. Softball	<ol style="list-style-type: none"> 1. Catchers must wear foot-to-knee shin-guards; NOCSAE-approved protective helmet with face mask and built-in or attachable throat guard; and chest protector. 2. An NOCSAE-approved double-ear flap protective helmet must be worn by players while batting, running the bases or warming up in the on-deck circle. 	Casts, braces, splints and prostheses must be well-padded to protect both the player and opponent and must be neutral in color. If worn by a pitcher, they cannot be distracting on the nonpitching arm. If worn on the pitching arm, they may not cause safety risk or unfair competitive advantage.
14. Swimming and Diving	None	None
15. Track and Field	Pole vault box collar pad that meets ASTM standard beginning December 1, 2013.	<ol style="list-style-type: none"> 1. No taping of any part of the hand, thumb or fingers will be permitted in the discus and javelin throws, and the shot put, except to cover or protect an open wound. In the hammer throw, taping of individual fingers is permissible. Any taping must be shown to the head event judge before the event starts. 2. In the pole vault, the use of a forearm cover to prevent injuries is permissible.

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
16. Volleyball	None	<ol style="list-style-type: none"> 1. It is forbidden to wear any object that may cause an injury or give an artificial advantage to the player, including but not limited to headgear, jewelry and unsafe casts or braces. Religious medallions or medical identifications must be removed from chains and taped or sewn under the uniform. 2. All jewelry must be removed. Earrings must be removed. Taping of earrings or other jewelry is not permitted. 3. Hard splints or other potentially dangerous protective devices worn on the arms or hands are prohibited, unless padded on all sides with at least ½-inch thick slow rebounding foam.
17. Water Polo	Cap with protective ear guards.	None
18. Wrestling	Protective ear guard.	<ol style="list-style-type: none"> 1. Anything that does not allow normal movement of the joints and prevents one's opponent from applying normal holds shall be barred. 2. Any legal device that is hard and abrasive must be covered and padded. Loose pads are prohibited. It is recommended that all wrestlers wear a protective mouthguard. 3. Jewelry is not allowed.

GUIDELINE 3B

EYE SAFETY IN SPORTS

January 1975 • Revised August 2013

Eye injuries in sports are relatively frequent, sometimes catastrophic, and almost completely preventable with the use of appropriate protective devices. A sports eye protector may be a spectacle, a goggle, a face-supported protector, or a protector attached to a helmet. It comes with or without lenses, is capable of being held securely in place and may protect the face as well as the eyes. Some forms can be worn over regular glasses. Sports eye protectors are specially designed, fracture-resistant units that comply with the American Society for Testing and Materials (ASTM), or the National Operating Committee on Standards for Athletic Equipment (NOCSAE) standards for specific sports.

Approximately one-third of all people participating in sports require corrective lenses to achieve the visual acuity necessary for proper and safe execution of their particular sports activity. Athletes who need corrective eyewear for participation should use lenses and frames that meet the appropriate safety standards. At this time, polycarbonate plastic is the only clear lens material that has been tested for sports and is recommend-

ed for all sports with the potential for impact. Other impact-resistant lens materials may be available in the near future. Contact lenses are not capable of protecting the eye from direct blows. Student-athletes who wear contact lenses for corrective vision should wear appropriate sports safety eyewear for ocular protection.

Sports with a moderate to high risk of eye injury include basketball, baseball, softball, lacrosse, field hockey, ice hockey, fencing, rifle, tennis, soccer, volleyball, water polo, football, golf and wrestling.

The most common sports vision concerns include:

1. **Protection:** Athletes' eyes need certified sports protective eyewear that will protect against injury with lenses that protect from impact and ultra-violet light.
2. **Correction:** Spectacle wearers require sports protective eyewear that also will correct their vision, while contact-lens wearers may need a different lens than their everyday one.



- 3. Vision enhancement:** Athletes may desire help enhancing their binocularity or depth perception.

The American Academy of Ophthalmology recommends that head, face and eye protection should be certified by either the Hockey Equipment Certification Council (HECC — www.hecc.net), the National Operating Committee on Standards for Athletic Equipment (NOCSAE), or the Canadian Standards Association (CSA — www.csa-international.org/). The cited websites will have more specific information on these standards. Certification ensures that the protective device has been properly tested to current standards.

Protective eyewear should be considered for all sports that have a projectile object (ball/stick) whose size and/or speed could potentially cause ocular damage. Eye protection is especially important for functionally one-eyed sports participants (whose best corrected vision in their weaker eye is 20/40 or worse). Eye protection devices are designed to significantly reduce the risk of injury but can never provide a guarantee against such injuries.

SUMMARY

1. Appropriate for eye protection in sports:
 - a. Safety sports eyewear that conforms to the requirements of the American Society for Testing and Materials (ASTM) Standard F803 for selected sports (racket sports, basketball, women's lacrosse and field hockey).
 - b. Sports eyewear that is attached to a helmet or is designed for sports for which ASTM F803 eyewear alone provides insufficient protection. Those for which there are standard specifications include skiing (ASTM 659) and ice hockey (ASTM F513). Other protectors with NOCSAE standards are available for football and men's lacrosse.
2. Not appropriate for eye protection in sports:
 - a. Streetwear (fashion) spectacles that conform to the requirements of American National Standards Institute (ANSI) Standard Z80.3.
 - b. Safety eyewear that conforms to the requirements of ANSI Z87.1, mandated by OSHA for industrial and educational safety eyewear.

3. Vinger PF: *The Eye and Sports Medicine*. In Duane TD, Jaeger EA (eds): *Clinical Ophthalmology*, vol. 5, chapter 45, J.B. Lippincott, Philadelphia, PA 1994.
4. Vinger PF, Parver L, Alfaro DV, Woods T, Abrams BS. Shatter resistance of spectacle lenses. *JAMA* 1997; 277:142-144.
5. Vinger PF. A practical guide for sports eye protection. *Physician and Sportsmedicine*, 2000;28:49-69.
6. *Play hard—play safe*. San Francisco, CA: *American Academy of Ophthalmology*, 2001.

REFERENCES

1. *Prevent Blindness America: 1998 Sports and Recreational Eye Injuries*. Schaumburg, IL: *Prevent Blindness America*; 1999.
2. Napier SM, Baker RS, Sanford DG, et al.: *Eye Injuries in Athletics and Recreation*. *Survey of Ophthalmology* 41:229-244, 1996.

GUIDELINE 3C

MOUTHGUARDS

January 1986 • Revised August 2007

The NCAA has mandatory equipment rules, including the use of mouthguards for selective sports. Various studies of “properly fitted mouthguards” indicate that they may reduce dental injuries when blows to the jaws or head are received.

The American Dental Association has urged the mandatory use of mouthguards for those engaged in athletics activities that involve body contact and endorsed their use “in sporting activities in which a significant risk of oral injury may occur.” It is important when considering the optimum protection for an athlete that a thorough medical history be taken and the demands of his or her position and sporting activity be considered.

Specific objectives for the use of “properly fitted mouthguards” as protective devices in sports are as follows:

1. “Properly fitted mouthguards” could reduce the potential chipping of tooth enamel surfaces and reduce fractures of teeth, roots or bones.
2. “Properly fitted mouthguards” could protect the lip and cheek tissues from being impacted and lacerated against tooth edges.

3. “Properly fitted mouthguards” could reduce the incidence of a fractured jaw caused by a blow delivered to the chin or head.
4. “Properly fitted mouthguards” could provide protection to toothless spaces, so support is given to the missing dentition of the student-athlete.

Stock, mouth-formed and custom-fitted are three types of mouthguards recognized by the American Dental Association. All need to be properly fitted for maximum protection. Student-athletes should be advised as to which “properly fitted mouthguard” is best for them and how it is best maintained to ensure the maximum fit and protection for daily practices and game-day wear. Medical staff personnel should regularly oversee and observe the student-athletes and the “properly fitted mouthguards.”

In order to realize fully the benefits of wearing a mouthguard, the coach, student-athlete and medical staff need to be educated about the protective functions of a mouthguard, and the game rules regarding mouthguard use must be enforced.



MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Position	Intra-oral Mouthguard	Color	Covers All Upper Teeth	When
Field Hockey	Field	Mandatory (NCAA Mod. 8.1.b); strongly recommended for goalkeepers	Not specified	Not specified	Regular season competition and NCAA championships
Football	All	Mandatory (NCAA 1.4.4.e)	Readily visible color (not white or transparent)	Yes	Regular season competition, postseason competition and NCAA championships
Ice Hockey	All	Mandatory (NCAA 9.5)	Recommended	Covers all the remaining teeth of one jaw	Regular season competition and NCAA championships
Women's Lacrosse	All	Mandatory (NCAA 2.8)	Not specified	Yes	Regular season competition and NCAA championships
Men's Lacrosse	All	Mandatory (NCAA 1.20)	Yellow or any other visible color	Yes	Regular season competition and NCAA championships

REFERENCES

- Using mouthguards to reduce the incidence and severity of sports-related oral injuries. American Dental Association. 2006.
- Kumamoto, D and Maeda, Y. A literature review of sports-related orofacial trauma. *General Dentistry*. 2004;270-281.
- Bourdin M, Brunet-Patru I, Hager P, Allard Y, Hager J, Lacour J, Moyen B. Influence of maxillary mouthguards on physiological parameters. *MSSE*. (38)8: 1500-1504. 2006.
- Academy for Sports Dentistry. "Position Statement: 'A Properly Fitted Mouthguard' Athletic Mouthguard Mandates." Available at www.academyforsportsdentistry.org/position-statement
- Stenger, J.M. "Mouthguards: Protection Against Shock to Head, Neck and Teeth." *Journal of the American Dental Association*. Vol. 69 (3). 273-281. 1964.
- "Sports Dentistry." (1991, October. Revised 2000, April). *Dental Clinics of North America*.
- American Dental Association. "Your Smile With a Mouthguard." (211 East Chicago Avenue, Chicago, IL, 60611). 1999.
- Winters, J.E. "The Profession's Role in Athletics." *Journal of the American Dental Association*. Vol. 127. 810-811. 1996.
- Using mouthguards to reduce the incidence and severity of sports-related oral injuries. ADA Council on Access, Prevention and Interprofessional Relations; ADA Council on Scientific Affairs. *J Am Dent Assoc*. Dec;137(12):1712-20. 2006.
- Knapik JJ, Marshall SW, Lee RB, Darakjy SS, Jones SB, Mitchener TA, delaCruz GG, Jones BH. Mouthguards in sport activities: history, physical properties and injury prevention effectiveness. *Sports Med*. 2007;37(2):117-44.

GUIDELINE 3D

USE OF THE HEAD AS A WEAPON IN FOOTBALL AND OTHER CONTACT SPORTS

January 1976 • Revised June 2002

Head and neck injuries causing death, brain damage or paralysis occur each year in football and other sports. While the number of these injuries each year is relatively small, they are devastating occurrences that have a great impact on student-athlete health and well-being. Most of these catastrophic injuries result from initiating contact with the head. The injuries may not be prevented due to the forces encountered during collisions, but they can be minimized by helmet manufacturers, coaches, players and officials complying with accepted safety standards and playing rules.

The American Football Coaches Association, emphasizing that the helmet is for the protection of the wearer and should not be used as a weapon, addresses this point as follows:

1. The helmet shall not be used as the brunt of contact in the teaching of blocking or tackling;
2. Self-propelled mechanical apparatuses shall not be used in the teaching of blocking and tackling; and
3. Greater emphasis by players, coaches and officials should be placed on eliminating spearing.

Proper training in tackling and blocking techniques, including a “see what you hit approach,” constitutes an important means of minimizing the possibility of catastrophic injury. Using the helmet as an injury-inflicting instrument is illegal and should be strongly discouraged and penalized by coaches and game officials. This concern is not only in football, but also in other contact sports in which helmets are used (e.g., ice hockey and men’s lacrosse).

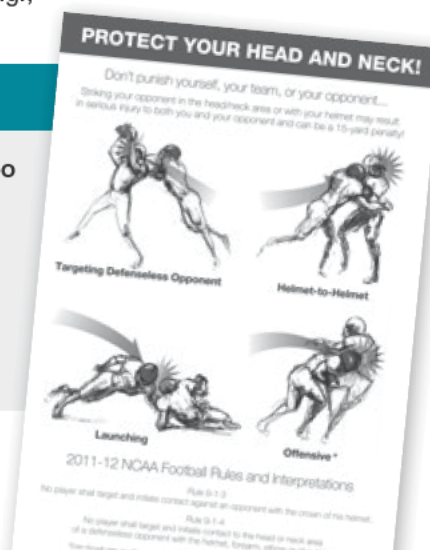
Football and all contact sports should be concerned with the prevention of catastrophic head injuries. The rules against butting, ramming and spearing with the helmet are for the protection of the helmeted player and the opponent. A player who does not comply with these rules in any sport is at risk for a catastrophic injury or causing a catastrophic injury.

REFERENCES

1. Banerjee R, Palumbo MA, Fadale FD. Catastrophic Cervical Spine Injuries in the Collision Sport Athlete, Part 1: Epidemiology, Functional Anatomy, and Diagnosis. *Am J Sports Med.* (32)4: 1077- 87. 2004.
2. Boden BP, Breit I, Beachler JA, Williams A, Mueller FO. Fatalities in high school and college football players. *Am J Sports Med.* 41(5):1108-16. 2013
3. Boden BP, Tacchetti RL, Cantu, RC. Catastrophic Cervical Spine Injuries in High School and College Football Players. *Am J Sports Med.* (34)8:1223-32. 2006.
4. Kleiner, D.M., Almquist, J.L., Bailes, J., Burruss, P., Feurer, H., Griffin, L.Y., Herring, S., McAdam, C., Miller, D., Thorson, D., Watkins, R.G., Weinstein, S. *Prehospital Care of the Spine-Injured Athlete: A Document From the Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete.* Dallas, National Athletic Trainers’ Association, March, 2001.
5. LaParade RF, Schnetzler KA, Broxterman RJ, Wentorf F, Wendland E, Gilbert TJ: *Cervical Spine Alignment in the Immobilized Ice Hockey Player: A Computer Tomographic Analysis of the Effects of Helmet Removal.* *Am J Sports Med* 27: 177-180, 1999.
6. *The Spine Injury Management Video Human Kinetics*, Champaign, Illinois.
7. Thomas BE, McCullen GM, Yuan HA: *Cervical Spine Injuries in Football Players.* *J Am Acad Orthop Surg* Sept-Oct; 7 (5), 338-47, 1999.
8. Wojtys EM, Hovda D, Landry G, Boland A, Lovell M, McCrea M, Minkoff J: *Concussion in Sports.* *Am J Sports Med* 27: 676-687, 1999.

RESOURCES

1. **NCAA Concussion Fact Sheets and Video**
Available at NCAA.org/SSI.
2. **Heads Up: Concussion Tool Kit**
CDC. Available at www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm.
3. **Heads Up Video**
NATA. Streaming online at www.nata.org/consumer/headsup.htm.



GUIDELINE 3E

HELMET FITTING AND REMOVAL

June 1990 • Revised June 2013

Several sports, including football, men's lacrosse and ice hockey, require wearing tight-fitting, similarly constructed helmets. The following guidelines, while focused on football, are applicable to periodic evaluation, fitting and removal of protective helmets worn in any sport. These guidelines represent minimal standards of care that are designed to assist physicians, coaches, athletic trainers, paramedics, EMTs and hospital personnel who care for student-athletes.

Medical coverage of interscholastic and intercollegiate teams entails many routine preventive and acute health care duties for dedicated practicing professionals; however, an occasional, serious, on-the-field, life-threatening head and/or neck injury poses a difficult challenge. It is incumbent upon those individuals assigned to provide medical coverage to be prepared to handle each situation efficiently and expertly.

Proper on-the-field management of head and neck injuries is essential to minimize sequelae, expedite emergency measures and to prepare for transportation. The action of those in attendance must not compound the problem. For this reason, clear communication between the medical staff and emergency-transportation personnel should be maintained. It is important that those involved in the medical management of teams engaged in collision and contact sports, and the student-athlete be knowledgeable about the helmet. The student-athlete should be instructed in the fitting, care and use of the helmet. Helmet manufacturer guidelines should be reviewed and followed for proper fitting and care techniques.

The resilient plastic shell is shaped spherically to deflect impacts. Interior suspension pads are designed to match the skull contour to ensure a snug crown fit. Various rigid and removable jaw and brow pads, along with the chin strap, help to hold the sides of the helmet firmly against the mandible and the forehead. When in place, the front edge of the helmet should be positioned about a finger's breadth above the eyebrows. Pressure on the helmet crown should be dissipated through the interior suspension padding over the top of the head.

The helmet should fit snugly without dependence on the chin strap. The helmet should not twist or slide when an examiner grasps the face mask and attempts to rock or turn the helmet with the wearer resisting the movement.

With a properly fitted helmet, the top of the head is separated from the helmet shell by a uniform, function-

al, shock-absorbing support lining. Daily evaluation of this support mechanism, including cheek and brow pads, for placement and resiliency should be taught to the student-athlete. Helmets that require air inflation should be inflated and inspected daily by the student-athlete. Helmet shells should be examined weekly for cracking and be inspected closely again if the face mask has been bent out of shape. All helmets need to be reconditioned and the attachments of the mask replaced on a yearly basis.

Although the helmet is designed for a stable fit for protection during play, removal of the helmet by others is relatively difficult. In the case of a head or neck injury, jostling and pulling during removal presents high potential for further trauma.

Unless there are special circumstances such as respiratory distress coupled with an inability to access the airway, the helmet should never be removed during the pre-hospital care of the student-athlete with a potential head/neck injury unless:

1. The helmet does not hold the head securely, such that immobilization of the helmet does not immobilize the head;
2. The design of the sport helmet is such that even after removal of the face mask, the airway cannot be controlled or ventilation provided;
3. After a reasonable period of time, the face mask cannot be removed; or
4. The helmet prevents immobilization for transportation in an appropriate position.

When such helmet removal is necessary in any setting, it should be performed only by personnel trained in this procedure.

Ordinarily, it is not necessary to remove the helmet on the field to evaluate the scalp. Also, the helmet can be left in place when evaluating an unconscious student-athlete, an individual who demonstrates transient or persistent neurological findings in his/her extremities, or the student-athlete who complains of continuous or transient neck pain.

Before the injured student-athlete is moved, airway, breathing and circulation (ABCs) should be evaluated by looking, listening and palpation. To monitor breathing, care for facial injury, or before transport regardless of current respiratory status, the face mask should be removed by cutting or unscrewing the loops that



attach the mask to the helmet. These loops may be difficult to cut, necessitating the use of PVC pipe cutters, garden shears or a screwdriver. Those involved in the pre-hospital care of the injured student-athlete should have readily available proper tools for easy face mask removal and should frequently practice removal techniques for face masks and helmets. It should be noted that cold weather and old loops may make cutting difficult. The chin strap can be left in place unless resuscitative efforts are necessary. For resuscitation, the mouthpiece needs to be manually removed.

Once the ABCs are stabilized, transportation to an emergency facility should be conducted with the head secure in the helmet and the neck immobilized by strapping, taping and/or using lightweight bolsters on a spine board. When moving an athlete to the spine board, the head and trunk should be moved as a unit, using the lift/slide maneuver or a log-roll technique.

At the emergency facility, satisfactory initial skull and cervical X-rays usually can be obtained with the helmet in place. Should removal of the helmet be needed to initiate treatment or to obtain special X-rays, the following protocol should be considered:

- With the head, neck and helmet manually stabilized, the chin strap can be cut.
- While maintaining stability, the cheek pads can be removed by slipping the flat blade of a screwdriver or bandage scissor under the pad snaps and above the inner surface of the shell.
- If an air cell-padding system is present, it can be

deflated by releasing the air at the external port with an inflation needle or large-gauge hypodermic needle.

- By rotating the helmet slightly forward, it should now slide off the occiput. If the helmet does not move with this action, slight traction can be applied to the helmet as it is carefully rocked anteriorly and posteriorly, with great care being taken not to move the head/neck unit.
- The helmet should not be spread apart by the earholes, as this maneuver only serves to tighten the helmet on the forehead and on the occipital regions.
- All individuals participating in this important maneuver must proceed with caution and coordinate every move.

If the injured student-athlete, after being rehabilitated fully, is allowed to participate in the sport again, refitting his/her helmet is mandatory. Re-education about helmet use as protection should be conducted. **Using the helmet as an offensive, injury-inflicting instrument should be discouraged and places the athlete and opponents at risk for a catastrophic injury.**

SOFT HEADGEAR USE IN NONHELMETED SPORTS

When considering the use of this optional equipment during practice or permitted competition, athletes and coaches should take the time to read the qualifying statements provided with such a product addressing its limitations, particularly to prevent serious head injuries. If protective soft headgear or headbands are

to be used in a sport then they should be manufactured under the guidelines of an accepted standard for that sport.

The NCAA does not view the use of soft headgear products as equipment for the prevention of concussion in nonhelmeted sports. As explained below, soft headgear products may be worn in nonhelmeted sports whose rules allow for such optional equipment, but the purpose of that equipment should be for reasons other than concussion prevention. It should be noted that there is no helmet that can prevent a concussion. There continues to be a need for valid scientific evidence that the use of such products decreases the incidence of concussion.

In nonhelmeted sports requiring a medical waiver for the use of such optional equipment, use of soft headgear as a condition to be medically cleared to play sports is ineffective. Therefore, the NCAA will not provide medical waivers for the use of soft headgear for the prevention of concussion in order to be medically cleared to play sports.

Current design and recommended use of these devices fail to address the proposed primary mechanism of concussive injury, that being rotational acceleration and deceleration forces acting on the brain. Institutions should refer to equipment standards from NOCSAE, ASTM, HECC and CPSC when considering protective equipment for student-athletes and ensure



the equipment is used for mitigating the risk of injuries for which they are designed.

REFERENCES

1. Anderson C: Neck Injuries—Backboard, bench or return to play? *The Physician and Sports Medicine* 21(8): 23-34, 1993.
2. *Guidelines for Helmet Fitting and Removal in Athletics*. Illinois State Medical Society, 1990. (20 North Michigan Avenue, Chicago, Illinois 60602)
3. Inter-Association Task Force for the Cervical Spine. *National Athletic Trainers' Association*, 2000. (2952 Stemmons Freeway, Dallas, Texas 75247, www.nata.org)
4. AOSSM Helmet Removal Guidelines. *The American Orthopaedic Society for Sports Medicine*. (6300 N. River Road, Suite 200, Rosemont, Illinois 60018 www.sportsmed.org).
5. *The Hockey Equipment Certification Council Inc.* www.hecc.net.
6. US Lacrosse. www.uslacrosse.org. Lacrosse Helmet Facemask/Chinguard Removal Hints for Certified Athletic Trainers. US Lacrosse, 2008. Available at www.uslacrosse.org/safety.
7. National Operating Committee on Standards for Athletic Equipment (NOCSAE). www.nocsae.org.

FIT AND FASTEN!


Buckle Up Completely.

Loss of Helmet During Play.
If a player's helmet comes off during play, he must not continue to participate in the play to prevent injury. If the helmet comes off other than as the direct result of an opponent's foul, the player must also leave the game and is not allowed to participate for the next play.

- Snug, comfortable fit.
- Should not wobble, tilt or rotate when twisted.
- Check air inflation daily.
- Follow manufacturer's guidelines for fit and care.

WARNING
Do not use this helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use may result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.



GUIDELINE 3F

USE OF TRAMPOLINE AND MINITRAMP

June 1978 • Revised June 2002

The NCAA recognizes that the coaches and student-athletes in selected sports use the trampoline and minitramp for developing skills. The apparent safety record accompanying such use has been good, but the use of the trampoline can be dangerous. Therefore, these guidelines should be followed in those training activities in which student-athletes use the trampoline:

1. Trampolines should be supervised by people with competence in the use of the trampoline for developing athletics skills. This implies that:
 - a. Fellow coaches, student-athletes, managers, etc., are trained in the principles and techniques of spotting with the overhead harness, "bungee system" and/or hand spotting on the trampoline;
 - b. New skills involving somersaults should be learned while wearing an overhead safety harness. (Exception: Use of the overhead system is not recommended for low-level salto activities such as saltos from the knees or back.) Those people controlling the safety harness should have the necessary strength, weight and training for that responsibility;
 - c. Skills being encouraged should be commensurate with the readiness of the student-athlete, and direct observation should confirm that the student-athlete is not exceeding his or her readiness; and
 - d. Spotters are aware of the particular skill or routine being practiced and are in an appropriate position to spot potential errors. Accurate communication is important to the successful use of these techniques.
2. Potential users of the trampoline should be taught proper procedures for folding, unfolding, transporting, storing and locking the trampoline.
3. The trampoline should be erected in accordance with manufacturer's instructions. It should be inspected regularly and maintained according to established standards. All inspection reports, including the date of inspection and name of inspector, should be kept on file.

MINITRAMP

The minitramp, while different in nature and purpose from the trampoline, shares its association with risk of spinal cord injury from poorly executed and/or spotted tricks. Like the trampoline, the minitramp requires competent instruction and supervision, spotters

trained for that purpose (spotting somersaults on the minitramp differs from the trampoline because of the running action preceding the somersault), emphasis on the danger of somersaults and dive rolls, security against unsupervised use, proper erection and maintenance of the apparatus, a planned procedure for emergency care should an accident occur, and documentation of participation and any accidents that occur. In addition, no single or multiple somersault should be attempted unless:

1. The student-athlete has demonstrated adequate progression of skill before attempting any somersault (i.e., on the trampoline with a safety harness, off a diving board into a swimming pool or tumbling with appropriate spotting);
2. One or more competent spotters who know the skill being attempted are in position and are physically capable of spotting an improper execution;
3. The minitramp is secured reasonably or braced to prevent slipping at the time of execution in accordance with recommendations in the USA Gymnastics Safety Handbook; and
4. A mat is used that is sufficiently wide and long to prevent the performer from landing on the mat's edge and to provide proper footing for the spotter(s).

REFERENCES

1. American Alliance for Health, Physical Education, Recreation and Dance: The use of the trampoline for the development of competitive skills in sports. *Journal of Physical Education, Recreation and Dance* 49(8):14, 1978.
2. Hennessy JT: Trampoline safety and diving programs. U.S. Diving Safety Manual. Indianapolis, IN: U.S. Diving Publications, 1990.
3. Larson BJ, Davis JW. Trampoline-related injuries. *J Bone Joint Surg Am.* 1995; 77:1174-1178.
4. Trampolines at Home, School and Recreational Centers Policy Statement of the America. Available at <http://pediatrics.aappublications.org/content/103/5/1053.full>.
5. USA Gymnastics: USA Gymnastics Safety Handbook, 1994. (201 S. Capitol St., Ste. 300, Indianapolis, IN 46225)

APPENDIXES



APPENDIX A

2014-15 NCAA BANNED DRUGS

July 2014

THE NCAA BANS THE FOLLOWING CLASSES OF DRUGS:

- a. Stimulants;
- b. Anabolic agents;
- c. Alcohol and beta blockers (banned for rifle only);
- d. Diuretics and other masking agents;
- e. Street drugs;
- f. Peptide hormones and analogues;
- g. Anti-estrogens; and
- h. Beta-2 agonists.

Note: Any substance chemically related to these classes is also banned. The institution and the student-athlete shall be held accountable for all drugs within the banned-drug class regardless of whether they have been specifically identified. Examples of substances under each class can be found at NCAA.org/drugtesting.

The penalty for a positive drug test for a banned substance other than a "street drug" shall be the loss of a season of eligibility and withholding from competition in all sports for 365 days from the date of the drug test.

The penalty for a positive drug test for a "street drug" is withholding from competition in all sports for 50% of a season from the date of the test.

DRUGS AND PROCEDURES SUBJECT TO RESTRICTIONS:

- Blood Doping.
- Local anesthetics (under some conditions).
- Manipulation of urine samples.
- Beta-2 agonists permitted only by prescription and inhalation.
- Caffeine – if concentrations in urine exceed 15 micrograms/milliliter.

NCAA NUTRITIONAL/DIETARY SUPPLEMENTS WARNING:

- Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!
- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center (REC) at 877/202-0769 or www.drugfreesport.com/rec (password ncaa1, ncaa2 or ncaa3).

APPENDIX B

NCAA LEGISLATION INVOLVING HEALTH AND SAFETY ISSUES

July 2014

This chart should be used as a quick reference for NCAA legislation involving health and safety issues that appears in the 2014-15 NCAA Divisions I, II and III Manuals. The comment section does not capture the full scope of the legislation; users are encouraged to review

the full bylaw in the appropriate divisional manual. Because of the dynamic nature of the NCAA legislative process, the most current information on these and any new legislation should be obtained through the institution's athletics department compliance staff.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Banned Drugs	List of Banned Drug Classes	31.2.3.4	Lists all drug classes currently banned by the NCAA.
	Drugs and Procedures Subject to Restrictions	31.2.3.4.1	List of drugs and procedures that are restricted.
	Effect on Eligibility for Use of Banned Drugs	18.4.1.5	A positive test for substance on the list of banned drug classes, other than street drugs, as set forth in Bylaws 31.2.3.4 and 14.1.1.1 results in loss of eligibility.
	Effect on Eligibility	18.4.4.5.2	A positive test for "street drugs" will result in a loss of competition during a minimum of 50 percent of the season
	Effect on Championship Eligibility	18.4.1.5	A positive test for a substance on the list of banned drug classes, other than street drugs, results in loss of eligibility, including eligibility for participation in postseason competition.
	Transfer While Ineligible Due to Positive Drug Test	13.1.1.3.5 (Div. I), 13.1.1.2.4 (Div. II), 13.1.1.2.5 (Div. III)	Institution at which student-athlete tested positive for use of a banned substance must report the test result to the institution to which the student-athlete is transferring.
	Knowledge of Use of Banned Drugs	10.2	Athletics department staff members or others employed by intercollegiate athletics department with knowledge of a student-athlete's use of a banned substance must follow institutional policies.
	Athletics Department Resource for Banned Drugs and Nutritional Supplements	3.2.4.7-(g) (Div. I)	Institutions must designate an individual (or individuals) as an athletics department resource for questions related to NCAA banned drugs and nutritional supplements.
	Education	14.1.4.2	All student-athletes shall be provided the list of banned drug classes; receive education about products that might contain banned drugs; and be notified of changes and updates during the academic year.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Banned Drugs		3.2.4.7-(h) (Div. I)	Institutions must educate athletics department staff members who have regular interaction with student-athletes that: (1) the NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA web-site; (2) any nutritional supplement use may present risks to a student-athlete's health and eligibility; and (3) questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated athletics department resource individual (or individuals).
Drug Testing	Banned Drugs and Drug-Testing Methods	3.2.4.9 (Div. II)	NCAA Executive Committee is charged with developing a list of banned substances and approving all drug-testing procedures.
	Consent Form: Content and Purpose	14.1.4.1	Consent must be signed before competition or practice or before the Monday of the fourth week of classes. Failure to sign consent results in loss of eligibility.
	Consent Form: Administration	14.1.4.2, 3.2.4.7 (Div. I); 14.1.4.2, 3.2.4.6 (Div. II); 14.1.4.2, 3.2.4.6 (Div. III)	Institution must administer consent form to all student-athletes each academic year at the time the intercollegiate squads report for practice. At this time, institutions must also distribute to student-athletes the list of banned drug classes.
	Consent Form: Exception, 14-Day Grace Period	14.1.4.3 (Div. I), 14.1.4.3 (Div. II)	Student-athletes who are trying out must sign the form within 14 days of the first athletics-related activity or before they compete, whichever occurs first.
	Effect of Non-NCAA Athletics Organization's Positive Drug Test	18.4.1.5.3	A student-athlete under a drug-test suspension from a national or international sports governing body shall not compete in NCAA intercollegiate competition.
	Failure To Properly Administer Drug-Testing Consent Form (Div. I and Div. III only)	14.1.4.4 (Div. I), 14.1.4.3 (Div. III)	Failure to properly administer drug-testing consent form is considered an institutional violation.
Drug Rehabilitation	Drug Rehabilitation Program Expenses	16.4	Permissible for institution to cover the costs of a student-athlete's drug rehabilitation program.
	Travel To and From Drug Rehabilitation Program	16.12.1	Permissible to file a waiver under Bylaw 16.12.1 to cover costs associated with a drug rehabilitation program.
Nutritional Supplements	Permissible Supplements	16.5.2-(g) (Div. I), 16.5.1-(h) (Div. II)	Institution may provide only permissible nutritional supplements that do not contain any NCAA banned substances. See bylaw for details.
Tobacco Use	Restricted Advertising and Sponsorship Activities	31.1.14.1 (Div. I), 31.1.12.1 (Div. II), 31.1.11.1 (Div. III)	No tobacco advertisements in, or sponsorship of, NCAA championships or regular-season events.
	Tobacco Use at Member Institution	11.1.5, 17.1.8 (Div. I); 17.1.9 (Div. II); 17.1.6.3 (Div. III)	Use of tobacco products is prohibited by all game personnel and all student-athletes in all sports during practice and competition.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Medical Expenses	Permissible Medical Expenses	16.4	Permissible medical expenses are outlined.
	Eating Disorders (Div. I and Div. II only)	16.4	Institution may cover expenses of counseling related to the treatment of eating disorders.
	Transportation for Medical Treatment (Div. I and Div. II only)	16.4	Institution may cover or provide transportation to and from medical appointments.
	Summer Conditioning - Basketball	13.2.7	An institution may finance medical expenses for a prospect who sustains an injury while participating in an on-campus evaluation; a voluntary summer workout conducted by an institution's strength and conditioning coach; or required summer athletic activities.
	Summer Conditioning - Football	13.2.8	Institution may finance medical expenses for a prospect who sustains an injury while participating in nonmandatory summer conditioning activities that are conducted by an institution's strength and conditioning coach.
	Summer Conditioning - Sports Other Than Basketball and Football (Div. I only)	13.2.9	Institution may finance medical expenses for a prospect who sustains an injury while participating in nonmandatory summer conditioning activities that are conducted by an institution's strength and conditioning coach.
	Certification of Insurance Coverage	3.2.4.8 (Div. I and Div. III)	Institutions must certify insurance coverage for medical expenses resulting from athletically related injuries sustained while participating in a covered event.
Medical Waivers	Hardship Waiver	14.2.4 (Div. I), 14.2.5 (Div. II and Div. III)	Under certain circumstances, a student-athlete may be awarded an additional season of competition to compensate for a season that was not completed due to incapacitating injury or illness.
	Five-Year/10-Semester Rule Waiver	14.2.1.5.1 (Div. I), 14.2.2.3 (Div. II), 14.2.2.4 (Div. III)	Under certain circumstances, a student-athlete may be awarded an additional year of eligibility if he or she was unable to participate in intercollegiate athletics due to incapacitating physical or mental circumstances.
Medical Records and Consent Forms	HIPAA/Buckley Amendment Consent Forms	3.2.4.9, 14.1.5 (Div. I); 3.2.4.7, 14.1.5 (Div. II); 3.2.4.7, 14.1.6 (Div. III)	The authorization/consent form shall be administered individually to each student-athlete by the athletics director or the athletics director's designee before the student-athlete's participation in intercollegiate athletics each academic year. Signing the authorization/consent shall be voluntary and is not required by the student-athlete's institution for medical treatment, payment for treatment, enrollment in a health plan or for any benefits (if applicable) and is not required for the student-athlete to be eligible to participate. Any signed authorization/consent forms shall be kept on file by the director of athletics.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Medical Records and Consent Forms	Medical Examinations During Campus Visit	13.11.2.6.1 (Div. I)	During a prospective student-athlete's visit to campus, a member institution, through its regular team or other designated physician, may conduct a medical examination to determine the prospective student-athlete's medical qualifications to participate in intercollegiate athletics, provided no athletics department staff member other than the athletic trainer is present.
Student-Athlete Welfare and Safety	Time Restrictions on Athletics-Related Activities (Div. I and Div. II only)	17.1.6	All NCAA sports are subject to the time limitations in Bylaw 17.
	Daily/Weekly Hour Limitation – Inside Playing Season (Div. I and Div. II only)	17.1.6.1	During the playing season, a student-athlete cannot engage in more than 20 hours of athletics-related activity (see Bylaw 17.02.1) per week, with not more than four hours of such activity in any one day.
	Weekly Hour Limitations – Outside Playing Season (Div. I and Div. II only)	17.1.6.2	Outside the playing season, student-athletes cannot engage in more than eight hours of conditioning activities per week.
	Skill Instruction Exception (Div. I and Div. II only) See By-laws 17.1.6.2.2 and 17.1.6.2.3 (Div. I) for additional exceptions.	17.1.6.2.2, 17.1.6.2.4 (Div. I); 17.1.6.2, 17.1.6.2.1 (Div. II)	Outside the playing season, two of the student-athlete's eight hours of conditioning activity may be skill-related instruction with coaching staff.
	Required Day Off – Playing Season	17.1.6.4 (Div. I and Div. II), 17.1.4.1 (Div. III)	During the playing season, each student-athlete must be provided with one day per week on which no athletics-related activities are scheduled.
	Required Days Off – Outside Playing Season (Div. I and Div. II only)	17.1.6.5	Outside the playing season, each student-athlete must be provided with two days per week on which no athletics-related activities are scheduled.
	Voluntary Summer Conditioning (Div. I only)	13.11.3.8 (basketball)	Prospective student-athletes, who signed an NLI or enrolled in the institution's summer term before initial, full-time enrollment, may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties.
	Voluntary Summer Conditioning (Div. I only)	13.11.3.7 (football)	Prospective student-athletes, who signed an NLI or enrolled in the institution's summer term before initial, full-time enrollment, may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties (FBS) or a countable coach who is a certified strength and conditioning coach (FCS).

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Voluntary Summer Conditioning (Div. I only)	13.11.3.10 (Sports Other Than Football and Basketball)	In sports other than football and basketball, a prospective student-athlete may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties and may receive workout apparel (on an issuance and retrieval basis), provided he or she is enrolled in the institution's summer term before the student's initial full-time enrollment at the certifying institution. Such a prospective student-athlete may engage in such workouts only during the period of the institution's summer term or terms (opening day of classes through last day of final exams) in which he or she is enrolled.
	Voluntary Weight-Training or Conditioning Activities (Div. I only)	13.11.3.10.4	A strength and conditioning coach who conducts voluntary weight-training or conditioning activities is required to maintain certification in first aid and cardiopulmonary resuscitation. If a member of the institution's sports medicine staff (e.g., athletic trainer, physician) is present during voluntary conditioning activities conducted by a strength and conditioning coach, the sports medicine staff member must be empowered with the unchallengeable authority to cancel or modify the workout for health and safety reasons, as he or she deems appropriate.
	Strength and Conditioning Coach Certification (Div. I. only)	11.1.5	A strength & conditioning coach shall be certified and maintain current certification through a nationally accredited strength and conditioning certification program.
	Sport safety training	17.1.6 (Div. I)	An institutional staff member with current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use must be present any time a student-athlete participates in a physical, countable athletically related activity.
	Sports-Safety Training	11.1.6 (Div. II)	Each head coach and all other coaches who are employed full time at an institution shall maintain current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use.
	Sports-Safety Training	11.1.6 (Div. III)	Each head coach shall maintain current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use.
	Discretionary Time (Div. I only)	17.02.14	Student-athletes may only participate in athletics activities at their initiative during discretionary time.
	Designated Team Physician	3.2.4.16 (Div. I) 3.3.4.17 (Div. II) 3.2.4.18 (Div. III)	A team physician shall be designated for all or each of an institution's intercollegiate teams, and shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athletes' participation in intercollegiate athletics.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Mandatory Medical Examinations	17.1.5 (Div. I and Div. II), 17.1.6.4 (Div. III)	All student-athletes beginning their initial season of eligibility and students who are trying out for a team must undergo a medical exam before they are permitted to engage in any physical activity. The exam must take place within six months before the physical activity. Each subsequent year, an updated medical history must be administered by an institutional medical staff member.
	Mandatory Medical Examinations	17.1.5.1 (Div. I), 17.1.5.1(Div. II)	The examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test, unless documented results of a prior test are provided to the institution or the prospective student-athlete or student-athlete declines the test and signs a written release.
	Confirmation of Sickle Cell Trait Status.	17.1.6.4.1 (Div. III)	An institution shall confirm the sickle cell trait status of student-athletes, before participation in intercollegiate athletics in one of the following manners: (a) Documentation; (b) Pending Documentation; or (c) Waiver.
	Mandatory Sickle Cell Trait Status Education	17.1.6.4.1.1 (Div. III)	Each student-athlete shall be provided education regarding sickle cell trait status. Student-athletes who have been tested, but do not have confirmed results documented, or have signed a waiver per Bylaw 17.1.6.4.1-(c), shall be provided additional education regarding the risks, impact and precautions associated with sickle cell trait.
	Five-Day Acclimatization Period – Football	17.9.2.3 (Div. I), 17.9.2.2 (Div. II and Div. III)	Five-day acclimatization for conducting administrative and initial practices is required for first-time participants (freshmen and transfers) and continuing student-athletes.
	Preseason Practice Activities – Football	17.9.2.4 (Div. I), 17.9.2.3 (Div. II and Div. III)	Preseason practice time limitations and general regulations.
	Out-of-Season Athletics-Related Football Activities	17.9.6 (Div. I and Div. III), 17.9.8 (Div. II)	Permissible summer conditioning activities.
	Sports-Specific Safety Exceptions (Equestrian; Fencing; Gymnastics; Rifle; Women's Rowing; Skiing; Swimming; Track and Field; Water Polo; and Wrestling) (Div. I and Div. II only)	13.11.3.11 (Div. I); 17.6.7; 17.7.7; 17.11.7; 17.14.7; 17.15.7 (Div. I); 17.15.9 (Div. II); 17.18.7; 17.23.7 (Div. I); 17.23.8 (Div. II); 17.25.8 (Div. I and Div. II); 17.26.7	A coach may be present during voluntary individual workouts in the institution's regular practice facility (without the workouts being considered as countable athletics-related activities) when the student-athlete uses sport-specific equipment. The coach may provide safety or skill instruction but cannot conduct the individual's workouts.
	Playing Rules Oversight Panel	21.1.4	The panel shall be responsible for resolving issues involving player safety, financial impact or image of the game.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Concussion Management Plan	3.2.4.17 (Div. I and Div. II); 3.2.4.16 (Div. III)	Institutions must have a concussion management plan for student-athletes. See Guideline 2I.
	On-campus Evaluations – Men’s Basketball	13.11.2.1 (Div. I)	Under certain circumstances, an institution may conduct an evaluation of a prospect on its campus or at a site it normally uses for practice and competition.
	Summer Access – Men’s Basketball	13.11.3.9 (Div. I); 17.1.6.2.1.1.4 (Div. I)	Under certain circumstances, prospects and student-athletes may engage in required weight-training, conditioning and skill instruction for up to eight weeks in the summer.

APPENDIX C

INTER-ASSOCIATION CONSENSUS: INDEPENDENT MEDICAL CARE GUIDELINES

September 2014

PURPOSE

The Safety in College Football Summit resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses independent medical care for college student-athletes in all sports.

BACKGROUND

Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution's athletic trainer (working under the supervision of a physician) and the team physician. Even though some have cited a potential tension between health and safety in athletics,^{1,2} 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).^{3,4} In the interest of the health and welfare of collegiate student-athletes, a student-athlete's health care 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.⁵ The following 10 guiding principles, listed in the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges,⁵ 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.

Team physician authority becomes the linchpin for independent medical care of student-athletes. Six pre-eminent sports physicians associations agree with respect to "... athletic trainers and other members of the athletic care network report to the team physician on medical issues."⁶ Consensus aside, a medical-legal authority is a matter of law in 48 states that require athletic trainers to report to a physician in their medical practice. The NCAA Sports Medicine Handbook's Guideline 1B opens with a charge to athletics and institutional leadership to "create an administrative system where athletics health care professionals –

team physicians and athletic trainers – are able to make medical decisions with only the best interests of student-athletes at the forefront.”⁷ Multiple models exist for collegiate sports medicine. Athletic health care professionals commonly work for the athletics department, student health services, private medical practice, or a combination thereof. Irrespective of model, the answer for the college student-athlete is established independence for appointed athletics health care providers.⁸

GUIDELINES

Institutional medical line of authority should be established independently of a coach, and in the sole interest of student-athlete health and welfare. Medical line of authority should be transparent and evident in athletics departments, and organizational structure should establish collaborative interactions with the medical director and primary athletics health care providers (defined as all institutional team physicians and athletic trainers) so that the safety, excellence and wellness of student-athletes are evident in all aspects of athletics and are student-athlete centered.

Institutions should, at a minimum, designate a licensed physician (M.D. or D.O.) to serve as medical director, and that medical director should oversee the medical tasks of all primary athletics health care providers. Institutions should consider a board certified physician, if available. The medical director may also serve as team physician. All athletic trainers should be directed and supervised for medical tasks by a team physician and/or the medical director. The medical director and primary athletics health care providers should be empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes.

REFERENCES

1. Matheson GO. Maintaining professionalism in the athletic environment. *Phys Sportsmed*. 2001 Feb;29(2)
2. Wolverton B. (2013, September 2) Coach makes the call. *The Chronicle of Higher Education*. [Available online] <http://chronicle.com/article/Trainers-Butt-Heads-With/141333/>
3. NCAA Bylaw 3.2.4.17 (Div. I and Div. II; 3.2.4.16 (Div. III).
4. National Collegiate Athletic Association. (2013). 2013-14 NCAA Division I Manual. Indianapolis, IN: NCAA.
5. Courson R et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athletic Training* 2014; 49:128-137.
6. Herring SA, Kibler WB, Putukian M. Team Physician Consensus

ENDORSEMENTS

This Consensus Best Practice, Independent Medical Care for College Student-Athletes, has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- National Athletic Trainers' Association
- NCAA Concussion Task Force
- Sports Neuropsychological Society

Statement: 2013 update. *Med Sci Sports Exerc*. 2013 Aug;45(8):1618-22.

7. National Collegiate Athletic Association. (2013). 2013-14 NCAA Sports Medicine Handbook. Indianapolis, IN: NCAA.
8. Delany J, Goodson P, Makeoff R, Perko A, Rawlings H [Chair]. Rawlings panel on intercollegiate athletics at the University of North Carolina at Chapel Hill. Aug 29, 2013. [Available online] http://rawlingspanel.web.unc.edu/files/2013/09/Rawlings-Panel_Intercollegiate-Athletics-at-UNC-Chapel-Hill.pdf

APPENDIX D

INTER-ASSOCIATION CONSENSUS: YEAR-ROUND FOOTBALL PRACTICE CONTACT GUIDELINES

September 2014

PURPOSE

The Safety in College Football Summit (see appendix) resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses year-round football practice contact.

BACKGROUND

Enhancing a culture of safety in collegiate sport is foundational. Football is an aggressive, rugged, contact sport,¹ yet the rules clearly state that there is no place for maneuvers deliberately designed to inflict injury on another player.¹ Historically, rules changes and behavior modification have reduced catastrophic injury and death. Enforcement of these rules is critical for improving player safety.² Despite sound data on reducing catastrophic football injuries, there are limited data that provide a strong foothold for decreasing injury risk by reducing contact in football practice.³⁻⁸ Regardless of such scientific shortcomings, there is a growing consensus that we must analyze existing data in a consensus-based manner to develop guidelines that promote safety. “Safe” football means “good” football.

NCAA regulations currently do not address inseason, full-contact practices. The Ivy League and Pac-12 Conference have limited inseason, full-contact practices to two per week and have established policies for full-contact practices in spring and preseason practices through their Football Practice Standards and Football Practice Policy, respectively. Neither address full-pad practice that does not involve live contact practice, as defined below. Both conferences cite safety concerns as the primary rationale for reducing full-contact practices; neither conference has published or announced data analysis based on their new policies. In keeping with the intent of both conferences and other football organizations, the rationale for defining and reducing live contact practice is to improve safety, including possibly decreasing student-athlete exposure for concussion and sub-concussive impacts. Reduced frequency of live contact practice may also allow even more time for teaching of proper tackling technique.

The biomechanical threshold (acceleration/deceleration/rotation) at which sport-related concussion occurs

is unknown. Likewise, there are no conclusive data for understanding the short- or long-term clinical impact of sub-concussive impacts. However, there are emerging data that football players are more frequently diagnosed with sport-related concussion on days with increased frequency and higher magnitude of head impact (greater than 100g linear acceleration).⁹⁻¹¹

Traditionally, the literature addressing differing levels of contact in football practice correlated with the protective equipment (uniform) worn. This means that full-pad practice correlated with full-contact and both half-pad (shell) and helmet-only practice correlated with less contact. However, coaches, administrators and athletics health care providers who helped to shape these guidelines have noted that contact during football practice is not determined primarily by the uniform, but rather by whether the intent of practice is centered on live contact versus teaching and conditioning. There are limited data that address this issue, and such data do not differentiate whether the intent of the practice is live tackling or teaching/conditioning. Within these limitations, non-published data from a single institution reveal the following:¹⁰

- The total number of non-concussive head impacts sustained in helmets-only and full-pad practices is higher than those sustained in games/scrimmages.
- Mild- and moderate-intensity head impacts occur at an essentially equal rate during full-pad and half-pad practices when the intent of practice is not noted.
- Severe-intensity head impacts are much more likely to occur during a game, followed by full-pad practices and half-pad practices.
- There is a 14-fold increase in concussive impacts in full-pad practices when compared to half-pad or helmets-only practices.
- Offensive linemen and defensive linemen experience more head impacts during both full-pad and half-pad practices relative to all other positions.

The guidelines below are based on: expert consensus from the two day summit referenced above; comments and recommendations from a broad constituency of the organizations listed; and internal NCAA staff members. Importantly, the emphasis is on limiting contact, regardless of whether the student-athlete is in full-pad, half-pad, or is participating in a helmet-only

practice. Equally importantly, the principles of sound and safe conditioning are an essential aspect of all practice and competition exposures.

These guidelines must be differentiated from legislation. For each section below that addresses a particular part of the football calendar, any legislation for that calendar period is referenced. As these guidelines are based on consensus and limited science, they are best viewed as a “living, breathing” document that will be updated, as we have with other health and safety guidelines, based on emerging science or sound observations that result from application of these guidelines. The intent is to reduce injury risk, but we must also be attentive to unintended consequences of shifting a practice paradigm based on consensus. For example, football preseason must prepare the student-athlete for the rigors of an aggressive, contact, rugged sport. Without adequate preparation, which includes live tackling, the student-athlete could be at risk of unforeseen injury during the inseason because of inadequate preparation. We plan to reanalyze these football practice contact guidelines at least annually. Additionally, we recognize that NCAA input for these guidelines came primarily from Division I Football Bowl Subdivision schools. Although we believe the guidelines can also be utilized for football programs in all NCAA divisions, we will be more inclusive in the development of future football contact practice guidelines.

DEFINITIONS

Live contact practice: Any practice that involves live tackling to the ground and/or full-speed blocking. Live contact practice may occur in full-pad or half-pad (also known as “shell,” in which the player wears shoulder pads and shorts, with or without thigh pads). Live contact does not include: (1) “thud” sessions, or (2) drills that involve “wrapping up;” in these scenarios players are not taken to the ground and contact is not aggressive in nature. Live contact practices are to be conducted in a manner consistent with existing rules that prohibit targeting to the head or neck area with the helmet, forearm, elbow, or shoulder, or the initiation of contact with the helmet.

Full-pad practice: Full-pad practice may or may not involve live contact. Full-pad practices that do not involve live contact are intended to provide preparation for a game that is played in a full uniform, with an emphasis on technique and conditioning versus impact.

Legislation versus guidelines: There exists relevant NCAA legislation for the following:

1. Preseason practice
 - a. DI FBS/FCS – NCAA Bylaws 17.9.2.3 and 17.9.2.4
 - b. DII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
 - c. DIII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
2. Inseason practice: No current NCAA legislation addresses contact during inseason practices.
3. Postseason practice: No current NCAA legislation addresses contact during postseason practices.
4. Bowl practice: No current NCAA legislation addresses contact during bowl practice.
5. Spring practice:
 - a. DI FBS/FCS – NCAA Bylaw 17.9.6.4
 - b. DII – NCAA Bylaw 17.9.8
 - c. DIII – NCAA Bylaw 17.9.6 – not referenced to as spring practice, but allows five (5) week period outside playing season.

The guidelines that follow do not represent legislation or rules. As noted in the appendix, the intent of providing consensus guidelines in year one of the inaugural Safety in College Football Summit is to provide consensus-based guidance that will be evaluated “real-time” as a “living and breathing” document that will become solidified over time through evidence-based observations and experience.

Preseason practice guidelines: For days in which institutions schedule a two-a-day practice, live contact practices are only allowed in one practice. A maximum four (4) live contact practices may occur in a given week, and a maximum of 12 total may occur in preseason. Only three practices (scrimmages) would allow for live contact in greater than 50 percent of the practice schedule.

Inseason practice guidelines: Inseason is defined as the period between six (6) days prior to the first regular-season game and the final regular-season game or conference championship game (for participating institutions). There may be no more than two (2) live contact practices per week.

Postseason guidelines: (FCS/DII/DIII) There may be no more than two (2) live contact practices per week.

Bowl practice guidelines: (FBS) There may be no more than two (2) live contact practices per week.

Spring practice guidelines: Of the 15 allowable sessions that may occur during the spring practice season, eight (8) practices may involve live contact; three (3) of these live contact practices may include

greater than 50 percent live contact (scrimmages). Live contact practices are limited to two (2) in a given week and may not occur on consecutive days.

REFERENCES

1. NCAA Football: 2013 and 2014 Rules and Interpretations.
2. Cantu RC, Mueller FO. Brain injury-related fatalities in American football, 1945-1999. *Neurosurgery* 2003; 52:846-852.
3. McAllister TW et al. Effect of head impacts on diffusivity measures in a cohort of collegiate contact sport athletes. *Neurology* 2014; 82:1-7.
4. Bailes JE et al. Role of subconcussion in repetitive mild traumatic brain injury. *J Neurosurg* 2013; 1-11.
5. McAllister TW et al. Cognitive effects of one season of head impacts in a cohort of collegiate contact sport athletes. *Neurology* 2012; 78:1777-1784.
6. Beckwith JG et al. Head impact exposure sustained by football players on days of diagnosed concussion. *Med Sci Sports Exerc* 2013; 45:737-746.
7. Talavage TM et al. Functionally-detected cognitive impairment in high school football players without clinically-diagnosed concussion. *J Neurotrauma* 2014; 31:327-338.
8. Miller JR et al. Comparison of preseason, midseason, and postseason neurocognitive scores in uninjured collegiate football players. *Am J Sports Med* 2007; 35:1284-1288.
9. Mihalik JP, Bell DR, Marshall SW, Guskiewicz KM. Measurement of head impacts in collegiate football players: an investigation of positional and event-type differences. *Neurosurgery* 2007; 61:1229-1235.
10. Trulock S, Oliaro S. Practice contact. Safety in College Football Summit. Presented January 22, 2014, Atlanta, GA.
11. Crison JJ et al. Frequency and location of head impact exposures in individual collegiate football players. *J Athl Train* 2010; 45:549-559.

ENDORSEMENTS

This Inter-Association Consensus: Year-Round Football Practice Contact Guidelines, has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Football Coaches Association
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- Football Championship Subdivision Executive Committee
- National Association of Collegiate Directors of Athletics
- National Athletic Trainers' Association
- National Football Foundation
- NCAA Concussion Task Force
- Sports Neuropsychological Society

APPENDIX E

NCAA INJURY SURVEILLANCE PROGRAM SUMMARY

July 2013

The NCAA Injury Surveillance Program was developed in 1982 to provide current and reliable data on injury trends in intercollegiate athletics. It collects injury and activity information in order to identify and highlight potential areas of concern and interest related to student-athlete health and safety.

Injury data are collected yearly by the Datalys Center from a sample of NCAA member institutions, and the resulting data summaries are reviewed by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. The committee's goal continues to be to reduce injury rates through suggested changes in rules, protective equipment or coaching techniques, based on the data.

In some instances, the evaluation of the injury surveillance information has led the NCAA to commission research studies to better understand the underlying factors that have contributed to the observed surveillance findings. To support the objective and nature of the NCAA Injury Surveillance Program – monitoring to identify areas of concern for potential further investigation – the Datalys Center does not collect identifiable information or treatment information.

PROGRAM BENEFITS

Participation in the NCAA Injury Surveillance Program supports rule and policy changes that improve student-athlete health and safety. In addition, program participation provides a number of benefits to athletic trainers and their institutions:

Safer participation in collegiate sports. In some cases, surveillance information has led to a mitigation of injuries and treatments (e.g., heat illness episodes).

Resource Justification and Allocation.

Surveillance information has been used in the NATA's Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics (AMCIA) document.

Supports Clinical Best Practices. Regional and national injury rate comparisons allow a university to explore relevant clinical best practices with appropriate peer groups.

Supports Risk Management Best Practice. The electronic documentation of injuries (e.g., through an Export Engine Certified vendor or the Injury Surveillance Tool) is a recognized risk management best practice.

NCAA INJURY SURVEILLANCE DATA REQUESTS

Research Requests allows researchers and academicians to request data from the NCAA Injury Surveillance Program for research purposes. The NCAA uses the Datalys Injury Statistics Clearinghouse (DISC) to process all requests to sports injury data. Researchers and others can request access to de-identified, line item exposure and injury data from the 2004-09 NCAA Injury Surveillance Program through a two-step process. Completion of appropriate material with initial approval by Datalys Center's Independent Review Committee is the first step. The NCAA will also internally review your application. Applications must have a focused and sound scientific rationale.

Visit Datalys Injury Statistics Clearinghouse (DISC) website at www.disc.datalyscenter.org to view available data and variables and to access the data request form.

Facilitates Paper Record Keeping Processes. For institutions managing their health records via a paper-process, the Injury Surveillance Tool facilitates the work flow and supports an enhanced level of documentation and record keeping.

TWO EASY WAYS TO PARTICIPATE:

The Injury Surveillance Tool (IST). The Injury Surveillance Tool facilitates the work flow in the athletic training room and supports an enhanced level of documentation and record keeping. The IST is designed as a free injury incident report, and allows documentation of injuries. In doing so, the IST provides important injury information to the Datalys Center and helps to initiate a paper record keeping process for the athletic trainer.

The Export Engine Program (EE). The Export Engine Program is a public data transmission standard that commercial vendors can voluntarily adopt. Through the Export Engine Program, athletic trainers can directly and easily submit data from their vendor systems to the Injury Surveillance Program. If you are considering a new system, be sure to look for the Datalys Certified logo. Its certified vendors currently include ATS, Nextt Solutions and SIMS.

DATA AVAILABILITY AND ACCESS

Injury surveillance data collected through the NCAA Injury Surveillance Program is available to the public through an application process administered by the Datalys Center Independent Review Committee located at www.disc.datalyscenter.org.

Sampling

Since its inception, the surveillance program has depended on a volunteer “convenience sample” of reporting schools. Participation is available to the population of institutions sponsoring a given sport. Schools qualifying for inclusion in the final sample are selected from the total participating schools for each NCAA sport, with the goal of representation of all three NCAA divisions. A school is selected as qualifying for the sample if it meets the minimum standards for data collection.

It is important to recognize that this system does not identify every injury that occurs at NCAA institutions in a particular sport. Rather, the emphasis is collecting all injuries and exposures from schools that voluntarily participate in the Injury Surveillance Program. The Injury Surveillance Program attempts to balance the dual needs of maintaining a reasonably representative cross-section of NCAA institutions while accommodating the needs of the voluntary participants.

Injuries

A reportable injury in the Injury Surveillance Program is defined as one that:

1. Occurs as a result of participation in an organized intercollegiate practice or competition; and
2. Requires medical attention by a team athletic trainer or physician regardless of time loss.

Exposures (Activity)

An athlete exposure is defined as one athlete participating in one practice or competition in which he or she is exposed to the possibility of athletics injury.

Injury Rate

An injury rate is simply a ratio of the number of injuries in a particular category to the number of athlete exposures in that category. This value is expressed as injuries per 1,000 athlete exposures.

All Sports Figures

The following figures outline selected information from the sports currently reported by the NCAA Injury Surveillance Program from 2004 to 2009. Complete summary reports for each sport are available online at

www.disc.datalyscenter.org.

Any questions regarding the NCAA Injury Surveillance Program or its data reports should be directed to: Zach Kerr, Director of the Injury Surveillance System, Datalys Center for Sports Injury Research and Prevention, Indianapolis, Indiana (317/275-3665).

John Parsons, Director, NCAA Sport Science Institute, P.O. Box 6222, Indianapolis, Indiana 46206-6222 (317/917-6456).

Chart 1: Competition and practice injury rates

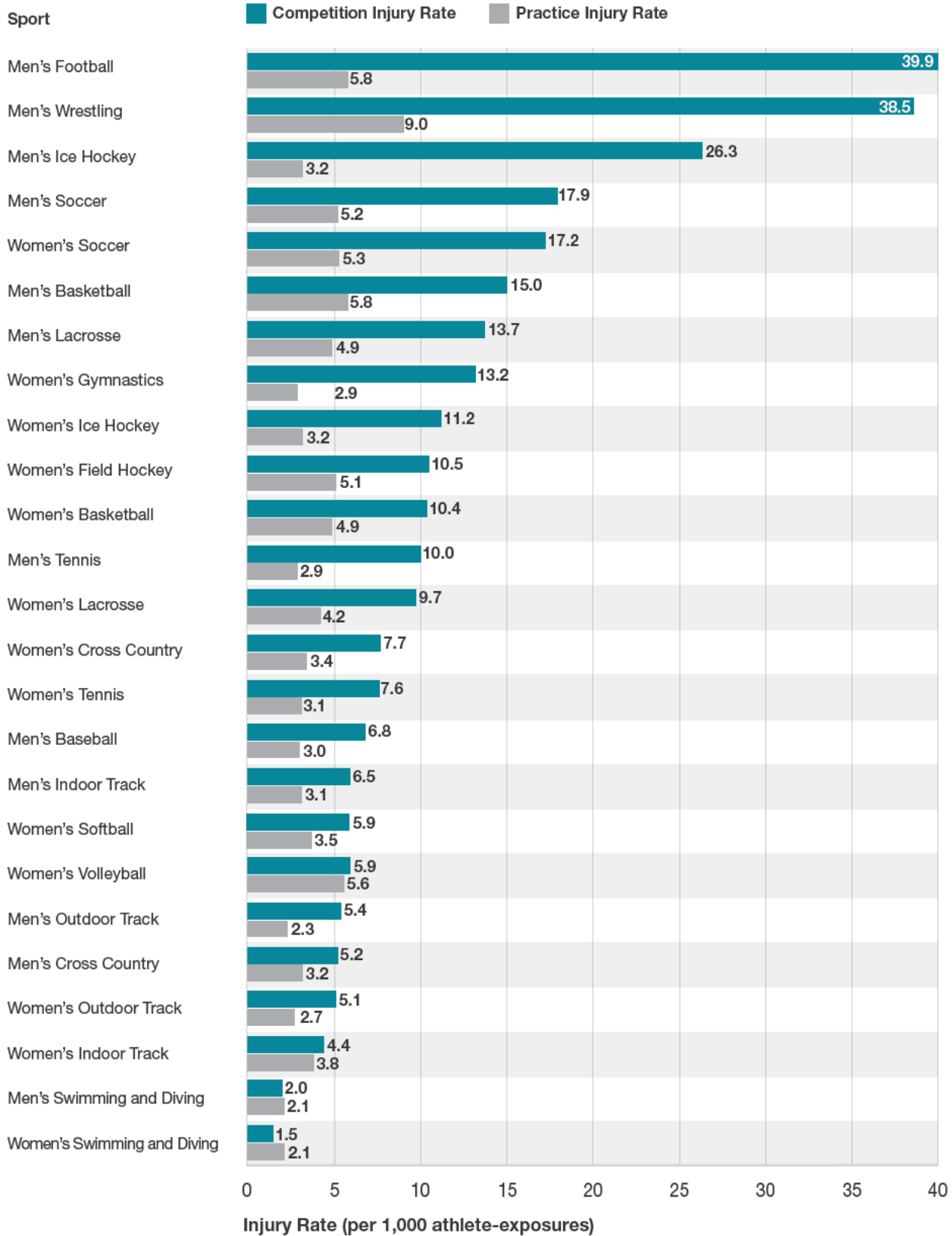


Figure illustrates the average injury rates from 2009-10 to 2013-14 data.

If a sport is not included, it is because there was not enough data collected to report that sport.

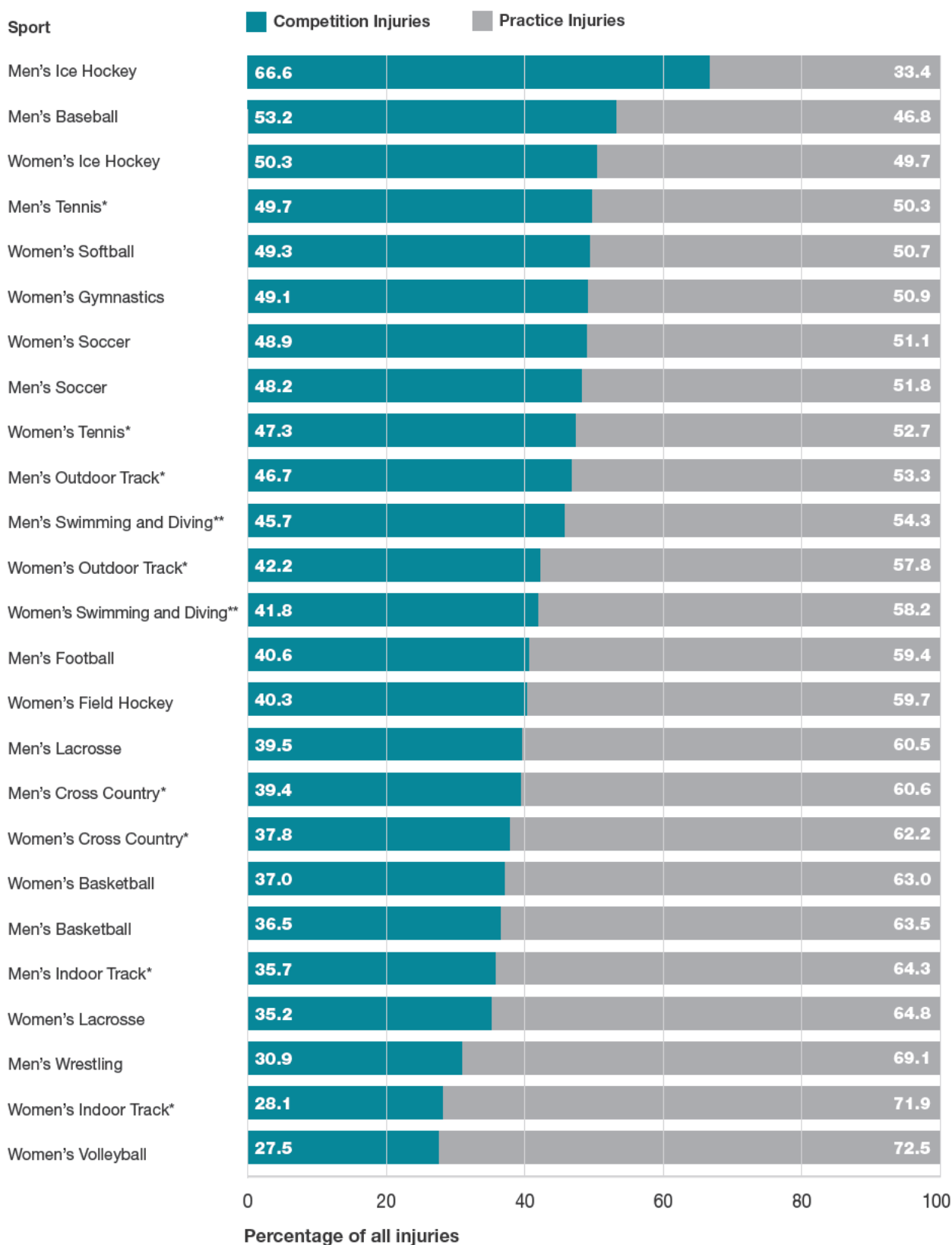
Chart 2: Percentage of all injuries occurring in practices and competition

Figure represents the national estimates of injury percentages for 25 sports from 2009 to 2014 unless otherwise noted below.

* Sports with data from 2005-06 to 2013-14 (9 years).

**Sports with data from 2006-07 to 2013-14 (8 years).

If a sport is not included in the figure, it is because there was not enough data collected to report that sport.

APPENDIX F

ACKNOWLEDGMENTS

From 1974 to 2014, the following individuals have served on the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and contributed to the information in the NCAA Sports Medicine Handbook:

John R. Adams
Western Athletic Conference

Ken Akizuki
University of San Francisco

Jeffrey Anderson
University of Connecticut

James R. Andrews, M.D.
Troy University

Elizabeth Arendt, M.D.
University of Minnesota, Twin Cities

William F. Arnet
University of Missouri, Columbia

James A. Arnold
University of Arkansas, Fayetteville

Janet Kay Bailey
Glenville State College

Dewayne Barnes
Whittier College

Amy Barr
Eastern Illinois University

Fred L. Behling
Stanford University

Daphne Benas
Yale University

Brant Berkstresser
Harvard University

John S. Biddiscombe
Wesleyan University (Connecticut)

Carl S. Blyth
University of North Carolina, Chapel Hill

Cindy D. Brauck
Missouri Western State University

Donald Bunce, M.D.
Stanford University

Elsworth R. Buskirk
Pennsylvania State University

Peter D. Carlon
University of Texas, Arlington

Gene A. Carpenter
Millersville University of Pennsylvania

Frank Carr
Earlham College

Marino H. Casem
Southern University, Baton Rouge

Nicholas J. Cassissi, M.D.
University of Florida

Rita Castagna
Assumption College

Charles Cavagnaro
University of Memphis

Kathy D. Clark
University of Idaho

Kenneth S. Clarke
Pennsylvania State University

Priscilla M. Clarkson
University of Massachusetts, Amherst

Bob Colgate
*National Federation of State
High School Associations*

Donald Cooper, M.D.
Oklahoma State University

Kip Corrington
Texas A&M University, College Station

Lauren Costello, M.D.
Princeton University

Ron Courson
University of Georgia

Carmen Cozza
Yale University

Scot Dapp
Moravian College

Bernie DePalma
Cornell University

Jerry L. Diehl
*National Federation of State
High School Associations*

Randy Eichner
University of Oklahoma

Brenna Ellis
University of Texas at San Antonio

Larry Fitzgerald
Southern Connecticut State University

Gregory Frazer
Duquesne University

Paul W. Gikas, M.D.
University of Michigan

Pamela Gill-Fisher
University of California, Davis

Michelle Gober
Kutztown University of Pennsylvania

Gordon L. Graham
Minnesota State University, Mankato

Gary A. Green, M.D.
University of California, Los Angeles

Letha Griffin, M.D.
Georgia State University

Eric Hall
Elon University

Eric Hamilton
The College of New Jersey

Kim Harmon
University of Washington

Richard J. Hazelton
Trinity College (Connecticut)

Larry Holstad
Winona State University

Maria J. Hutsick
Boston University

Nell C. Jackson
Binghamton University

John K. Johnston
Princeton University

Don Kaverman
Southeast Missouri State University

Janet R. Kittell
California State University, Chico

Fran Koenig
Central Michigan University

Olav B. Kollevoll
Lafayette College

Jerry Koloskie
University of Nevada, Las Vegas

Roy F. Kramer
Vanderbilt University

Michael Krauss, M.D.
Purdue University

Carl F. Krein
Central Connecticut State University

Russell M. Lane, M.D.
Amherst College

Melinda Larson
Whitworth University

Kelsey Logan
The Ohio State University

John Lombardo, M.D.
The Ohio State University

Scott Lynch
Pennsylvania State University

William B. Manlove Jr.
Delaware Valley College

Jeff Martinez
University of Redlands

Lois Mattice
California State University, Sacramento

Arnold Mazur, M.D.
Boston College

Chris McGrew, M.D.
University of New Mexico

William D. McHenry
Washington and Lee University

Malcolm C. McInnis Jr.
University of Tennessee, Knoxville

Douglas B. McKeag, M.D.
Michigan State University

Kathleen M. McNally
La Salle University

Robin Meiggs
Humboldt State University

Dale P. Mildenberger
Utah State University

Melinda L. Millard-Stafford
Georgia Institute of Technology

Fred L. Miller
Arizona State University

Matthew Mitten
Marquette University

James Morgan
California State University, Chico

Frederick O. Mueller
*University of North Carolina,
Chapel Hill*

David M. Nelson
University of Delaware

William E. Newell
Purdue University

Jeffrey O'Connell
University of Virginia

Roderick Paige
Texas Southern University

Joseph V. Paterno
Pennsylvania State University

Marc Paul
University of Nevada, Reno

Daniel Pepicelli
St. John Fisher College

Frank Pettrone, M.D.
George Mason University

Marcus L. Plant
University of Michigan

Sourav Poddar
University of Colorado, Boulder

Nicole Porter
*Shippensburg University
of Pennsylvania*

Will Prewitt
Great American Conference

James C. Puffer, M.D.
University of California, Los Angeles

Margot Putukian
Princeton University

Ann Quinn-Zobeck
University of Northern Colorado

Tracy Ray
Samford University

Butch Raymond
Northern Sun Intercollegiate Conference

Joy L. Reighn
Rowan University

Frank J. Remington
University of Wisconsin, Madison

Rochel Rittgers
Augustana College (Illinois)

Darryl D. Rogers
Southern Connecticut State University

Yvette Rooks
University of Maryland, College Park

Debra Runkle
University of Dubuque

Lori Runksmeier
New England College

Felix Savoie
Tulane University

Richard D. Schindler
*National Federation of State
High School Associations*

Kathy Schniedwind
Illinois State University

Brian J. Sharkey
University of Montana

Willie G. Shaw
North Carolina Central University

Jen Palancia Shipp
*University of North Carolina
at Greensboro*

Gary Skrinar
Boston University

Andrew Smith
Canisius College

Bryan W. Smith, M.D.
University of North Carolina, Chapel Hill

Lynn Snyder-Mackler
Lyndon State College

Michael Storey
Bridgewater State University

Grant Teaff
Baylor University

Carol C. Teitz, M.D.
University of Washington

Patricia Thomas
Georgetown University

Susan S. True
*National Federation of State
High School Associations*

Laurie Turner
University of California, San Diego

Christopher Ummer
Lyndon State College

Jerry Weber
University of Nebraska, Lincoln

Christine Wells
Arizona State University

Kevin M. White

Tulane University

Robert C. White

Wayne State University (Michigan)

Sue Williams

University of California, Davis

Charlie Wilson

Olivet College

G. Dennis Wilson

Auburn University

Mary Wisniewski

University of Chicago

Glenn Wong

University of Massachusetts, Amherst

Joseph P. Zabitski

Northeastern University

Connee Zotos

Drew University



The NCAA salutes the more than
460,000 student-athletes
participating in **23** sports at more
than **1,100** member institutions

TAB 4

Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as Public Acts soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the Guide.

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS

(225 ILCS 5/) Illinois Athletic Trainers Practice Act.

(225 ILCS 5/1) (from Ch. 111, par. 7601)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Declaration of findings and public policy. The General Assembly finds that athletic training in the State of Illinois affects the public health, welfare, and safety and its regulation and control to be in the public interest. It is further found and declared that, as a matter of public policy in the public interest, athletic trainers, as defined in this Act, merit and receive the understanding and confidence of the public and, to this end, that only qualified persons be permitted to hold themselves out to the public as athletic trainers in the State of Illinois. This Act shall be liberally construed to best carry out these findings and purposes.

(Source: P.A. 84-1080.)

(225 ILCS 5/2) (from Ch. 111, par. 7602)

(Section scheduled to be repealed on January 1, 2026)

Sec. 2. Title. This Act shall be known and may be cited as the "Illinois Athletic Trainers Practice Act".

(Source: P.A. 84-1080.)

(225 ILCS 5/3) (from Ch. 111, par. 7603)

(Section scheduled to be repealed on January 1, 2026)

Sec. 3. Definitions. As used in this Act:

(1) "Department" means the Department of Financial and Professional Regulation.

(2) "Secretary" means the Secretary of Financial and Professional Regulation.

(3) "Board" means the Illinois Board of Athletic Trainers appointed by the Secretary.

(4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:

A. Supervision of the selection, fitting, and maintenance of protective equipment;

B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;

C. Counseling of athletes on nutrition and hygiene;

D. Supervision of athletic training facility and inspection of playing facilities;

E. Selection and maintenance of athletic training equipment and supplies;

F. Instruction and supervision of student trainer staff;

G. Coordination with a team physician to provide:

(i) pre-competition physical exam and health history updates,

(ii) game coverage or phone access to a physician or paramedic,

(iii) follow-up injury care,

(iv) reconditioning programs, and

(v) assistance on all matters pertaining to the health and well-being of athletes.

H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;

I. With a physician, determination of when an athlete may safely return to full participation post-injury; and

J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

(5) "Referral" means the guidance and direction given by the physician, who shall maintain supervision of the athlete.

(6) "Athletic trainer aide" means a person who has received on-the-job training specific to the facility in which he or she is employed, on either a paid or volunteer basis, but is not enrolled in an accredited athletic training curriculum.

(7) "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address, and those changes must be made either through the Department's website or by contacting the Department.

(8) "Board of Certification" means the Board of Certification for the Athletic Trainer.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/4) (from Ch. 111, par. 7604)

(Section scheduled to be repealed on January 1, 2026)

Sec. 4. Licensure; exempt activities. No person shall provide any of the services set forth in subsection (4) of Section 3 of this Act, or use the title "athletic trainer" or "certified athletic trainer" or "athletic trainer certified" or "licensed athletic trainer" or the letters "A.T.", "C.A.T.", "A.T.C.", "A.C.T.", or "I.A.T.L." after his or her name, unless licensed under this Act.

Nothing in this Act shall be construed as preventing or restricting the practice, services, or activities of:

(1) Any person licensed or registered in this State by any other law from engaging in the profession or occupation for which he or she is licensed or registered.

(2) Any person employed as an athletic trainer by the Government of the United States, if such person provides athletic training solely under the direction or control of the organization by which he or she is employed.

(3) Any person pursuing a course of study leading to a degree or certificate in athletic training at an accredited educational program if such activities and services constitute a part of a supervised course of study involving daily personal or verbal contact at the site of supervision between the athletic training student and the licensed athletic trainer who plans, directs, advises, and evaluates the student's athletic training clinical education. The supervising licensed athletic trainer must be on-site where the athletic training clinical education is being obtained. A person meeting the criteria under this paragraph (3) must be designated by a title which clearly indicates his or her status as a student or trainee.

(4) (Blank).

(5) The practice of athletic training under the supervision of a licensed athletic trainer by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9 except the passing of the examination to be eligible to receive such license. This temporary right to act as an athletic trainer shall expire 3 months after the filing of his or her written application to the Department; when the applicant has been notified of his or her failure to pass the examination authorized by the Department; when the applicant has withdrawn his or her application; when the applicant has received a license from the Department after successfully passing the examination authorized by the Department; or when the applicant has been notified by the Department to cease and desist from practicing, whichever occurs first. This provision shall not apply to an applicant who has previously failed the examination.

(6) Any person in a coaching position from rendering emergency care on an as needed basis to the athletes under his or her supervision when a licensed athletic trainer is not available.

(7) Any person who is an athletic trainer from another state or territory of the United States or another nation, state, or territory acting as an athletic trainer while performing his or her duties for his or her respective non-Illinois based team or organization, so long as he or she restricts his or her duties to his or her team or organization during the course of his or her team's or organization's stay in this State. For the purposes of this Act, a team shall be considered based in Illinois if its home contests are held in Illinois, regardless of the location of the team's administrative offices.

(8) The practice of athletic training by persons licensed in another state who have applied in writing to the Department for licensure by endorsement. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of

intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.

(9) The practice of athletic training by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.

(10) The practice of athletic training by persons actively licensed as an athletic trainer in another state or territory of the United States or another country, or currently certified by the Board of Certification, or its successor entity, at a special athletic tournament or event conducted by a sanctioned amateur athletic organization, including, but not limited to, the Prairie State Games and the Special Olympics, for no more than 14 days. This shall not include contests or events that are part of a scheduled series of regular season events.

(11) Athletic trainer aides from performing patient care activities under the on-site supervision of a licensed athletic trainer. These patient care activities shall not include interpretation of referrals or evaluation procedures, planning or major modifications of patient programs, administration of medication, or solo practice or event coverage without immediate access to a licensed athletic trainer.

(12) Persons or entities practicing the specified occupations set forth in subsection (a) of, and pursuant to a licensing exemption granted in subsection (b) or (d) of, Section 2105-350 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, but only for so long as the 2016 Olympic and Paralympic Games Professional Licensure Exemption Law is operable.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/5) (from Ch. 111, par. 7605)

(Section scheduled to be repealed on January 1, 2026)

Sec. 5. Administration of Act; rules and forms.

(a) The Department shall exercise the powers and duties prescribed by the Civil Administrative Code of Illinois for the administration of Licensure Acts and shall exercise such other powers and duties necessary for effectuating the purposes of this Act.

(b) The Secretary may promulgate rules consistent with the provisions of this Act for the administration and enforcement thereof, and for the payment of fees connected therewith, and may prescribe forms which shall be issued in connection therewith. The rules may include standards and criteria for licensure, certification, and professional conduct and discipline. The Department may consult with the Board in promulgating rules.

(c) The Department may at any time seek the advice and the expert knowledge of the Board on any matter relating to the administration of this Act.

(d) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/6) (from Ch. 111, par. 7606)

(Section scheduled to be repealed on January 1, 2026)

Sec. 6. Board. The Secretary shall appoint an Illinois Board of Athletic Trainers as follows: 7 persons who shall be appointed by and shall serve in an advisory capacity to the Secretary. Two members must be licensed physicians in good standing in this State; 4 members must be licensed athletic trainers in good standing, and actively engaged in the practice or teaching of athletic training in this State; and 1 member must be a public member who is not licensed under this Act, or a similar Act of another jurisdiction, and is not a provider of athletic health care service.

Members shall serve 4 year terms and until their successors are appointed and qualified. No member shall be reappointed to the Board for more than 2 consecutive terms. Appointments to fill vacancies shall be made in the same manner as original appointments, for the unexpired portion of the vacated term.

The Secretary shall have the authority to remove or suspend any member of the Board for cause at any time before the expiration of his or her term. The Secretary shall be the sole arbiter of cause which in the opinion of the Secretary reasonably justifies such termination.

The Secretary may consider the recommendation of the Board on questions involving standards of professional conduct, discipline, and qualifications of candidates and license holders under this Act.

Four members of the Board shall constitute a quorum. A quorum is required for all Board decisions. Members of the Board have no liability in any action based upon any disciplinary proceeding or other activity performed in good faith as a member of the Board. Members of the Board shall be reimbursed for all legitimate, necessary, and authorized expenses incurred in attending the meetings of the Board, from funds appropriated for that purpose.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7) (from Ch. 111, par. 7607)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7. Applications for original licensure. Applications for original licensure shall be made to the Department in writing on forms prescribed by the Department and shall be accompanied by the required fee, which shall not be returnable. Any such application shall require such information as in the judgment of the Department will enable the Department to pass on the qualifications of the applicant for licensure. Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7.5. Social Security Number on license application. In addition to any other information required to be contained in

the application, every application for an original license under this Act shall include the applicant's Social Security Number, which shall be retained in the Department's records pertaining to the license. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license. Every application for a renewal or restored license shall require the applicant's customer identification number.
(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/8) (from Ch. 111, par. 7608)

(Section scheduled to be repealed on January 1, 2026)

Sec. 8. Examinations. If an applicant neglects, fails, or refuses to take an examination or fails to pass an examination for licensure under this Act within 3 years after filing his or her application, the application shall be denied. The applicant may thereafter make a new application accompanied by the required fee; however, the applicant shall meet all requirements in effect at the time of subsequent application before obtaining licensure.

The Department may employ consultants for the purposes of preparing and conducting examinations.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/9) (from Ch. 111, par. 7609)

(Section scheduled to be repealed on January 1, 2026)

Sec. 9. Qualifications for licensure. A person shall be qualified for licensure as an athletic trainer if he or she fulfills all of the following:

(a) Has graduated from a curriculum in athletic training accredited by the Commission on Accreditation of Athletic Training Education (CAATE), its successor entity, or its equivalent, as approved by the Department.

(b) Gives proof of current certification, on the date of application, in cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) for Healthcare Providers and Professional Rescuers or its equivalent based on American Red Cross or American Heart Association standards.

(b-5) Has graduated from a 4 year accredited college or university.

(c) Has passed an examination approved by the Department to determine his or her fitness for practice as an athletic trainer, or is entitled to be licensed without examination as provided in Sections 7 and 8 of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/10) (from Ch. 111, par. 7610)

(Section scheduled to be repealed on January 1, 2026)

Sec. 10. Expiration and renewal; continuing education requirement. The expiration date and renewal period for licenses issued under this Act shall be set by rule. As a condition for renewal of a license, licensees shall be required to complete continuing education in athletic training in accordance with rules established by the Department.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/11) (from Ch. 111, par. 7611)

(Section scheduled to be repealed on January 1, 2026)

Sec. 11. Inactive licenses; restoration. Any athletic

trainer who notifies the Department in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status.

Any athletic trainer requesting restoration from inactive status shall be required to pay the current renewal fee, shall demonstrate compliance with continuing education requirements, if any, and shall be required to restore his or her license as provided in Section 12.

Any athletic trainer whose license is in expired or inactive status shall not practice athletic training in the State of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/12) (from Ch. 111, par. 7612)

(Section scheduled to be repealed on January 1, 2026)

Sec. 12. Restoration of expired licenses. An athletic trainer who has permitted his or her license to expire or who has had his or her license on inactive status may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying active lawful practice in another jurisdiction.

If the athletic trainer has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for restoration.

Any athletic trainer whose license has been expired for more than 5 years may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, including sworn evidence certifying to active practice in another jurisdiction and by paying the required restoration fee. However, any athletic trainer whose license has expired while he or she has been engaged (1) in the federal service in active duty with the Army of the United States, the United States Navy, the Marine Corps, the Air Force, the Coast Guard, or the State Militia called into the service or training of the United States of America, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have his or her license restored without paying any lapsed renewal fees or restoration fee, if within 2 years after termination of such service, training, or education, other than by dishonorable discharge, he or she furnished the Department with an affidavit to the effect that he or she has been so engaged and that his or her service, training, or education has been so terminated.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/13) (from Ch. 111, par. 7613)

(Section scheduled to be repealed on January 1, 2026)

Sec. 13. Endorsement. The Department may, at its discretion, license as an athletic trainer, without examination, on payment of the required fee, an applicant for licensure who is an athletic trainer registered or licensed under the laws of

another jurisdiction if the requirements pertaining to athletic trainers in such jurisdiction were at the date of his or her registration or licensure substantially equal to the requirements in force in Illinois on that date or equivalent to the requirements of this Act.

Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee forfeited and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/14) (from Ch. 111, par. 7614)

(Section scheduled to be repealed on January 1, 2026)

Sec. 14. Fees; returned checks. The fees for administration and enforcement of this Act, including but not limited to original licensure, renewal, and restoration shall be set by rule. The fees shall be non-refundable.

Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50.

The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or certificate or deny the application, without hearing. If, after termination or denial, the person seeks a license or certificate, he or she shall apply to the Department for restoration or issuance of the license or certificate and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license or certificate to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/15) (from Ch. 111, par. 7615)

(Section scheduled to be repealed on January 1, 2026)

Sec. 15. Roster of licensees. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose license has been suspended or revoked within the previous year. This roster shall be available upon written request and payment of the required fee.

(Source: P.A. 89-216, eff. 1-1-96.)

(225 ILCS 5/16) (from Ch. 111, par. 7616)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16. Grounds for discipline.

(1) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary action as the Department may deem proper, including

finer not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the following:

- (A) Material misstatement in furnishing information to the Department;
- (B) Violations of this Act, or of the rules or regulations promulgated hereunder;
- (C) Conviction of or plea of guilty to any crime under the Criminal Code of 2012 or the laws of any jurisdiction of the United States that is (i) a felony, (ii) a misdemeanor, an essential element of which is dishonesty, or (iii) of any crime that is directly related to the practice of the profession;
- (D) Fraud or any misrepresentation in applying for or procuring a license under this Act, or in connection with applying for renewal of a license under this Act;
- (E) Professional incompetence or gross negligence;
- (F) Malpractice;
- (G) Aiding or assisting another person, firm, partnership, or corporation in violating any provision of this Act or rules;
- (H) Failing, within 60 days, to provide information in response to a written request made by the Department;
- (I) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public;
- (J) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety;
- (K) Discipline by another state, unit of government, government agency, the District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;
- (L) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this subparagraph (L) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this subparagraph (L) shall be construed to require an employment arrangement to receive professional fees for services rendered;
- (M) A finding by the Department that the licensee after having his or her license disciplined has violated the terms of probation;
- (N) Abandonment of an athlete;
- (O) Willfully making or filing false records or reports in his or her practice, including but not limited to false records filed with State agencies or departments;
- (P) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

(Q) Physical illness, including but not limited to deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety;

(R) Solicitation of professional services other than by permitted institutional policy;

(S) The use of any words, abbreviations, figures or letters with the intention of indicating practice as an athletic trainer without a valid license as an athletic trainer under this Act;

(T) The evaluation or treatment of ailments of human beings other than by the practice of athletic training as defined in this Act or the treatment of injuries of athletes by a licensed athletic trainer except by the referral of a physician, podiatric physician, or dentist;

(U) Willfully violating or knowingly assisting in the violation of any law of this State relating to the use of habit-forming drugs;

(V) Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

(W) Continued practice by a person knowingly having an infectious communicable or contagious disease;

(X) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to the Abused and Neglected Child Reporting Act and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act;

(Y) (Blank);

(Z) Failure to fulfill continuing education requirements;

(AA) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act;

(BB) Practicing under a false or, except as provided by law, assumed name;

(CC) Promotion of the sale of drugs, devices, appliances, or goods provided in any manner to exploit the client for the financial gain of the licensee;

(DD) Gross, willful, or continued overcharging for professional services;

(EE) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety; or

(FF) Cheating on or attempting to subvert the licensing examination administered under this Act.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issuance of an order so finding and discharging the licensee.

(3) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied in accordance with subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(4) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual who is licensed under this Act or any individual who has applied for licensure to submit to a mental or physical examination or evaluation, or both, which may include a substance abuse or sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination.

Failure of any individual to submit to a mental or physical examination or evaluation, or both, when directed, shall result in an automatic suspension without hearing, until such time as the individual submits to the examination. If the Department

finds a licensee unable to practice because of the reasons set forth in this Section, the Department shall require the licensee to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or renewed licensure.

When the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the licensee's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals licensed under this Act who are affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their license.

(5) The Department shall deny a license or renewal authorized by this Act to a person who has defaulted on an educational loan or scholarship provided or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(6) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 98-214, eff. 8-9-13; 99-469, eff. 8-26-15.)

(225 ILCS 5/16.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16.5. Suspension of license for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or the Criminal Code of 2012. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

(225 ILCS 5/17) (from Ch. 111, par. 7617)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Violations; injunction; cease and desist order.

(a) If any person violates a provision of this Act, the Secretary may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois

or the State's Attorney of the county in which the violation is alleged to have occurred, petition for an order enjoining such violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in such court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall hold himself or herself out in a manner prohibited by this Act, any interested party or any person injured thereby may, in addition to the Secretary, petition for relief as provided in subsection (a) of this Section.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him or her. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/17.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17.5. Unlicensed practice; violation; civil penalty.

(a) In addition to any other penalty provided by law, any person who practices, offers to practice, attempts to practice, or holds oneself out to practice as a licensed athletic trainer without being licensed under this Act shall, in addition to any other penalty provided by law, pay a civil penalty to the Department in an amount not to exceed \$10,000 for each offense as determined by the Department. The civil penalty shall be assessed by the Department after a hearing is held in accordance with the provisions set forth in this Act regarding the provision of a hearing for the discipline of a licensee.

(b) The Department has the authority and power to investigate any and all unlicensed activity.

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty or in accordance with the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/18) (from Ch. 111, par. 7618)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18. Investigations; notice and hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before refusing to issue or to renew a license or disciplining a registrant, at least 30 days prior to the date set for the hearing, notify in writing the applicant or licensee of the nature of the charges and the time and place that a hearing will be held on the charges. The Department shall direct

the applicant or licensee to file a written answer under oath within 20 days after the service of the notice. In case the person fails to file an answer after receiving notice, his or her license or certificate may, in the discretion of the Department, be suspended, revoked, or placed on probationary status, or the Department may take whatever disciplinary action deemed proper, including limiting the scope, nature, or extent of the person's practice or the imposition of a fine, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act. At the time and place fixed in the notice, the Department shall proceed to hear the charges, and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to their defense. The Department may continue a hearing from time to time. The written notice and any notice in the subsequent proceeding may be served by registered or certified mail to the licensee's address of record.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/18.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18.5. Confidentiality. All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Department and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department may not disclose the information to anyone other than law enforcement officials, other regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19) (from Ch. 111, par. 7619)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19. Record of proceedings. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Board and order of the Department shall be the record of such proceeding. Any licensee who is found to have violated this Act or who fails to appear for a hearing to refuse to issue, restore, or renew a license or to discipline a licensee may be required by the Department to pay for the costs of the proceeding. These costs are limited to costs for court reporters, transcripts, and witness attendance and mileage fees. All costs imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19.5. Subpoenas; oaths. The Department may subpoena and bring before it any person and may take the oral or written testimony of any person or compel the production of any books, papers, records, or any other documents that the Secretary or his or her designee deems relevant or material to an investigation or hearing conducted by the Department with the same fees and mileage and in the same manner as prescribed by law in judicial procedure in civil cases in courts of this State.

The Secretary, the designated hearing officer, any member of the Board, or a certified shorthand court reporter may administer oaths at any hearing which the Department conducts. Notwithstanding any other statute or Department rule to the contrary, all requests for testimony or production of documents or records shall be in accordance with this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/20) (from Ch. 111, par. 7620)

(Section scheduled to be repealed on January 1, 2026)

Sec. 20. Attendance of witnesses; contempt. Any circuit court may, upon application of the Department or its designee or of the applicant or licensee against whom proceedings pursuant to Section 20 of this Act are pending, enter an order requiring the attendance of witnesses and their testimony, and the production of documents, papers, files, books, and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/21) (from Ch. 111, par. 7621)

(Section scheduled to be repealed on January 1, 2026)

Sec. 21. Findings of Board. At the conclusion of the hearing the Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding of whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The Board shall specify the nature of the violation or failure to comply, and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendations of the Board shall be the basis for the Department's order refusing to issue, restore, or renew a license, or otherwise disciplining a licensee. If the Secretary disagrees with the report of the Board, the Secretary may issue an order in contravention of the Board report. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/22) (from Ch. 111, par. 7622)

(Section scheduled to be repealed on January 1, 2026)

Sec. 22. Report of Board; motion for rehearing. In any case involving the refusal to issue or renew a license or the discipline of a licensee, a copy of the Board's report shall be

served upon the respondent by the Department as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may enter an order in accordance with recommendations of the Board except as provided in Section 23 of this Act. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/23) (from Ch. 111, par. 7623)

(Section scheduled to be repealed on January 1, 2026)

Sec. 23. Rehearing. Whenever the Secretary is satisfied that substantial justice has not been done in the revocation or suspension of a license or refusal to issue or renew a license, the Secretary may order a rehearing by the same or other examiners.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/24) (from Ch. 111, par. 7624)

(Section scheduled to be repealed on January 1, 2026)

Sec. 24. Hearing officer appointment. The Secretary shall have the authority to appoint any attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any action for refusal to issue or renew a license, or for the taking of disciplinary action against a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the Board and the Secretary. The Board shall have 90 days from receipt of the report to review the report of the hearing officer and present its findings of fact, conclusions of law and recommendation to the Secretary. If the Board fails to present its report within the 90 day period, the Secretary may issue an order based on the report of the hearing officer. If the Secretary determines that the Board's report is contrary to the manifest weight of the evidence, he or she may issue an order in contravention of the Board's report.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/25) (from Ch. 111, par. 7625)

(Section scheduled to be repealed on January 1, 2026)

Sec. 25. Order or certified copy; prima facie proof. An order or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary, shall be prima facie proof:

(a) That such signature is the genuine signature of the Secretary;

(b) That such Secretary is duly appointed and qualified;

(c) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/26) (from Ch. 111, par. 7626)

(Section scheduled to be repealed on January 1, 2026)

Sec. 26. Restoration of license from discipline. At any time after the successful completion of a term of indefinite probation, suspension or revocation of any license, the Department may restore the license to the licensee, unless, after an investigation and a hearing, the Secretary determines that restoration is not in the public interest or that the licensee has not been sufficiently rehabilitated to warrant the public trust. No person or entity whose license, certificate, or authority has been revoked as authorized in this Act may apply for restoration of that license, certificate, or authority until such time as provided for in the Civil Administrative Code of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/27) (from Ch. 111, par. 7627)

(Section scheduled to be repealed on January 1, 2026)

Sec. 27. Surrender of license. Upon the revocation or suspension of any license, the licensee shall forthwith surrender the license or licenses to the Department, and if he or she fails to do so, the Department shall have the right to seize the license.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/28) (from Ch. 111, par. 7628)

(Section scheduled to be repealed on January 1, 2026)

Sec. 28. Summary suspension of a license. The Secretary may summarily suspend the license of an athletic trainer without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 20 of this Act, if the Secretary finds that evidence indicates that an athletic trainer's continuation in practice would constitute an imminent danger to the public. In the event that the Secretary suspends, summarily, the license of an athletic trainer without a hearing, a hearing shall be commenced within 30 days after such suspension has occurred and shall be concluded as expeditiously as possible.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/29) (from Ch. 111, par. 7629)

(Section scheduled to be repealed on January 1, 2026)

Sec. 29. Administrative review; venue. All final administrative decisions of the Department are subject to judicial review pursuant to the provisions of the "Administrative Review Law" and all rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides; but if the party is not a resident of this State, the venue shall be in Sangamon County.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/30) (from Ch. 111, par. 7630)

(Section scheduled to be repealed on January 1, 2026)

Sec. 30. Certifications of record; costs. The Department shall not be required to certify any record to the Court or file any answer in court or otherwise appear in any court in a

judicial review proceeding, unless and until the Department has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the Department. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court shall be grounds for dismissal of the action.
(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/31) (from Ch. 111, par. 7631)

(Section scheduled to be repealed on January 1, 2026)

Sec. 31. Criminal penalties. Any person who is found to have violated any provision of this Act is guilty of a Class A misdemeanor for a first offense. On conviction of a second or subsequent offense, the violator shall be guilty of a Class 4 felony.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/32) (from Ch. 111, par. 7632)

(Section scheduled to be repealed on January 1, 2026)

Sec. 32. Administrative Procedure Act applicable. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the certificate holder has the right to show compliance with all lawful requirements for retention, continuation or renewal of certification is specifically excluded. For the purpose of this Act the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party.

(Source: P.A. 88-45.)

(225 ILCS 5/33) (from Ch. 111, par. 7633)

(Section scheduled to be repealed on January 1, 2026)

Sec. 33. Public policy. It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

(Source: P.A. 84-1080.)

(225 ILCS 5/34) (from Ch. 111, par. 7634)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34. Persons currently practicing. Any person currently holding an active Illinois license as an athletic trainer on the effective date of this amendatory Act of the 94th General Assembly shall be considered licensed under this Act.

Applications for a license under this Section must be made within 180 days from the effective date of this Act.

(Source: P.A. 94-246, eff. 1-1-06.)

(225 ILCS 5/34.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34.1. Partial invalidity. If any portion of this Act is held invalid, such invalidity shall not affect any other part of

this Act, which can be given effect without the invalid portion.
(Source: P.A. 94-246, eff. 1-1-06.)

(225 ILCS 5/35)

(Section scheduled to be repealed on January 1, 2026)

Sec. 35. Deposit of fees and fines; appropriations. All of the fees and fines collected under this Act shall be deposited in the General Professions Dedicated Fund. All monies in the fund shall be used by the Department, as appropriated, for the ordinary and contingent expenses of the Department.

(Source: P.A. 89-216, eff. 1-1-96.)

TAB 5

UNIVERSITY OF ILLINOIS
Sports Medicine/Athletic Training
Policy and Procedures

Mission:

The University of Illinois's Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete. The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.

Sports Medicine Team and Medical Facilities

The Sports Medicine staff is comprised of team 14 full time Certified Athletic Trainers, four graduate assistant Certified Athletic Trainers, five Sports Medicine physicians, two full time Sports nutritionists, a Sports nutrition intern and multiple other allied health care professionals that are at our disposal.

Carle Foundation Hospital

Carle Foundation Hospital is a multi-specialty hospital, which consists of Sports Medicine trained physicians and certified specialists in all fields. It provides both in and out-patient care and is oriented towards providing optimum care for their patients. Their professional staff provides us with the best and most convenient medical care possible.

McKinley Student Health Center

The Sports Medicine Department works with the Student Health Center to provide general medical care, as well as Mental Health, Sexual Health, Preventive Health Awareness and Health Education Programs for all students. McKinley is open 8:00 a.m. - 4:30 p.m., Monday-Saturday with 24 hour a day phone service called Dial-A-Nurse to answer health related questions and give advice.

Physical Examinations

All incoming freshman and transfer student-athletes must receive a pre-participation physical exam by one of the DIA team physicians prior to participation in any DIA sport or cheerleading at the University of Illinois. During subsequent years all student-athletes will complete a returning health questionnaire and have their previous medical history reviewed by the Athletic Training staff and team physicians.

"Each student athlete and cheerleader shall have an initial physical examination when they enter a Conference intercollegiate sports program. The extent of the physical examination including laboratory studies and other diagnostic procedures will be determined by our team physician. Thereafter, an annual review of their health status shall be performed. This may include a physical examination at the discretion of the team physician. The final decision on physical qualification or reason for rejection shall be the responsibility of the team physician. [Regulation 2, Section 1, Handbook of the Intercollegiate (Big Ten) Conference.]"

Immunization Records/Health History

The University of Illinois requires that all students submit information to McKinley Health Center regarding immunizations and family/personal medical history. **We have not included this form in our packet.** You should have already received it by way of the admissions office. It is necessary to fill out and return the form according to MHC's instructions. **Do not send this form to us. Mail it directly to the Health Center.** Failure to provide all the necessary information, especially the immunization records, will result in your inability to register for the spring semester.

Injuries and Illnesses

All injuries incurred during practice or competition must be reported to the Athletic Training staff within three days. The student-athlete will be evaluated by the Athletic Training staff and the appropriate care will be delivered. If an illness occurs, report to the athletic trainer staff and they will evaluate and refer to the appropriate medical provider.

Any non-sport related injuries or ailments such as the removal of tonsils, wisdom teeth or appendix by surgical procedure are medical problems which will be addressed on a case by case basis by the Director of Sports Medicine.

Out of Sport Injury

The Athletic Department cannot be responsible for medical services or fees incurred while participating out of your sport. Out of your sport means, anytime you are not participating in your designated sport. Student Insurance will cover a percentage of your bills, but it would be your responsibility to file with Student Insurance. Examples would be Intramurals, Fraternity/Sorority functions, off campus activities.

The Athletic Department will not be responsible for any pre-existing injury, illness or any operation. We will not be responsible for the payment of any medical bills occurred 52 weeks after the date of the initial injury unless a specific extension request by the student-athlete is initiated.

Referral/Consultation

The team physicians have at their disposal medical consultants in every field of medicine. If you are sent for consultation, you will be given a referral form or a phone call will be made on your behalf to arrange for an appointment. If, for any reason, other than a life-threatening situation, a student-athlete goes to a doctor, hospital, or other healthcare provider without prior approval of the team physicians or the athletic training staff, the student-athlete will be responsible for the fees incurred.

Second Opinion Policy

Any student-athlete has the right to obtain a second opinion from a physician of their choosing, provided that the initial examination was performed by a University of Illinois Team Physician. If the assigned team Staff Athletic Trainer, Director of Sports Medicine, and Team Physician approve and sign the *Request for Second Opinion Form*, the University of Illinois will be responsible for all bills generated. If the student-athlete seeks a second opinion without receiving prior approval and completion of the *Request for Second Opinion Form*, all bills will be the responsibility of the student-athlete. The University Of Illinois Division Of Intercollegiate Athletics will assume no liability or be responsible for any further medical attention that comes as a result of decisions and/ or actions of the outside physician.

The sports medicine staff will make every effort to complete any treatment or rehabilitation prescribed by the outside physician, provided that the recommendation is agreed upon by a University of Illinois Team Physician.

Coaches, student-athletes and other athletic department personnel are strictly prohibited from facilitating, arranging or requiring any visit to a medical provider. Any student-athlete who seeks the services of a medical provider without notifying their Staff Athletic Trainer and/or Director of Sports Medicine will abide by all restrictions placed on them by that medical provider. The athlete must provide their Staff Athletic Trainer with documentation of the exam, diagnosis and restrictions for review by a University of Illinois Team Physician as any final decision concerning return to participation, regardless of the outside physician will be made solely by a University of Illinois Team Physician.

Dental Care

All dental injuries are to be reported to the athletic trainer assigned to your sport during that practice or immediately thereafter at the Training Room. Routine dental care such as routine examinations, cleaning, dental cavities, wisdom tooth extractions, etc., are the responsibility of each individual athlete. The Athletic Department will be responsible for all dental problems caused by an injury while participating in an authorized, regularly scheduled practice or intercollegiate contest.

Eye Glasses and Contact Lenses

All athletic glasses must be safety glasses with shatterproof lenses and frames. Contact lenses will be purchased for only those athletes who, in the opinion of the Head Coach and Head Athletic Trainer, are in definite need of them for practice and competition. Replacement of lost lenses by the Athletic Department occurs only if they are lost or damaged during practice or competition. If you lose or break your lenses, you must report it immediately.

Unauthorized Equipment and Drugs

The use of unauthorized equipment not approved by the Athletic Training Staff or use of unauthorized drugs not covered by the team physician or illegal use of drugs by an athlete shall be grounds for disciplinary action. The student may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved (see current Substance Abuse Program information).

Hospitalization and Surgery

If an athlete requires hospitalization or surgery, the team physician or athletic trainer will call the parent and advise them of the situation.

INSURANCE REMINDER

It is the policy of the Division of Intercollegiate Athletics to utilize the Student Insurance Program of the University of Illinois and the athlete's parents' medical insurance, if there is any. Only after all insurance benefits have been paid or denied is the Athletic Department responsible for medical bills, providing the student was injured in practice or competition in their own sport. If the student-athlete's parents do not have medical insurance coverage, then the Student Insurance Program is the primary source for handling medical bills. The Athletic Department is then responsible for the remainder of the bill from our Sports Medicine budget.

It is the responsibility of the student athlete and their parents to provide up to date insurance information including a copy of their card to the Sports Medicine Department and to assist in the process by which their medical/dental claims are paid. This would include coordination of benefits and/or accident reports requested by the parental insurance.

The Athletic Department is only responsible for injuries or illnesses related to the athlete participating in their own sport. However, Student Insurance has benefit coverage for other illnesses and injuries. If a student-athlete exempts him/herself from Student Insurance and has treatment during the time he/she is not covered (before they are reinstated), then he/she is responsible for paying the bill.

PLEASE MAIL/BRING BILLS TO: Lori Stalter, Insurance Coordinator
Memorial Stadium Training Room
1402 South First Street
Champaign, IL 61820-6916

217-333-6718
217-333-6460 fax

TAB 6

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

DIVISION OF INTERCOLLEGIATE ATHLETICS - GOVERNANCE STANDARDS

Basic Principles

Established in 1867, the University of Illinois at Urbana-Champaign (“University”) is dedicated to serving the public through research, teaching our students and preparing them to have lives of impact in whatever fields they decide to pursue, and addressing critical societal needs. As a founding member of the Big Ten, leaders at the University have long held the belief that intercollegiate athletics can benefit the University’s mission, especially as it relates to learning and public service. A varsity athletics program provides to the campus a unifying sense of identity and pride while, at the same time, providing student-athletes with an opportunity to supplement their academic experiences with all the benefits typically associated with participating in intercollegiate athletics, such as developing discipline, commitment to hard work and a sense of sportsmanlike behavior. Ensuring that the college athletics experience of a student-athlete complements, but does not supersede, his or her educational experiences, strengthens the University’s commitment to the Big Ten’s Guiding Principle of Academic Priority – that “[t]he student-athlete is student first, athlete second.”

Because college athletics are part and parcel of a student-athlete’s educational opportunities, responsibility for governance of the University’s Division of Intercollegiate Athletics (“DIA”) is shared throughout the institution between University officials, DIA officials and faculty, as discussed below. An important theme running throughout all levels of this governance structure is a commitment to the fundamental principle of integrity, which is perhaps best expressed by the DIA’s [Statement of Integrity](#):

The success we seek to achieve must be success that is earned by honest and ethical effort, and must be guided by our desire to achieve the highest level of integrity in all of our endeavors. Division of Intercollegiate Athletics administrators, coaches and student-athletes will communicate honestly and develop relationships that are built upon trust. The University of Illinois Division of Intercollegiate Athletics will continually monitor itself in an effort to maintain the highest level of integrity and to help ensure that all personnel and student-athletes conduct themselves in a manner consistent with institutional and departmental policies and procedures, as well as NCAA and Big Ten Conference rules.

Organizational Governance Standards

The following paragraphs describe the allocation of authority, responsibility and accountability for intercollegiate athletics at the University of Illinois at Urbana-Champaign. Documents establishing this governance structure include, but are not limited to, the [University of Illinois Statutes](#), the [Bylaws](#) of the University of Illinois Senate of the Urbana-Champaign Campus, the University’s [Basis for Institutional Control at the University of Illinois at Urbana-Champaign](#) (Attachment 1), DIA policies and procedures and the DIA Employee Handbook (Attachment 2).

Numerous lines of communication between the entities discussed below support the University’s dedication to compliance and integrity while also creating multiple avenues through which potential instances of undue and/or improper influence can be identified and addressed.

1. Authority of Chancellor

The Chancellor/Vice President serves as the chief executive officer for the Urbana-Champaign campus, as set forth in Article I, Section 5 of the [University of Illinois Statutes](#); as such, the Chancellor has the ultimate authority, responsibility and accountability for the institutional control, governance and administration of the DIA. The Chancellor and the Director of Athletics regularly meet, one-on-one, to ensure an open line of communication between the two and to ensure the Chancellor is aware of key DIA issues and initiatives. Additionally, the Chancellor has designated an Associate Chancellor as a liaison between the Office of the Chancellor and the DIA. The designated Associate Chancellor's responsibilities include working closely with the DIA and the DIA's Director of Athletics on the DIA's goals, initiatives and strategic plans, keeping the Chancellor informed of all relevant information regarding the DIA and providing advice to the DIA or the Director of Athletics, when necessary.

2. Authority of Director of Athletics

As described in the Basis for Institutional Control at the University of Illinois at Urbana-Champaign (Attachment 1), the Chancellor has delegated day-to-day operations of the DIA to the Director of Athletics ("Director") who, in turn, reports directly to the Chancellor. All DIA staff and coaches work for and report to, either directly or indirectly, the Director. As discussed above, the Director regularly meets individually with the Chancellor as well as the Chancellor's designee to discuss a variety of DIA matters, including initiatives, successes and concerns.

3. Roles and Responsibilities of Other Individuals/Entities Associated with Athletics

a. University of Illinois Board of Trustees

The Board of Trustees of the University of Illinois formulates University policies, as set forth in Article 1, Section 1 of the [University of Illinois Statutes](#).

b. President

The President is the chief executive officer of the University and is responsible for the enforcement of University rules and regulations on all three campuses (Urbana-Champaign, Chicago and Springfield), as set forth in Article 1, Section 2 of the [University of Illinois Statutes](#).

c. Athletic Board

As set forth in the [Part E of the Bylaws of the University of Illinois Senate of the Urbana-Champaign Campus](#) ("Senate"), the Athletic Board is a committee of the Senate and has two primary duties. First, it represents the Senate's interests in making sure that the DIA and its practices adhere to the University's academic and educational objectives, as defined by the Senate. Second, it serves as an advisory committee to the Chancellor and the Director on issues related to financial management, marketing, public affairs, personnel, and other operational aspects of the DIA. The Athletic Board consists of: (a) nine faculty members, appointed by the Chancellor (this group of nine includes the University's two Faculty Representatives); (b) four graduates of the University, appointed by the Chancellor; (c) three student members, appointed by the Chancellor (one student comes from a pool nominated by the Student Athlete Advisory Committee; two students come from a pool nominated by the Illinois Student Senate); (d) an ex officio Designee of the Chancellor; (e) the University Comptroller (or a designee); and (f) the Director (who sits *ex officio*).

Twice per year, the Athletic Board reports on its activities to the Senate. At least once per year, the Director provides input on that report.

d. Academic Progress and Eligibility Committee ("APEC")

APEC, a committee that reports to the Senate and the Athletic Board, monitors the academic progress of all student-athletes, approves all intercollegiate schedules for competition, and makes recommendations concerning academic policy to the Athletic Board. (Attachment 3).

e. Faculty Representatives

Appointed by the Chancellor, the University's two Faculty Representatives ("FR"s) are charged with ensuring a close relationship between the DIA and the University's faculty. Additional duties of the FRs include being active participants in DIA efforts related to academic integrity, student-athlete well-being and overall institutional control of the DIA. Serving as the DIA's representatives to the NCAA and the Big Ten, FRs are responsible for all formal communication between the campus and these two organizations, including reporting rules violations to these conferences. FRs also rule on all certifications of athletic eligibility and review petitions to the Big Ten and NCAA on behalf of student-athletes.

f. University of Illinois Office of Ethics and Compliance

The DIA has partnered with the [University of Illinois Office of Ethics and Compliance](#) to ensure that DIA employees and student-athletes have an external reporting avenue (the Ethics Line) through which they can anonymously report any allegations of wrong-doing, including attempts at improper or undue influence upon DIA officials by any other University/DIA official, coach, employee, booster or third party. Use of the Ethics Line is promoted through posters found within the DIA's administrative offices and team locker rooms; references in the Student-Athlete Handbook, the DIA Employee Handbook and the DIA Announcements (the DIA's monthly newsletter); and information provided during new employee orientation. As discussed more fully below in Section 7, all University employees and members of the general public are able to use the Ethics Line and other reporting avenues to report allegations of wrong doing by University staff and students.

g. Office of Campus Legal Counsel

The [University of Illinois Office of University Counsel](#) provides advice and counsel to the University of Illinois and its various campuses, departments and units on a wide-variety of legal issues, including those associated with DIA and its legal- and compliance-related matters. As discussed in more detail later in this document, the Urbana/Champaign [campus legal counsel](#) (the legal unit supporting the Urbana-Champaign campus) is an active participant in the DIA governance process, serving on an advisory group to whom concerns of undue and/or improper influence can be brought.

Operational Standards for Athletics

The following operational standards are designed to ensure the integrity of the institutional governance of the athletics program and, to the greatest extent possible, prevent improper influence from being exerted on key decision makers involved with this governance.

1. Academic Services Department

The DIA's [Academic Services](#) staff is dedicated to helping student-athletes achieve academic, athletic and personal success during their academic tenure at the University through graduation, job placement or graduate school. This department provides student programming to support five basic pillars of success: (a) academic excellence; (b) athletic excellence; (c) personal development; (d) career development; and (e) community service.

a. Prevention of Undue Influence

i. Hiring and Supervision

Direct responsibility for and final decisions regarding the hiring of and supervising members of the DIA's Academic Services Department rests with the unit head, in this case, the Associate Director of Athletics, Academic Services. (Direct responsibility for hiring and supervising the Associate Director of Athletics, Academic Services, rests with the Director or his/her designee.) That said, varsity coaches may sit on hiring committees for employees within the Academic Services Department, including the Associate Director of Athletics, Academic Services, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. All searches and offers of hire within the University are reviewed by the hiring unit's College Equal Employment Opportunity ("EEO") officer (in DIA's case, the Office of the Chancellor's EEO officer) as well as the campus Office of Diversity, Equity and Access. The process for hiring Academic Professionals (the category held by Academic Services Department employees with the discretion to make decisions such as those discussed in this document) is described in the Office of Diversity, Equity and Accesses "Guidelines and Procedures for Academic Appointments." (Attachment 4).

Regarding supervisory issues, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Academic Services Department. Coaches are also free to provide input regarding the provision of such services at any time throughout the year. Although the Associate Director of Athletics, Academic Services reviews and evaluates all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

ii. Academic Eligibility of Student-Athletes

The determination of student-athlete eligibility to practice and compete is a cooperative effort that requires participation by student-athletes, coaches, college officials, FRs, Academic Services Department personnel, Compliance Office personnel, Office of Undergraduate Admissions personnel, and the Director. However, final decisions regarding academic eligibility are made by the Registrar's Office and the FRs, based on information provided to them by the DIA Assistant Director of Athletics, Compliance/Eligibility and Financial Aid. All academic eligibility decisions are solely based on the standards identified and developed by the NCAA and the Conference. Any attempts by a coach, or any other individual, to improperly influence the eligibility process will be addressed by the Associate Director of Athletics, Compliance pursuant to those practices discussed in Section 2 below.

b. *Monitoring of Independent Studies and Clustering, and Prevention of Academic Misconduct*

i. Academic Misconduct

The University's [Student Code \(Attachment 5\)](#) outlines various rights and responsibilities of all University students. Article I, Part 4 of the Student Code, Academic Integrity Policy and Procedure, dictates that it is "the responsibility of each student to refrain from infractions of academic integrity, from conduct that may lead to suspicion of such infractions, and from conduct that aids others in such infractions" Student-athletes are notified of their responsibilities under the University's Student Code in a variety of ways. First, the DIA Student-Athlete Expectations section of the Student-Athlete Code of Conduct (Attachment 6)¹ states that all student-athletes are required to comply with the University's Student Code. This same document informs student-athletes that "Student-athletes must take their academic responsibilities seriously. ... Cheating and other forms of academic misconduct are prohibited."

¹ Although usually included in the Student-Athlete Handbook, the Student-Athlete Code of Conduct was sent to student-athletes as a stand-alone document this year.

Additionally, during a class all freshmen student-athletes are required to take during their first semester, an Academic Services Department learning specialist presents information regarding academic integrity — including discussions on plagiarism, cheating, and fabrication. Beginning next year, all incoming student-athletes, including transfer students, will be required to attend this session on academic integrity.

As for monitoring for academic misconduct, the University's Student Code's Academic Integrity Policy and Procedure mandates that it is the responsibility of each faculty member and instructor to "establish and maintain an environment that supports academic integrity," which includes enforcing existing standards of academic integrity. Additionally, as discussed below, if any DIA employee learns of alleged violations of the University's academic misconduct policies, such information should be reported to the Director or his/her designee, who shall, in turn, report such information to the FRs.

ii. *Independent Study and Clustering of Student-Athletes in Majors/Classes*

At least once per year, the DIA Academic Services Department will generate reports in order to obtain the following information: (a) the number of individuals taking independent study courses; (b) the declared majors of all student-athletes (to identify potential issues related to clustering within majors) and (c) a class enrollment roster listing classes taken by all student-athletes (to identify potential issues related to clustering within classes). These reports will be reviewed by the DIA Academic Services Department, the FRs and APEC. Any areas of concern or anomalies discovered through such reviews will be referred to the Office of the Provost for review and, if necessary, investigation. If allegations of abuse in any of the areas discussed above are raised with the FRs, APEC or the DIA Academic Services Department, the appropriate report will be provided to the Office of the Provost, along with any additional information regarding the allegation.

c. *Adequate and Appropriate Academic Support*

The DIA Academic Services Department provides to student-athletes a full range of academic support services, including counseling and tutorial services, learning specialists, peer tutoring, monitored study tables and an academic success monitoring program. In addition to their assigned academic counselor within DIA, student-athletes are also assigned academic advisors within their respective academic programs. Finally, student-athletes are also provided with programming aimed at their personal development to assist them with their life-skills needs as well as obtaining their career objectives.

The DIA maintains minimum qualifications for all full-time academic staff working with the University's student-athletes. For example, the DIA requires that learning specialists hold a Master's degree in education, possess strong written and oral communication skills, and be able to design and execute individualized learning plans for student-athletes in need of assistance; academic counselors must hold a Master's degree in Education, Counseling, Sports Management or a related field and have demonstrated oral and written communication skills. Similarly, the DIA Academic Services Department tutoring program (which allows student-athletes to access tutors for many subjects with which they need assistance) selects tutors based on their qualifications in the subjects on which they will be working with student-athletes. Before they begin working with student-athletes, tutors receive training on academic integrity, cheating and plagiarism. Tutors are also notified that their role is to provide assistance with the material and constructive criticism on papers or other writings by the student-athletes; they (tutors) are prohibited from completing the student-athletes' homework, take-home tests, online quizzes or writing assignments.

d. *Communications regarding student-athletes' performance in classes*

Through both the DIA's [Conduct Expectations for Coaches](#) policy (Attachment 7) and the DIA Employee Handbook (see Attachment 2), DIA employees are informed that any communications regarding student-athletes' performance must be directed through the Associate Director of Athletics, Academic Services or his/her designee. That individual (be it the Associate Director or his/her designee), in turn, will communicate with the student-athletes' faculty or instructors. When necessary, the Associate Director of Athletics, Academic Services or his/her designee will request the assistance of the FR.

e. *External Reporting Relationship*

As defined more thoroughly below in Section 6, the Associate Director of Athletics, Academic Services will have an independent reporting relationship with the Vice Provost for Undergraduate Education and Innovation. Additionally, the Associate Director of Athletics, Academic Services should utilize the FRs as a resource when dealing with issues related academic support for student-athletes.

2. Institutional, Conference and NCAA Rules Compliance

The [DIA Compliance Office](#) is charged with creating an atmosphere of compliance within the DIA and ensuring all aspects of DIA's operations comply with NCAA and Big Ten rules. The DIA Compliance Office accomplishes these goals through education, monitoring, and investigating allegations of rules violations.

a. *Prevention of Undue Influence*

i. *Hiring and supervision*

Direct responsibility for and final decisions regarding the hiring of and supervising members of the DIA's Compliance Office rests with the unit head, in this case, Associate Director of Athletics, Compliance. (Direct responsibility for hiring and supervising the Associate Director of Athletics, Compliance, rests with the Director or his/her designee.) That said, varsity coaches are permitted to sit on hiring committees for employees within the Compliance Office, including the Associate Director of Athletics, Compliance, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. As discussed previously, all DIA searches and offers of hire are reviewed by the Office of the Chancellor's EEO officer as well as the campus Office of Diversity and Equity and Access. (See Attachment 4).

Regarding the supervision of these employees, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Compliance Office. Of course, coaches are also free to provide such input at any time throughout the year. Although the Associate Director of Athletics, Compliance will review and evaluate all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

ii. *Improper or Undue Influence of the Compliance Office staff*

Any attempts to improperly or unduly influence any Compliance Office staff with regard to their various duties related to compliance, including detecting, investigating and preventing breaches of the rules and regulations of the University's governing bodies will be reported to the Director as well as the Office of the Chancellor.

b. *Detecting and Preventing Breaches of the Institution's, Conference's and NCAA's Rules*

Although the Compliance Office has ultimate responsibility for monitoring the DIA and its employees to detect and investigate breaches of the University's, Conference's or NCAA's rules, DIA employees are taught during their orientation that each and every one of them plays an important role in this process – they must understand the relevant rules and regulations, follow them, and report those individuals who do not follow them. Throughout the year, DIA employees are reminded of the various reporting options available to them, including reporting alleged violations to the Director or the Associate Director of Athletics, Compliance, or through the previously discussed Ethics Line. Additionally, the DIA participates in internal and external audits on a periodic basis to ensure compliance with institutional rules and policies. All allegations of rules violations are investigated by the appropriate University authority, usually the DIA Compliance Office staff; if allegations of NCAA or Conference rules are discovered such rules are reported to the appropriate NCAA and Conference authorities. Furthermore, appropriate corrective action and/or discipline, ranging from re-education to dismissal, depending on the circumstances, will be taken against the employee or student-athlete engaging in such conduct.

One key component of the Compliance Office's efforts to prevent violations of applicable rules is a thorough educational program for all DIA staff, which begins during an employee's first week on the job (with new employee orientation) and continues with regular and timely e-mails, information in the DIA Employee Handbook, presentations, columns in the DIA's monthly newsletter, and one-on-one meetings. Similarly, student-athletes go through rules education at the beginning of their school year and have periodic e-mail reminders and presentations regarding relevant rules. Additionally, the Compliance Office has established a Compliance Policy and Procedure manual designed to assist staff and student-athletes in complying with all relevant policies and procedures.

c. *Adequate and Appropriate Staffing for the Institution*

The University and the DIA are committed to providing adequate and appropriate staffing to meet all needs of the University related to rules compliance. To ensure it employs an adequate number of appropriately qualified staff, the DIA conducts periodic assessments of its Compliance Office staffing and also conducts benchmarking amongst similarly-sized schools within the Big Ten. Currently, the Compliance Office consists of six employees, all charged with ensuring compliance with NCAA and Big Ten rules as well as Federal and State laws and University policies and practices. In addition to the Associate Director of Athletics, Compliance, the office has an Assistant Director of Athletics, a Compliance Coordinator, two Compliance Monitoring Coordinators and a Grant-In-Aid Specialist. All Compliance Office personnel receive training in University, NCAA and Big Ten rules, and are provided continuing professional development opportunities on these topics, including attending NCAA or Conference meetings.

d. *External Reporting Relationship*

As defined more thoroughly below in Section 6, the Associate Director of Athletics, Compliance will have an independent reporting relationship with the Chancellor or his/her designee to DIA. If the independent reporting relationship is with the Chancellor's designee, the Chancellor shall meet with the Associate Director of Athletics, Compliance on at least an annual basis to ensure a clear line of communication between these two individuals. Additionally, the Associate Director of Athletics, Compliance should utilize the FRs as a resource when dealing with issues related to rules compliance.

3. Admissions

a. *Admission of Student-Athletes: [Committee on the Admission of Student-Athletes](#)*

Student-athletes are admitted to the University through one of two processes. First, they may be admitted through the standard admissions process (described more thoroughly at [Freshman Admissions](#)

[Policies](#) and [Detailed Admission Requirements](#)). The final decision-making authority for student-athletes admitted through the standard admissions process resides with the freshman/undergraduate admitting units [primarily consisting of the University's colleges (e.g. the College of Engineering, the College of Media and the College of Fine and Applied Arts) plus other admitting units such as the Division of General Studies and the School of Social Work] with the concurrence of the Office of Undergraduate Admissions. Second, student-athletes can be admitted to the University by the Committee on the Admission of Student-Athletes ("CASA") (Attachment 8), a committee comprised of the senior admissions officer (or his/her designee) from each freshman/undergraduate admitting units as well as the Associate Provost for Enrollment Management and a representative from the Office of Undergraduate Admissions. The Associate Director of Athletics, Academic Services (or his/her designee) also sits on CASA as a non-voting member. The Office of Undergraduate Admissions may refer a student-athlete's application to the CASA for a number of reasons, including reviewing applications from: applicants who would not be selected for their first choice of undergraduate academic programs (or college) if reviewed as a general applicant and applicants submitting their applications after the University's published application deadline. Two things must happen for a prospective student-athlete to be admitted to the University through CASA: the committee must approve the prospective student-athlete's admission to the University and at least one undergraduate admitting unit must agree to admit the prospective student-athlete into their program. When voting on whether to admit a prospective student-athlete to the University, CASA members are charged with determining whether the student's objective academic record and demonstrated academic motivation, plus the academic support services available to the student-athlete, would combine to give the student-athlete a reasonable chance for academic success. If the CASA members deny a prospective student-athlete's admission to the University, that decision is binding for all undergraduate admitting units. The final decision making-authority for all student-athletes admitted through this second process rests with the CASA members, pursuant to the procedures just described.

b. *Communications Regarding Prospective Student-Athletes*

The University has several policies and/or procedures in place designed to ensure that all communications about the application status of prospective student-athletes are routed through the Director's designee, the Associate Director of Athletics, Academic Services.

i. *Ethical Code of Practice*

In order to ensure that no individuals, including University of Illinois Board of Trustees, donors, or alumni, influence the outcome of any admissions decisions, the University established an Ethical Code of Practice for Admissions ("Ethical Code") (Attachment 9), which dictates that "[a]ll admissions to the University of Illinois at Urbana-Champaign shall be based strictly on admissions criteria, policies and guidelines as stipulated in the campus Admissions Policy established by the Academic Senate, the Urbana campus administration and the Board of Trustees." Employees who violate the Ethical Code are subject to discipline up to and including dismissal from employment; violation of the Ethical Code by members of the Board of Trustees is considered malfeasance and, therefore, grounds for removal from the Board.

ii. *Policy Prohibiting Improper Influence in Admissions to the University of Illinois at Urbana-Champaign*

The University's "Policy Prohibiting Improper Influence in Admissions to the University of Illinois at Urbana-Champaign" (Attachment 10) establishes the practices through which the Ethical Code is instituted on campus. This policy strictly prohibits any individual (including university employees, Trustees and government officials) from attempting to communicate with any admissions staff about

any undergraduate applicant file. (Limited communication with admissions staff is allowed for graduate applications, but only under very specific conditions.) Attempts at prohibited communications are logged by the admissions staff for review by the Senate Admissions Committee. To further negate the influence of such prohibited communications, admissions personnel do not consider any unsolicited expressions of support when making admission decisions. To further limit any external influence, only the applicant, the applicant's parents/legal guardians, spouse or high school guidance counselor are permitted to communicate with the admissions office about of the applicant's application.

iii. *Communications with CASA*

All communications between the DIA and CASA must go through the DIA's designee to CASA, the Associate Director of Athletics, Academic Services. As is the case with the general application process, third party communication regarding any applicant with CASA members by anyone not specifically identified in the CASA operating procedures is prohibited.

iv. *Conduct Expectations for Coaches*

DIA coaches are notified in the Conduct Expectations for Coaches that all communications regarding the admissions status of any prospective student-athlete must be routed through the Director's designee, the Associate Director of Athletics, Academic Services.

c. *Reporting of Inappropriate Communication Regarding a Prospective Student-Athlete*

The Associate Provost for Enrollment Management shall notify the Chancellor (or his/her designee) and the FR of any communication regarding the admission status of a prospective student-athlete not allowed by University rules, regulations or policy. The Associate Provost may also be required to log the inappropriate communication for review by the Senate Admissions Committee.

4. Disciplinary Code of Conduct

a. *Student Code of Conduct*

The University's Student Code (discussed above) outlines the rights and responsibilities of each and every University student. Article I, Part 3 of the Student Code deals specifically with the student discipline process. (See Attachment 5). In addition to being informed of their responsibilities under the University's Student Code through traditional University channels and methods, student-athletes are reminded of their responsibilities to read and follow the University's Student Code in the Student-Athlete Code of Conduct. (See Attachment 6). Student-athletes are also notified in the Student-Athlete Code of Conduct that discipline for violations of the Student Code will be determined by the University and that any action taken by the DIA or the coaches will be in addition to, not in lieu of, the University discipline.

As described in the University's Student Discipline Procedures, the Office of the Executive Director of the Senate Committee on Student Discipline ("Office of the Executive Director") receives, investigates and, in most cases, resolves behavioral violations of the University's Student Code committed by individuals or student groups; cases that might lead to a student's suspension or dismissal are either be resolved by a hearing before a Senate Committee on Student Discipline subcommittee or, if the student waives rights to such a hearing, through an Expedited Case Disposition with the Office of the Executive Director. It is only through these two avenues that violations of the Student Code will be resolved. Coaches, athletic trainers, academic staff, compliance staff, FRs and DIA administrators learning of any allegations of violations of the Student Code must report such information to the Director or his/her designee for

such disciplinary matters, currently the Executive Senior Associate Director of Athletics. This information is then provided to the Office of the Executive Director or, in the case of violations of the Academic Integrity policy, to the FR.

b. *Communication between the DIA and the Office of the Executive Director*

With the following two exceptions, all communications between the Office of the Executive Director and the DIA regarding the investigation or discipline of any student-athlete for violation of the Student Code are transmitted through the Director or his/her designee. First, the Student Code allows a student attending a disciplinary or appeal hearing to bring an advisor who does not play an active role in the proceedings, but is there to support the student. Based on the non-participatory nature of the advisor's role, a DIA employee may attend these proceedings with a student-athlete as the student-athlete's advisor, upon the student-athlete's request. Second, if, as part of the investigatory process, the Office of the Executive Director employee assigned to a matter involving a student-athlete determines that a DIA employee may have pertinent evidence to the investigation, the Office of the Executive Director employee may directly contact the DIA employee to obtain such information.

c. *Reporting of Inappropriate Communication Regarding a Student-Athlete's Disciplinary Matters*

On behalf of the Office of the Executive Director, the Dean of Students or his/her designee shall report to the Vice Chancellor for Student Affairs (or his/her designee), the Chancellor (or his/her designee) and the Director (or his/her designee) any inappropriate communications on behalf of a student-athlete in connection with an allegation of a violation of the Student Code.

5. Medical and Athletic Training Staff

a. *Undue Influence*

i. Hiring and supervision

Direct responsibility for and final decisions regarding the hiring and supervising members of the DIA's [Sports Medicine Department](#) (excluding physicians) rests with the Director of Sports Medicine. (Direct responsibility for hiring and supervising the Director of Sports Medicine rests with the Director or his/her designee.) That said, varsity coaches may sit on hiring committees for employees within the Sports Medicine Department, including the Director of Sports Medicine, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. As discussed previously, all DIA searches and offers of hire are reviewed by the Office of the Chancellor's EEO officer as well as the campus Office of Diversity and Equity and Access. (See Attachment 4).

Regarding the supervision of employees of the DIA's Sports Medicine Department, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Sports Medicine Department; coaches are also free to provide such input at any time throughout the year. Although the Director of Sports Medicine will review and evaluate all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

Physicians directing the care and treatment of the student-athletes are not University employees; instead, they are employees of [Carle's Sports Medicine department](#) (Carle is a full-service health care

provider servicing central Illinois). Carle is responsible for the hiring and supervision of physicians working in its Sports Medicine department.

ii. *Medical treatment of student-athletes*

The University's health care model is physician-driven. Thus, the independent team physicians and the DIA's Sports Medicine staff are given final say regarding: (a) the management and treatment of student-athletes and (b) the determination of when, if ever, an injured student-athlete is ready to return to practice and/or play as well as any limitations upon that student-athlete's participation. Any attempts to improperly or unduly influence any team physician or member of the DIA Sports Medicine staff with regard to medical decisions related to a student-athlete's participation will be reported to the Director and the Office of the Chancellor.

b. *Priority on Student-Athlete's Health and Safety*

The DIA's [Sports Medicine Department](#) mission statement makes clear that its first commitment is to the well-being of the University's varsity student-athletes:

The University of Illinois Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete. The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.

c. *Concussion Safety Protocol*

The Director of Sports Medicine shall be responsible for maintaining an institutional Concussion Safety Protocol. In accordance with NCAA Bylaws, the Concussion Safety Protocol shall be submitted to the NCAA Concussion Safety Protocol Committee on an annual basis and will include a written certificate of compliance signed by the Director of Athletics.

The Concussion Safety Protocol shall grant ultimate authority to the team physicians and the Sports Medicine staff in implementation of the Protocol. Any attempts to improperly or unduly influence any team physician or member of the Sports Medicine staff with regard to implementation of the Concussion Safety Protocol will be reported to the Director of Athletics and the Office of the Chancellor.

d. *External Reporting*

As defined more thoroughly below in Section 6, the Director of Sports Medicine will have an independent reporting relationship with the Director of the University's McKinley Health Center (a nationally accredited, professionally staffed ambulatory care unit serving the University's students). When the Director of the McKinley Health Center receives notification of any attempts to unduly or improperly influence an employee in the DIA Sports Medicine department, this information should be reported to the Associate Vice Chancellor for Student Affairs and/or the Vice Chancellor for Student Affairs. Additionally, the Director of Sports Medicine should utilize the FRs as a resource when dealing with issues related to student-athlete health and safety.

6. Office of Student Financial Aid

a. Undue Influence

i. *Improper or Undue Influence of staff members in the Office of Student Financial Aid*

Any attempt by a booster, university official, coach or DIA staff member to improperly or unduly influence any staff member of the Office of Student Financial Aid with regard to the calculation of cost of attendance values to better serve recruiting or other athletically related interests will be reported to the Director as well as the Chancellor (or his/her designee).

ii. *Communications with the Office of Student Financial Aid*

Through both the DIA's Conduct Expectations for Coaches policy (Attachment 7) and the DIA Employee Handbook (see Attachment 2), DIA employees are informed that any communications with the Office of Student Financial Aid must be directed through the DIA Compliance Office.

c. *Reporting of Inappropriate Communication Regarding a Prospective Student-Athlete*

The Director of Student Financial Aid shall notify the Chancellor (or his/her designee) and the Faculty Representative of any inappropriate communication from any booster, university official, coach or DIA staff member relating to a student-athlete's financial aid award or general financial aid policy.

7. Definition of Independent Reporting Relationship External to DIA

Best practices suggest that, in order to ensure the integrity of the governance system of an intercollegiate athletics program, certain units within that program have reporting lines external to the program itself. Specifically, the units/processes that must be protected from undue and/or improper influence through these external reporting relationships are: (a) academic support services; (b) compliance; (c) admissions; (d) student discipline; (e) sports medicine, and (f) the Office of Student Financial Aid. As described above, admissions, student discipline and financial aid operate outside of the confines of the DIA and, therefore, maintain the necessary autonomy through the practices described previously. Academic support services, compliance and sports medicine, on the other hand, are all DIA units with primary reporting lines to the Director. In order to ensure the integrity of these positions, at least one external reporting line with campus leadership outside of the DIA has been established for each of these units.

These reporting relationships do not include typical managerial duties (such as establishing work responsibilities, conducting annual performance evaluations, or setting salary/raises). Instead, campus leaders to whom these DIA units and unit heads have external reporting relationships serve as an avenue through which attempts at undue and/or improper influence could be reported while also serving as a source of advice and advocacy for that DIA employee. To that end, these external campus leaders are expected to develop strong working relationships with their respective DIA unit heads.

In order to ensure the proper functioning of these external relationships, each reporting relationship shall have, at a minimum, the following components:

- i. Each affected DIA unit heads and their assigned campus leader shall meet at least once per quarter. Discussions held during these meetings should focus on the operational responsibilities of the unit head as well as any difficulties the unit head has encountered related to performing his or her job duties. Additionally, any time a DIA unit head feels they are facing undue and/or improper influence to act in a way the unit head feels would not be in accordance with their professional responsibilities or judgment, they are free to discuss such issues with their assigned campus leader.
- ii. At least once per year, the Director will meet, individually, with each campus leader to discuss the functioning of the unit.

- iii. If a DIA unit head has raised an issue of concern regarding undue and/or improper influence to their assigned campus leader, the campus leader, the DIA unit head and the Director (or his or her designee) shall meet to discuss and try to resolve the matter.
- iv. In the event that a concern regarding undue and/or improper influence cannot be resolved following a meeting between the DIA unit head, the assigned campus leader and the Director (or his or her designee), the matter can be forwarded for discussion to an advisory group consisting of any three of the following: (a) the Chancellor (or his or her designee); (b) the Campus Counsel (or his or her designee); and (c) one or both FRs.
- v. In accordance with University policies and Illinois law, retaliation against DIA unit heads or campus leaders who, in good faith, report and/or pursue advisory reviews of allegations or concerns of undue and/or improper influence pursuant to these Governance Standards is strictly prohibited.
- vi. Prior to taking any corrective or disciplinary action against a DIA unit head or instituting any substantial changes to the DIA unit head's duties, salary or supervisory responsibilities, the Director (or his or her designee) shall provide notification of the impending actions to the DIA unit head's assigned campus leader and shall allow that campus leader the opportunity to discuss the proposed action with the Director.

8. Reporting Avenues for Individuals Not Associated With DIA

Employees of the University who do not work for DIA and members of the general community have a number of avenues through which they can report allegations of violations of NCAA or Conference rules, undue or improper influence, or violations of any other applicable laws or policies by DIA staff, students or other individuals associated with the University's varsity athletics program:

- i. The [Ethics Line](#): As discussed earlier, this reporting tool is operated by the University Ethics and Compliance Office. If they choose to do so, individuals contacting the Ethics Line can anonymously report their concerns.
- ii. [The Office of the Executive Inspector General for the Agencies of the Illinois Governor \("OIEG"\)](#): The OIEG is authorized to investigate allegations of misconduct against employees at a variety of levels of state government, including state public universities. Complaints may be made by anyone via the internet, fax or mail.
- iii. The DIA Office of Compliance: Any individuals, including all University employees, University students and members of the community, can report violations of NCAA and Conference rules through the DIA Office of Compliance's ["Report a Potential Violation"](#) website.

TAB 7

2014 FIGHTING ILLINI



CHAMPIONS MANUAL

FAITH

FAMILY

FOOTBALL

FOUNDATION

THE BLOCK I

FOUNDATION-YOUR CORE VALUES

- A. HONESTY
- B. TRUST
- C. TREAT WOMEN WITH RESPECT
- D. RYFP (REACH YOUR FULL POTENTIAL)

FAMILY-SON/BROTHER/FATHER

- A. UNIT
- B. TEAM
- C. ACADEMIC/TRAINING/WEIGHT
- D. YOUR OWN

FAITH-IN THE POSITIVE AND AGGRESSIVE

- A. YOURSELF
- B. PLAN-TRUST
- C. TEAM-TRUST
- D. RELIGIOUS

FOOTBALL-ALL FACETS OF THE GAME

- A. ABILITIES
- B. PLAN
- C. POTENTIAL
- D. TEAM





2014 GOALS

1ST QUARTER

MENTAL TOUGHNESS-OSKEE

SUCCESS AWARDED-LOSING UNACCEPTABLE

TEAM BONDING-LEADERSHIP BUILDING-ENERGY

ESTABLISHED

2ND QUARTER

PHYSICAL TOUGHNESS-MAKE THE PLAY

PRACTICE WINNING ENERGY-COMPETE

RESPOND TO ADVERSITY-LEADERSHIP AWARENESS

3RD QUARTER

CHALLENGE THE BEST

NEW SUMMER PROCESS-8 HRS

BELIEVING IN FAMILY ASPECT

4TH QUARTER

ONE GAME AT A TIME-ATTACK EACH QUARTER

ENERGY OF SUCCESS

OSKEE-OUR SUCCESS=KNOWLEDGE-EFFORT-ENERGY

2014 O/D/SPECIAL TEAMS GOALS





WORDS TO LIVE BY: AS PER 2014 SENIORS

<u>NAME</u>	<u>2013 TEAM</u>	<u>2014 TEAM</u>	<u>TEAMMATES VIEW THEM</u>
	Fighters	Confident/Hungry	Eager
	Satisfied	Hardworking	Hardworking
	Improved	B1G Champs	Determined
	Close	Together	Total Package
	Beginning	Unselfish	Strong-Minded
	Hungry	Satisfied	Accountable
	Close	Passionate	Technician
	Disappointed	Unselfish	Satisfied
	Improved	Winners	Team Player
	Hungry	Consistent	Confident
	Opportunities	Selfless	Selfless
	Improving	Hungry	Coach on Field
	On the Rise	Rose to Top	Hardworking
	Disappointed	Hungry	Ruthless
	Fighters	Playmaker	Passionate
	Improvement	Reliable	Successful
	Unreached Potential	Perserverance	Motivate to make team better
	Lacked Progress	Made it Work	Made them better/Influenced

2014 TEAM GOALS

Bowl Game	B1G Champs	Leave a Legacy	Win Red/Orange Zone
Win To Margin	Know Assignments	Top 25 O/D	Weed out Bad Apples
#1 O/D B1G	Close Family	Master Roles	Play with Chip
ROFP	Practice Pro	Ranked	Don't Let Ego Hold Back
Above .500	BCS Bowl	Grow as Bro's	Top ½ Win in West
Top 2 Net Punt	Top 4 Gross Punt	Rose Bowl	Have Fun
"On Field Presence"	Play for Each Other	12/6/14	Undefeated Non Conference
Establish Leaders	Accountable	Feared	Get Better Everyday

18 LEADERSHIP TRAITS BY 2014 SENIORS

██████ - BY THE WAY I WORK AND PLAY

██████ - SACRIFICE - PUT IT ALL ON THE LINE/TOGETHER/POSITIVE PURPOSE

██████ -BY EXAMPLE-ACTIONS SPEAK LOUDER THAN WORDS-NEED SAID I WILL BE 1

██████ - OUT WORKING EVERYONE

██████ - BE STRONG MINDED

██████ - BY EXAMPLE

██████ - PUT TEAM BEFORE ME - UNSELFISH

██████ - PERSON THAT EVERYONE CAN TRUST

██████ - BY SETTING AN EXAMPLE

██████ - BY REINFORCING TO TEAM WE SHOULD HAVE A CHIP ON OUR SHOULDER

██████ - LEAD TEAM BY EXAMPLE

██████ - BE A COACH ON THE FIELD-MAKE EVERYONE GREAT

██████ - BY EXAMPLE

██████ - ACTION - "EXPECTING THE BEST"

██████ - EVERYDAY BY EXAMPLE-MAKE PLAYS-CONSISTENTLY BRINGING ENERGY

██████ - BY EXAMPLE

██████ - MOTIVATE PEOPLE TO GET BETTER

██████ SHOW DIFFERENT WAYS OF LOOKING AT THINGS

ILLINOIS TRADITIONS

“HAIL TO THE ORANGE”

HAIL TO THE ORANGE
HAIL TO THE BLUE
HAIL ALMA MATER
EVER SO TRUE
WE LOVE NO OTHER
SO LET OUR MOTTO BE
VICTORY, ILLINOIS, VARSITY

“ILLINOIS LOYALTY”

WE'RE LOYAL TO YOU ILLINOIS
WE'RE "ORANGE AND BLUE," ILLINOIS
WE'LL BACK YOU TO STAND
'GAINST THE BEST IN THE LAND
FOR WE KNOW YOU HAVE SAND,
ILLINOIS
RAH! RAH!
SO CRACK OUT THE BALL ILLINOIS
WE'RE BACKING YOU ALL ILLINOIS
OUR TEAM IS THE FAME PROTECTOR,
ON BOYS, FOR WE EXPECT A
VICTORY FROM YOU ILLINOIS

ILLINOIS FOOTBALL IS...



**MEMORIAL STADIUM
ZUPPKE FIELD
ORANGE & BLUE
THE RED GRANGE ROCK
BUTKUS TROPHY
LINCOLN LAND TROPHY-NW
ILLIBUCK TROPHY-OSU
THE CANNON TROPHY-PURDUE
THE MARCHING ILLINI
THE CHEERLEADERS
THE BLOCK I
ACADEMIC ALL AMERICANS
NFL ALUMNI
BIG 10 CHAMPIONSHIPS
NATIONAL CHAMPIONSHIPS**



2014 OPPORTUNITIES

With Tradition Comes Responsibility: OSKEE 2014

Pre-Season: “Our Success=Knowledge, Effort, Energy.”

AUG 30	YOUNGSTOWN STATE	MEMORIAL STADIUM	11:00 CST
SEPT 6	WESTERN KENTUCKY	MEMORIAL STADIUM	11:00 CST
SEPT 13	at Washington	Seattle, WA	1:00 PST
SEPT 20	TEXAS STATE	MEMORIAL STADIUM	:00 CST
SEPT 27	at Nebraska	Lincoln, NE	8:00 CST
OCT 4	PURDUE	MEMORIAL STADIUM	:00 CST
OCT 11	at Wisconsin	Madison, WI	:00 CST
OCT 18	OPEN		
OCT 25	MINNESOTA	MEMORIAL STADIUM	11:00 CST
NOV 1	at Ohio State	Columbus, OH	7:00 EST
NOV 8	OPEN		
NOV 15	IOWA	MEMORIAL STADIUM	TBD
NOV 22	PENN STATE	MEMORIAL STADIUM	TBD
Nov 29	at Team Up State	Evanston, IL	TBD
DEC 6	BIG 10 CHAMPIONSHIP-LUCAS OIL	Indianapolis, IN	TBD
JAN 1	ROSE BOWL	Pasadena, CA	TBD
JAN 12	NATIONAL CHAMPIONSHIP	DALLAS, TX	TBD (EDT)

Dan Jenkins Writer

Sports Illustrated

Oct 12, 1964

“If every college football team had a linebacker like Dick Butkus of Illinois, all fullbacks would soon be three feet tall and sing soprano. Dick Butkus is a special kind of brute whose particular talent is MASHING RUNNERS INTO CURIOUS SHAPES.”

Garland Rice Writer

1920's

**“There are shapes now moving,
Two Ghosts that drift and glide,
And which of them to tackle,
Each rival must decide,
They shift with spectral swiftness,
Across the swarded range,
And the one of them's a shadow,
And one of the is GRANGE.**

THREE PROGRAM GOALS

- I. GRADUATE ALL PLAYERS WITH A MEANINGFUL AND USEFUL DEGREE. PREPARE THEM TO BE RESPONSIBLE CITIZENS.
- II. WIN ... “SUCCESS”
- III. POSITIVE IMPACT ON OUR UNIVERSITY, ALUMNI, COMMUNITY, STATE, NCAA FOOTBALL “WORLD” AND THE ENTIRE WORLD.

Success is a Journey ...

HAVE A PLAN; GOALS; DREAMS

WORK

HANDLE ADVERSITY/HANDLE SUCCESS

FAITH AND BELIEF

FOOTBALL GENERAL PHILOSOPHY

CORE VALUES

HONESTY

TRUST

TREAT WOMEN WITH RESPECT

REACH YOUR FULL POTENTIAL

“THE IMAGE OF ONE PROJECTS THE IMAGE OF ALL”

You should not be a member of this team if you don't have high expectations for yourself. We too, have very high expectations for you. The tradition that you are being asked to uphold here is the same tradition that your predecessors have worked so hard to create. How you choose to conduct yourself, both publicly and privately, will reflect on your family, your teammates, your coaches, and the entire university community.

As a student-athlete, you must conduct yourself in accordance with team and university regulations. In this player's manual, we will attempt to introduce you to a number of these regulations. However, this manual is not intended to be all-inclusive on its scope.

1. You are responsible for understanding and complying with all university rules and regulations. Ignorance is not an excuse.
2. You are expected to represent the Football Program in a positive manner on campus and in the community. We have worked extremely hard to create a First Class Program that the students, faculty, and the community to be proud of. Any deviation from this will not be tolerated.
3. You are expected to Graduate! It is your responsibility to stay on course and to request assistance (tutors, study tables) when necessary. Your Position Coach will take a very pro-active approach to your academic success.
4. You must keep an accurate phone number and address for yourself and your parents on file in the football office. Update the football office as changes occur.

THREE PRINCIPLES: HONESTY, TRUST, & ACCOUNTABILITY

Honesty- For any organization to function that involves reliance on other members- there has to be an understanding that whatever is said is the truth. There cannot and will not be any keeping of information that can have an effect on the organization and there will be absolutely no untruths said within this organization. Mistakes will be made; however notification is expected

TRUST- The single most important ingredient for a Football Team to be successful. Players must have a **Trust** in the Coaches that they:

- a) have the best interest of the student-athlete in mind
- b) will put the players in the best possible position to be successful.
- c) have the necessary knowledge and courage to make the **RIGHT** decisions for the betterment of the TEAM.

Coaches must **Trust** in the players that they:

- a) will be held accountable for their positions on the field.
- b) will follow all team rules and regulations when Coaches are not present.
- c) will give necessary effort to be Successful.
- d) will make decisions with the best interest of the Program in mind.

Accountability- Each Member of this organization (Players, Coaches, and Support Staff) has a very clear job description. It is the individual's responsibility to complete this job description to the best of his ability and at the same effort that is expected of all members. Our success will be a direct result of the accountability demonstrated by the individuals in the program.

DECISION MAKING

Each and every decision that you make has a consequence. Organizations and individuals that make decisions without a set of Core Values cannot consistently be successful. Core Values create the foundations that you are ultimately stand for.

The Football Program shares these following Core Values.

1. **HONESTY**
2. **TRUST**
3. **TREAT WOMEN WITH RESPECT**
4. **REACH YOUR FULL POTENTIAL**

Mistakes are correctable; however, decisions made without regard to the Core Values we share will be dealt with in a very serious manner.

DISCIPLINE – IS 90% ANTICIPATION

We have a very clear policy in place to deal with Discipline Issues.

-1st Offense- is on you (and your position coach)

-2nd Offense- involves your position group

3rd Offense- will involve team and Honor Council

Discipline is:

- A) Doing what you are suppose to do
- B) When you are suppose to do it
- C) How you are suppose to do it
- D) and with the intensity to be successful

WINNING

We have a very clear **OBJECTIVE** that all decisions involving this program are made. Winning in the Classroom and Winning on the Field. Winning isn't complicated, people complicate it.

“Do you know that all who run in a race, all indeed run. But only one receives the prize-run the Race to Win!” Corinthians 9:24

PLAN TO WIN-time tested and infallible.

1. **Play Great Defense**
2. **Take care of the Football (OFFENSE/DEFENSE/SPECIALTEAMS)**
3. **Score in the Red Zone**
4. **Great Special Teams Play**

WINNING is Fragile. It is not, however, by accident.

There is no such thing as luck. Winning is the result of Preparation, Attitude, and Confidence.

Winning Attitude vs Losing Attitude

- Winning Attitude: even when you lose you firmly believe you only ran out of time. You expect to Win and you know eventually you will Win!

- Losing Attitude: even when you are Winning- you are expecting something bad to happen. There is a lack of Confidence, and Trust in your teammates and Coaches.

AGGRESSIVENESS

Every aspect of the Program (Offense, Defense, and Special Teams) will take a very aggressive approach to it.

REWARD ACHIEVEMENT

- ALL IN CLUB**
- VICTORY MEAL**
- MOVE OFF CAMPUS**
- LOCKER ROOM**
- STUDY TABLE REQUIREMENTS**

“Do not treat all players the same. Treat them the way they deserve to be treated.”

John Wooden

PREJUDICES

College Football breaks all barriers. College Athletics was one of the first institutions to break religious, cultural and racial barriers that have existed for hundreds of years. Religious preference, color of your skin, and cultural backgrounds will have absolutely no impact on your status on the team.

LOYALTY

-there are plenty of negative forces out there. Stay positive about your teammates, coaches, and the University.

BEHAVIOR- Your actions are a reflection of your family, your teammates and Our Program. Act Accordingly! Keep the following in mind with regard to actions.

1. Love and respect the game of Football and what it stands for
2. Love and Respect Your Teammates
3. Love and Respect your University

PLAYER RESPONSIBILITY- Coaching Staff expects and demands each player to:

1. Play Hard
2. Be Tough
3. Know What You Are Doing

COACHES RESPONSIBILITY

1. Develop the players' fundamentals
2. Develop and implement a plan to put players in position to be successful
3. Be Fair
4. Always have the players' safety in mind

COACH/PLAYER RELATIONSHIP-if done correctly can be the most rewarding and closest relationship that you can develop 2nd only to your family. Relationships are a result of experiences that you share with an individual or individuals. Just in the nature of College Football and all the effort, dedication, and sacrifice involves puts you, your teammates and coaches in situations that many fail to ever experience. How you handle adversity and success and the reliance placed on each other to be successful are the determining factors involved in developing relationships. Not many people get the opportunity to develop a relationship that will last a lifetime. Take advantage of it and do it the right way.

THE BIG GAME

As a member of our Football Team you will play in many Big Games. Rivalries that existed for many years and games that will ultimately determine the Champion of our Conference. Keep in mind the following and never lose focus:

- Why is it a BIG GAME? -Because you/we made it a BIG GAME
- How did we make it a BIG GAME? -Because we won and two good teams are playing!
- How did we Win? - We followed the Plan to Win. Great Fundamentals!
- Where did we develop these fundamentals? -Practice and our work ethic.

FUNDAMENTALS- An average player can become a Great Player with Fundamentals!

-Why Fundamentals DO NOT improve-

1. Player resists being coached
2. Player will not work at the Tempo required to improve.
3. Player does not possess the innate athletic ability (often excuse by player or coach)
4. Not enough repetition.
5. Poor Teaching.

CHANGE

“If what you want in the future is different than what you have in the present, then you have to change what you are doing.”

Change involves risk and discomfort. This is why many refuse to make change. Successful individuals and teams share a common characteristic of being willing to change and being adaptable to the situation.

COMMUNITY SERVICE-

All football student-athletes will be required to do 6 hours of community service every year they are involved as an athlete. This will help each student-athlete develop what we feel is “PAYING FORWARD TO THE COMMUNITY”. During the season each student-athlete will perform 2 hours of community service. These opportunities will be on all home Friday’s prior to football games (usually in the morning). Also, a free position clinic will be done by all student-athletes one Thursday of each game week. A calendar will split the days accordingly. We will also have community service during the holidays.

In the off-season we will use the month of February and March on every Friday for community service activities. The student-athlete will be required to obtain 4 hours during the off season from January till the month of July.

ALL IN CLUB MEMBERSHIP

NO EXCUSES

1 ST Quarter	100% attendance at all workouts 100% participation at all workouts No Discipline Issues No Academic Issues Position Coach Recommendation Strength Coach Recommendation on effort and strength GAINS
2 nd Quarter	100% at all Spring Practices 100% participation at all practices 100% attendance/participation at all lifting sessions No Discipline Issues No Academic Issues-Not in Bottom 10 for cum drop Position Coach Recommendation – <u>improvement as a football player</u> Strength Coach Recommendation on effort in weight room
3 rd Quarter	Significant gains in strength and conditioning No Discipline Issues No Academic Issues Strength Coach Recommendation on effort and strength GAINS (6-8 weeks)
4 th Quarter	100% attendance at all workouts 100% participation at all workouts CONTRIBUTION to the success of the TEAM Grade a WINNING EFFORT of 8 of 12 Games No Discipline Issues No Academic Issues Position Coach Recommendation

Personal Conduct Rules

1. **ILLINI TIME: 10 MINUTES PRIOR TO EVERYTHING**
2. **SIT IN 1-2 ROW IN ALL YOUR CLASSES!**
3. **NO EARRINGS AT TEAM FUNCTIONS**
4. **DO NOT GAMBLE/AVOID ALCOHOL/ NO SYMPATHY FOR DRUGS**
5. **TREAT ILLINI FAMILY WITH RESPECT-WE ARE ONE-“NO HAZING”**
6. **WATCH YOUR LANGUAGE**
7. **“Nothing good happens past 12:00.”**
8. **Be polite and courteous to all persons who are trying to help you and support our program, especially those persons working the business office, compliance office and at training table. Your conduct on and off campus is well observed as you are a football player. Project the **image** of a “man.”**
9. **Never discuss the team, the physical condition of members of the team, planned strategy, etc with anyone. You may give information that would help our opponents and hurt our chances to win.**

“The IMAGE of One, Projects the IMAGE of all”!

Use the Skills You Have that Do Not Take Talent

Concentration/Focus
Punctuality
Mental Toughness
Enthusiasm
Communication
Great Effort/Hustle
No Missed Assignments
Awareness
Practice with Speed
Video Study/Knowledge of Opponent
Handle Daily Responsibilities
Weight Room Responsibility
Attitude
Rest and Diet
Good Social Habits
Poise and Patience
Toughness
Technique Sound
Pursuit
Unselfishness

Care and Confidentiality of Your IPAD/Playbook

The only purpose of your IPAD, Playbook, Weekly Scouting Report and *Fighting Illini Champions Manual* is to help you be better prepared. We have an awesome responsibility that accompanies the proud tradition of our Fighting Illini football program.

1. Bring your IPAD, playbook and pencil to all meetings. Take thorough notes so that you can study and review later. (Just like the PRO's)

When not personally carrying your IPAD, playbooks, always keep them locked and out of sight.

Do Not show these IPAD/books to anyone and do not discuss plans or business of any kind with anyone. Do not try to impress anyone by telling them how much you know about football or what we may have in our future plans.

Should you lose IPAD, playbook, report the loss to your position coach immediately! You are responsible for there care!

Staff Duties

Director of Football Operations-Tim Knox

1. Personnel Director/Roster Management
 - a. Liaison to secretaries
2. Compliance Liaison/Rules (Salem)
3. All Team Travel
4. Facility Renovation Liaison (Ward)
5. QB Club Golf Outing Director (Williams)
6. Assistant Clinic Director (Yielding)
7. Assistant Camp Director (Golesh)
8. Housing (Colby)
9. Training Table (Ricker)
10. Per diem Liaison
11. Assistant Ticket Office Liaison (Player Tickets) (Yielding/Cubit/Williams)
12. Banquet Liaison (Yielding)
13. Community Service Projects (Williams)
14. Summer Job Coordinator (Williams)
15. Practice Operations Preparation (Spring/Fall Camp/Season)
16. Camp Rantoul
17. Game Day Operations
18. Other duties assigned by Director of Athletic
19. Training & Equipment Room Liaison (Budget)
20. QB Club Director (Williams/Bellamy/Colby)
21. Respect/Tradition/Nutrition Council

Director of Player Personnel (Defense)-Scott Yielding

1. Recruiting Supervisor (Golesh)(**Defense Player Personnel**)
2. On Campus-Recruiting Coordinator (Golesh/Knox/Cubit/Williams)
 - a. Official Visits
 - b. Unofficial Visits
3. OHSFCA/MHSFCA/ILHSFCA/IHSFCA Liaison
4. **On Campus Recruiting Calls in Month of May**
5. NFL Liason (Knox/Williams)
6. Assist with Website (Golesh/TBA)
7. **Defensive Recruiting Board**
8. Illinois Clinic Director (R Cubit/Williams)
9. Assist Former Player Liaison (Player's Outings) (Williams)
10. Officials (Salem)
11. **Establish/Manage Office/Recruiting Aides (Golesh/Cubit)**
12. Assist with Summer Job Coordinator (Knox)
13. Walk On Program (Golesh/R Cubit/Williams)
14. Weekly Participation Report (Off/Def/Special Teams)
15. Email program to HS coaches
16. **Defense** Graduate Assistant for recruiting
17. **Assist with All Compliance Meetings and Paperwork**
18. **Recruiting Camp Director(7 on 7-Big Man/Friday Night Lights/Travel Camps)(R Cubit/Knox/Golesh)**
19. Respect/Tradition/Nutrition Council

Director On Campus and Faculty Relations (Offense)-Ryan Cubit

- 1. Handle all On Campus Admissions process (Keiko Price)**
- 2. Handle all Faculty Relationships (Admissions and Faculty)**
3. Assist On Campus-Recruiting Coordinator (Yielding/Golesh/Knox/Williams)
 - a. Official Visits
 - b. Unofficial Visits
- 4. Offensive Recruiting Board(Offensive Player Personnel)**
5. Assist with all Recruit Mailings
6. Assist NFL and Agent Program
- 7. Liaison with DIA with Transcripts in Recruiting (Keiko Price)**
8. Input and stay up to date on HS Coaching changes in Illinois
9. Assist with Illinois Coaching Clinic (Yielding)
10. Assist Golf Outing/All Illinois Football Functions (Williams/Knox)
11. Assist Former Illini Club (Player's Outings) (Williams/Bellamy/Colby)
12. In charge of Illini Recruiting Host on official visits
13. Assistant of all functions with Fraternities and Sororities/ Block I (Williams)
14. **Offense** Graduate Assistant for recruiting
15. Assist Former Guest Coaches/NW Tower Former Player Lounge
16. Assist with Walk on Program (Yielding)
17. Assist with QB Club (Knox/Williams)
- 18. Kids Camps (Daytime/Father & Son)(Knox)**
- 19. Respect/Tradition/Nutrition Council**

Director of Alumni and Former Player Relations –Isiah “Juice” Williams

1. Handle all Former Illini Player Functions (Bellamy/Colby)
2. Assist On Campus-Recruiting Coordinator (Golesh/Yielding/Cubit/Knox)
 - a. Official Visits
 - b. Unofficial Visits
3. Assist with all Recruit Mailings
4. **Assist NFL and Agent Program**
5. Illini Newsletter (Quarterly)
6. Assist with Illinois Coaching Clinic (Yielding)
7. Golf Outing/All Illinois Football Functions (Knox)
8. Former Illini Club (Player’s Outings) (Bellamy/Colby/Yielding)
9. In Charge of all functions with Fraternities and Sororities/Block I
10. Alumni Office
11. **Former Guest Coaches/NW Tower Former Player Lounge**
12. Assist with Walk on Program
13. Assist QB Club (Knox)
14. All Former Fighting Illini Fund Raising
15. Alumni Office
16. **Respect/Tradition/Nutrition Council**

Graduate Assistant of Offensive Player Personnel-Charlie Drewek

1. In charge of all HS mailings
2. Assist On Campus-Recruiting Coordinator (**Offensive Personnel**)(Yielding/Golesh/Cubit)
 - a. Official Visits
 - b. Unofficial Visits
3. Assist with Illini Newsletter
4. Assist Golf Outing/All Illinois Football Functions (Knox)
5. Assist Former Player Liaison/ Former Illini Club (Player's Outings) (Williams/Bellamy/Colby)
6. Assist off Campus Player Functions-Community Service (Knox)
7. Assist of all functions with Fraternities/Sororities/Block I (Williams)
8. Assist with all Summer Camp Functions (R Cubit/Yielding)
9. Assist with Illinois Coaching Clinic (Yielding/R Cubit)
10. **Daily Letter program**
11. **Offensive Recruiting Board**

Graduate Assistant for Social Media/Defensive Player Personnel-Pat Embleton

1. In charge of all Social Media as pertains to recruiting
2. Assist On Campus-Recruiting Coordinator (Yielding/Golesh/Cubit)
 - a. Official Visits
 - b. Unofficial Visits
3. Assist with Director of Football Operations
4. Assist coaches with social media needs
5. Assist Former Player Liaison/ Former Illini Club (Player's Outings) (Williams/Bellamy/Colby)
6. Assist off Campus Player Functions-Community Service (Knox)
7. Assist of all functions with Fraternities/Sororities/Block I (Williams)
8. Assist with all Summer Camp Publicity
9. **Assist with Twitter Program**
10. **Tracking all competitions**
11. **Defensive Recruiting Board**

Offensive Coordinator/Associate Head Coach –Quarterbacks-(Training Room)-Bill Cubit

1. **Class Advisor/College:** SENIORS/Agriculture
2. **Team Authority:** YSU/TEXAS ST/WISCONSIN/IOWA
3. **Campus Frats/Sor/Dorm:** Delta Tau Delta/Chi Omega/FAR
(Patrick Panayotov/Elizabeth Berton)
4. **Special Teams:** None
5. **Recruiting:** Chicago Catholic South/Broward County-East Florida
6. **Administration:**
 - a. Offensive Notebook
 - b. Offensive Staff (Meetings, Organization)
 - c. Offensive Practice
 - d. Offensive Quality Control
 - e. **Training Room Liason (Doctors)**
 - f. Winter Passing League
 - g. College of **Agriculture**
 - h. Co-Camp Director (tournaments)
 - i. Honor Council
 - j. **Game Day:** Sideline

Offensive Assistant-TE/RB-Recruiting Coordinator(Compliance)-Alex Golesh

1. **Class Advisor/College:** FRESHMAN/Business
2. **Team Authority:** WASHINGTON/PURDUE/OHIO STATE/NORTHWESTERN
3. **Special Teams:** FG
4. **Campus Frat/Sor/Dorm:** Acacia/Delta Gamma/Garner
(Steven Wuthrich/Emily Turner)
5. **Recruiting:** Near/Far West Suburbs Chicago/Central-SW Ohio
Dallas/Kentucky
6. **Administration:**
 - a. Recruiting Lists
 - b. Recruiting Video Organization
 - c. All Recruiting Visits: JUNIOR/GAME DAY/SENIOR
 - d. **All Compliance Relations to Program-Ryan Squire**
 - e. General Recruiting Organization
 - f. Assist Walk On Program (Yielding/Cubit)
 - g. Assist Clinic (Yielding/Cubit)
 - h. College of **Nursing**
 - i. Honor Council
 - j. **Game Day:** Sideline

Offensive Assistant-Wide Receivers-Mike Bellamy (Financial Aid/Minority Affairs/Alumni)

1. **Class Advisor/College:** SOPHMORES/FAA (Applied Arts)
2. **Team Authority:** NEBRASKA/PENN STATE
3. **Campus Frats/Sor/Dorm:** Omega / Delta Zeta /Scott
(Diego Mejia/Kathryn Anderson)
4. **Special Teams:** Kick Returners/Assist All Special Teams
5. **Recruiting:** City League & South Suburbs Chicago/City St Louis-SW Illinois
South Atlanta/California Juco
6. **Administration:**
 - a. **Financial Aid Liaison** (Knox)
 - b. Assist Summer Job Coordinator (Knox)
 - c. Assist Player Education
 - d. Assist with Former Illini Club (Williams)
 - e. **Alumni Office Assistant**
 - f. **Minority Affairs** Liason
 - g. Assist with QB Club(Knox)
 - h. College of **Liberal Arts**
 - i. Honor Council
 - j. **Game Day:** Sideline

Offensive Assistant-Offensive Line-(Training Table/Academic OFF)-Tom Brattan

1. **Class Advisor/College:** JUNIORS/Liberal Arts
2. **Team Authority:** WESTERN KENTUCKY/MINNESOTA
3. **Special Teams:** Assist Field Goal
4. **Campus Frat/Sor/Dorm:** ATO/Tri Delta/Hopkins
(Alexander Schwartz/Emma Hardt)
5. **Recruiting:** Chicago Catholic North/North Suburbs Chicago/Missouri
West Florida/Houston/Calf JUCO
6. **Administration:**
 - a. **Academic Liaison-OFF**
 - b. All Academic Scheduling-OFF
 - c. **Training Table**
 - d. Assist Young Coach Supervisor (GA/Student Interns/managers)
 - e. Assist Ticket Liaison (Knox)
 - f. Offensive Boards
 - g. College of **Applied Arts**
 - h. Respect/Tradition/Nutrition Council
 - i. **Game Day:** Sideline

Defensive Coordinator-Defensive Backs-(Video)-Tim Banks

1. **Class Advisor/College:** SENIORS/Education
2. **Team Authority:** YSU/TEXAS ST/WISCONSIN/IOWA
3. **Special Teams:** Assist All Special Teams
4. **Campus Frat/Sor/Dorm:** Kappa/Alpha Phi/PAR
(/Rachel Jeffries)
5. **Recruiting:** Chicago City North/Indianapolis
Maryland/Washington DC/Virginia
6. **Administration:**
 - a. Defensive Notebook
 - b. Defensive Meetings
 - c. Defensive Staff Management/Quality Control
 - d. Defensive Practice Plans
 - e. Defensive Graduate Assistant
 - f. **Video Staff Liaison** (TBA)
 - g. College of Education
 - h. Honor Council
 - i. **Game Day:** Box

Defensive Assistant-Inside Linebackers-(Weight Room/SID/Police)-Mike Ward

1. **Class Advisor/College:** JUNIORS/General Studies
2. **Team Authority:** WASHINGTON/PURDUE/OHIO STATE/NORTHWESTERN
3. **Special Teams:** Assist All Special Teams
4. **Campus Frat/Sor/Dorm:** Sigma Phi Epsilon/Kappa Kappa Gamma/Weston
(Conner Dart/Mallory Miller)
5. **Recruiting:** W Suburbs Chicago/NW-NE Ohio
Kansas Juco
6. **Administration:**
 - a. **Weight Room Liaison**
 - b. **SID Liaison**
 - c. Assist Facility Renovations Liaison/New Facility/Office (Knox)
 - d. **Campus Police Liason**
 - e. Assist Parking Liaison (Knox)
 - f. Defensive Clinic Assistant
 - g. College of **General Studies**
 - h. Honor Council
 - i. **Game Day:** Sideline

Defensive Assistant-DL-(Parent Club/ROTC/Band/Cheerleaders)--Greg Colby

1. **Class Advisor/College:** SOPHMORES/Media
2. **Team Authority:** NEBRASKA/PENN STATE
3. **Special Teams:** FG Block
4. **Campus Frat/Sor/Dorm:** Sigma Chi/Kappa Alpha Theta/LAR
(Kevin Dailey-Harrison Meyer/Kyli Ferrero)
5. **Recruiting:** Central Illinois/Michigan
Pennsylvania/Calf. JUCO
6. **Administration:**
 - a. **Parent Club Liaison**
 - b. **Marching Band Liaison**
 - c. **ROTC Liaison**
 - d. **Cheerleaders**
 - e. Assist with Quarterback Club
 - f. Residence Life/Dorms (Knox)
 - g. College of **Media**
 - h. Respect/Tradition/Nutrition Council
 - i. **Game Day:** BOX

Defensive Assistant-Outside Linebackers-(All In/Fellowship//Def Acad. Coordinator) DEF-Al Seamonson

1. **Class Advisor/College:** FRESHMEN/Applied Health-Human Services
2. **Team Authority:** WESTERN KENTUCKY/MINNESOTA
3. **Special Teams:** Assistant All Special Teams
4. **Campus Frat/Sor/Dorm:** Sigma Alpha Epsilon / Alpha Chi Omega /PAR
(Sean McDonald/Yianna Sotiropoulos)
5. **Recruiting:** SW Chicago Suburbs /NW Illinois/Wisconsin
North Atlanta/Dade County, FL /N Carolina/S Carolina/Tennessee/Miss Juco
6. **Administration:**
 - a. **Academic Liason-DEF**
 - b. All Academic Scheduling-DEF
 - c. **All In** Functions (Knox)
 - d. Defensive Goal Boards
 - e. Defensive Quality Control/GA's
 - f. **FCA Liaison/Athletes in Action**
 - g. College of University
 - h. Respect/Tradition/Nutrition Council
 - i. **Game Day:** Sideline

Special Teams Coordinator-All Specialist-(SAAC/Officials/Locker Room)-Tim Salem

1. **Class Advisor/College:** RED SHIRT FROSH/Nursing
2. **Team Authority:** ALL
3. **Special Teams:** Kick Off Return/Punt Return/Kickoff/Punt (Bravo) (Recon)(Seals)(Delta)
4. **Campus Frat/Sor/Dorm:** Pikes/Alpha Gamma Delta/Synder
(Erik Michalesko/Alexandra Nasca)
5. **Recruiting:** NW Suburbs Chicago/NW Indiana
Central Florida/St Louis/Ft Worth
6. **Administration:**
 - a. Special Teams Notebook
 - b. Special Teams Staff (Meetings, Organization)
 - c. Special Teams Practice
 - d. Specialist Practice Schedule
 - e. Special Teams Return Quality Control
 - f. **Locker Room Liason/Equipment Room/Player Numbers**
 - g. **Rules/Officials Director (Yielding)**
 - h. **SAAC Representatives-Austin Teitsma/Joe Spencer**
 - i. **Special Teams Camp**
 - j. College of **Business**
 - k. Respect/Tradition/Nutrition Council
 - l. **Game Day:** Box

Offensive Graduate Assistant-OL-Tyler Johns

1. **Administration:**
Frat/Sor: Alpha/Beta/Chi/Delta
 - a. Offensive Scouting Report
 - b. Offensive Notebook Installation
 - c. Fall Installation Player Notebook
 - d. Assist OL
 - e. Assemble Weekly Scouting Reports & Game Plans
 - f. Scout Team Management
 - g. Playbook Assembly
 - h. General Administration Duties
 - i. **Assist with Offensive recruiting (On Campus)**
 - j. **Game Day: Box**

Offensive Graduate Assistant-Rob Arnheim

1. **Administration:**
Frat/Sor: Farmhouse/Gamma/Iota/Kappa
 - a. Assist Special Teams Scouting Report
 - b. Assist Special Teams Notebook Installation
 - c. Assist Fall Installation Player Notebook
 - d. Assist Specialist off Field
 - e. Special Teams Quality Control
 - f. Assist Playbook Assembly
 - g. Daily Handouts
 - h. Practice Schedules
 - i. General Administration Duties
 - j. **Game Day: Field**

Defensive Graduate Assistant-Outside DL-LeDominique Williams

1. **Administration:**
Frat/Sor: Lambda/Omega/Phi/Psi
 - a. Defensive Scouting Report
 - b. Defensive Notebook Installation
 - c. Fall Installation Player Notebook
 - d. Assist Defensive DL
 - e. Assemble Weekly Scouting Reports & Game Plans
 - f. Scout Team Management
 - g. Playbook Assembly
 - h. General Administration Duties
 - i. **Assist with Defensive recruiting (On Campus)**
 - j. **Game Day: Box**

Defensive Graduate Assistant-Corners-Kolby Jackson

1. **Administration:**
Frat/Sor: Sigma/Tau/Theta/Zeta
 - a. Assist Defensive Scouting Report
 - b. Assist Defensive Notebook Installation
 - c. Assist Fall Installation Player Notebook
 - d. Assist DB's off Field
 - e. Defensive Quality Control
 - f. Scout Team Management
 - g. Daily Handouts
 - h. Practice Schedules
 - i. General Administration Duties
 - j. **Game Day: Field**

STRENGTH/CONDITION AND NUTRITION

Executive Strength/Conditioning Coach-Aaron Hillmann

Coordinate Administrative Policies/duties of the Strength and Conditioning Program.
Responsible for Development of Year-round Strength and Conditioning Programs for Football.
Responsible for Development of Year-round Speed Development Program for Football.
Schedule us for all Irwin facility work with other sports
Liaison with Football Operations Director and Staff.
Liaison with former players who return to campus to workout.
Assist in Recruiting Process
Coordinate Strength Staff Schedules
Responsible for evaluation of all Strength and Conditioning Staff.
Responsible for all interviewing/hiring all Intern Strength assistants.
Keep Staff up to Date on latest Strength and Conditioning Research. Cutting edge Training Methods.
Responsible for keeping an open line of communication with medical staff regarding physical well being of student-athletes.
Develop/Coordinate Goals and Meetings with Student-Athletes.
Update and maintain accurate Strength and Conditioning results and records and develop testing procedures for the purpose of measurement and evaluation of the Football program.
Responsible for Team/Individual Football Progress Reports.
Develop/Coordinate Equipment and Budget
Coordinate Pre-game/Pre-Practice Warm-up and Flexibility.
Specialization in rehab of student athletes
Game Day "Get Back Coach"

Honor Council

Associate Strength/Conditioning Front 7 Coach-Nate Peoples

Assist in coordinate Administrative Policies/duties of the Strength and Conditioning Program.
Assist Development of Year-round Strength and Conditioning Programs for Football.
Assist with former players who return to campus to workout.
Assist in Recruiting Process
Assist staff up to Date on latest Strength and Conditioning Research. Cutting edge Training Methods.
Responsible for keeping an open line of communication with medical staff regarding physical well being of student-athletes.
Assist in development/Coordinate Goals and Meetings with Student-Athletes.
Responsible for Lineman/Individual Football Progress Reports.
Assist in coordination of Pre-game/Pre-Practice Warm-up and Flexibility.
Game Day "Get Back Coach"

Associate Strength/Conditioning Skill/Specialist Coach-Freddie Walker

Speed Development/ Winter Workout Coordinator
Assist in coordinate Administrative Policies/duties of the Strength and Conditioning Program.
Assist Development of Year-round Strength and Conditioning Programs for Football.
Assist with former players who return to campus to workout.
Assist in Recruiting Process
Assist staff up to Date on latest Strength and Conditioning Research. Cutting edge Training Methods..
Assist in development/Coordinate Goals and Meetings with Student-Athletes.
Responsible for Skill/Specialist Football Progress Reports.
Assist in coordination of Pre-game/Pre-Practice Warm-up and Flexibility.
Game Day "Special Teams"

Assistant Strength/Conditioning Skill/Specialist Coach-Max Ford

Assist in coordinate Administrative Policies/duties of the Strength and Conditioning Program.
Assist Development of Year-round Strength and Conditioning Programs for Football.
Assist with former players who return to campus to workout.
Assist in Recruiting Process
Assist staff up to Date on latest Strength and Conditioning Research. Cutting edge Training Methods.
Assist in development/Coordinate Goals and Meetings with Student-Athletes.
Responsible for QB/Skill Individual Football Progress Reports.
Assist in coordination of Pre-game/Pre-Practice Warm-up and Flexibility.
Game Day "Get Back Coach"

Assistant Strength/Conditioning Front 7 Coach-Andy Grubb

Assist in coordinate Administrative Policies/duties of the Strength and Conditioning Program.
Assist Development of Year-round Strength and Conditioning Programs for Football.
Assist with former players who return to campus to workout.
Assist in Recruiting Process
Assist staff up to Date on latest Strength and Conditioning Research. Cutting edge Training Methods.
Assist in development/Coordinate Goals and Meetings with Student-Athletes.
Responsible for Big Skill Football Progress Reports.
Assist in coordination of Pre-game/Pre-Practice Warm-up and Flexibility.
Game Day "Get Back Coach" "Beckman"

Nutritionist-Chelsea Zenner-Burkart

Specialization in the nutrition of our Student-Athletes
Assist in coordinate Administrative Policies/duties of the Nutritionist.
Assist Development of Year-round Nutrition Programs for Football.

Create and establish Fueling Station

Assist in Recruiting Process
Keep staff up to Date on latest Nutritional Research. Cutting edge Methods.
Assist in development/Coordinate Goals and Meetings with Student-Athletes.

Coordination of Training Table nutritional needs

Responsible for welfare of student-athletes.

Coordination of Pre-game meals/Friday night season meals/Post game meals

SOCIAL MEDIA/VIDEO

Director Football Video-Dane Chester

All Media Enhancement for a Championship program

Have video equipment, as well as film, available to assist coaches field a championship team.

Oversee the video office and student interns.

Management of all video equipment

All on campus and off campus Computer up keep

Have video equipment, as well as film, available to assist all coaches.

Work directly with Coach Banks on any Issues

Responsible for Social Media Development

Installing IPAD for program with all coaches and student athletes

Director of Social Media/Coachbeckman.com

Assistant Director Football Video-TBA

Assist All Media Enhancement for a Championship program

Assist with all video equipment, as well as film, available for Offense.

Assist the Offensive coaching staff with any questions on video equipment.

Management of Film of Game and Practice

Assist with all staff involved in video staff

Speech and development of off campus clinics by coaches

Huddle process for all incoming football players

Assistant Director Football Video Special Units-Josh Ok

Assist All Media Enhancement for a Championship program

Assist Have video equipment, as well as film, available for Special Teams.

Management of Specialist Film of Game and Practice

Assist the Special Teams (Tim Salem) with any questions on video equipment

Assist Speech and development of off campus clinics by coaches

Assist Huddle process for all incoming football players

EQUIPMENT MANAGEMENT

Director Football Equipment-Trent Chesnut

Assist the coaching staff with any questions on concerning equipment.

Oversee the Equipment Room and student interns.

Management of all Football Equipment

Practice and Game Equipment

Manage Locker Room

Assistant Football Equipment Manager-Stephen Hale

Assist the coaching staff with any questions on concerning equipment.

Assist the director with the Equipment Room and student interns.

Assist director with all Football Equipment

Assist with Practice and Game Equipment

Assist and manage Locker Room

OFFICE MANAGEMENT

Administrative Assistant to Head Coach-Nicole Anderson

HC Secretary/directed DFO (**Knox**)

Assist the coaching staff with any questions on concerning office.

Input all Head Coach Information

Management of all Head Coach Daily Office Duties

Travel Paperwork-Coach Beckman

Keep Calendar (Outlook) updated daily

Keep Contact list updated

Keep Donor Log/Album updated

Director of Football Office Management-Shari Atwell

DFO directed (**Knox**)

Assist the coaching staff with any questions on concerning office.

Handle all Assistant Coach recruiting itineraries

Management of all Football Related Office Duties

Assist all Coaches with all Calendar Events

Travel Paperwork for all coaches

Manage Office

Director of Recruiting Office Management-Nina Baluon

Recruiting/Player Personnel Directed-Recruiting Coordinator (**Yielding/R Cubit/Golesh**)

Input all Recruit Information

Video Log Update

Input and stay up to date on HS Coaching

Assist the coaching staff with any questions on concerning recruiting office.

Handle all Assistant Coach recruiting logs from coaches

Management of all Football Recruiting Office Duties

Assist Travel Paperwork for all coaches

In charge of VIR (Volunteer Illini Recruiting)

ACADEMIC SERVICES

Offense Football Academic Counselors –Annie White

HC/Offensive Assistant Directed

Assist the coaching staff with any questions on academics

Coordinate all Academic functions for Offensive Student-Athletes

Management and Monitor all Class schedules by Offensive Student-athletes

Manage all Study Table and Tutor sessions for all Offensive Student-Athletes

Maintaining all NCAA-Illini Football rules for anything attaining to academics

Direct Communication to HFC/Off. Academic Coord.-**Tom Brattan**

Weekly monitor of all football Offensive Student-Athletes

Renovations of all Study-Table issues

Liaison for Life Skills including community service-Knox

Coordinate “Honorary Coach” Programs

Coordinate faculty/staff weekly practice invites during season (Coach responsible for that College)

Coordinate incoming players (Fr/Tr) starting both in Jan/June (Class Reg/Orien)(Yielding/Cubit/Golesh)

Manage roster for academic purposes (Knox)

Organize summer academic “rookie” meetings

Defense Football Academic Counselor –Katie Christensen

HC/Defensive Assistant Directed

Assist the coaching staff with any questions on academics

Coordinate all Academic functions for all Defensive Student-Athletes

Management and Monitor all Class schedules by Defensive Student-athletes

Manage all Study Table and Tutor sessions for all Defensive Student-Athletes

Maintaining all NCAA-Illini Football rules for anything attaining to academics

Direct Communication to HFC/Def. Academic Coord.-**Al Seamonson**

Weekly monitor of all football Defensive Student-Athletes

Renovations of all Study-Table issues

Manage “Encourager” Program

Track and report daily class checks and study table schedules (Seamo/Brattan)

Liaison for “Grades First” and academic website for all teams

Football Learning Specialist Academic Services –Casey Fonnesebeck

Learning Specialist for entire team with regular meetings with assigned students

Assist the coaching staff with any questions on special assistance services

Maintaining all NCAA-Illini Football rules for anything attaining to academics

Weekly monitor of all football Special Assistance Student-Athletes

Direct Communication to HFC/Academic Coord.-**Al Seamonson/Tom Brattan**

Coordinate “Strategic Tutor” Program

Football Learning Specialist Academic Services –Carla Suber

Weekly monitor of all football Offensive Student-Athletes

Assist the coaching staff with any questions on special assistance services

Maintaining all NCAA-Illini Football rules for anything attaining to academics

In-charge of all staff involved in academics (assistants and tutors)

Weekly monitor of all football Special Assistance Student-Athletes

Direct Communication to HFC/Academic Coord.-Al Seamonson/Tom Brattan
Liason to DRES (Disability Resources & Educational Services)

TRAINING STAFF

Head Athletic Trainer-Jake Naas

Supervise and run a Championship Training Room

Have training room equipment available to assist players to quick recovery.

Run training room schedule so we can assist 100+ with proper training and rehab

Oversee the training room office and student interns.

Management of all training room equipment

Create a state of the art Training Room facility.

Handle all tests and be involved with HC

Assist determine and create Fueling Station

Find Chiropractor/Message Therapist for Football program

Inform HC of all Dr. decisions from surgery's to exams (Sunday during season)(Bill Cubit)

Inform staff at all staff meetings the information from the treatments(Sun. during season)(Bill Cubit)

Assistant Athletic Trainer-Chris Walker

Assist and run a Championship Training Room

Assist players to quick recovery the treatments provided.

Help run training room schedule so we can assist 100+ with proper training and rehab

Assist by determine and create Fueling Station

Create a state of the art Training Room facility.

Inform HC of all Dr. decisions from surgery's to exams

Assistant Athletic Trainer-Jim Halpin

Assist and run a Championship Training Room

Assist players to quick recovery the treatments provided.

Help run training room schedule so we can assist 100+ with proper training and rehab

Assist by determine and create Fueling Station

Create a state of the art Training Room facility.

Inform HC of all Dr. decisions from surgery's to exams

Assistant Athletic Trainer-Eric Streeter

Assist and run a Championship Training Room

Assist players to quick recovery the treatments provided.

Help run training room schedule so we can assist 100+ with proper training and rehab

Assist by determine and create Fueling Station

Create a state of the art Training Room facility.

Inform HC of all Dr. decisions from surgery's to exams

Graduate Assistant Athletic Trainer-Cole Hartwigsen

Assist and run a Championship Training Room

Assist players to quick recovery the treatments provided.

Help run training room schedule so we can assist 100+ with proper training and rehab

Assist by determine and create Fueling Station

Create a state of the art Training Room facility.

Inform HC of all Dr. decisions from surgery's to exams

COACHES' DORM DUTY ROSTER

RESPONSIBILITIES

1. Duty coach is responsible for all wake-ups (injured players for treatment, managers, trainers, etc.).
2. Duty Coach is responsible for bed check.
3. Rotation:

Day #1	Knox
Day #2	Bellamy
Day #3	Banks
Day #4	Cubit
Day #5	Seamonson
Day #6	Colby
Day #7	Brattan
Day #8	Salem
Day #9	Golesh
Day #10	Ward
Day #11	Yielding
Day #12	Hillmann
Day #13	R Cubit
Day #14	Williams
Day #15	Peoples
Day #16	Walker

**** STAY OUT OF AUTOMOBILES (YOURS & OTHERS)**

**** NO VISITORS IN ROOM USE FRONT LOBBY ONLY**

ACCLIMAZATION ONE-A-DAY SCHEDULE MORNING

5:45 am	Wake-up Injured Players for Treatment
6:30 am	Wake Up/Breakfast/Tape
7:00 am	Staff Meeting
7:45 am	Position Meetings
8:30 am	Orange Run Thru
8:40 am	Specialist/Blue Run (pool)
8:45 am	Stretch/FG/Install Fundamental
9:00 am	Orange Practice (15 Periods)
11:00 am	Team Meeting-Quiet Time
11:10 am	Special Units Meeting
11:30 am	Special Units Walk Thru
12:00 am	Lunch/12:15 Lunch for Non-Football
12:45 pm	Staff Meeting
2:45 pm	Tape
3:45 pm	Position Meetings
4:30 pm	Blue Run Thru
4:40 pm	Specialist/Orange Run (pool)
4:40 pm	Stretch/FG/Install Fundamental
4:55 pm	Blue Practice (15 Periods)
6:30 pm	Dinner/6:45 Dinner for Non-Football
7:30 pm	Team Meeting – (Media/Field Tradition/Rival Tradition/Champions Manual)
7:55 pm	Sr Meetings (8:30 1 st Night-Alma Mater)
8:20 pm	Position Meetings
9:05 pm	Treatments/Snack (9:30 1 st Night)
10:30 pm	Lights Out

NORMAL ONE-A-DAY SCHEDULE AM

5:45 am	Wake-up Injured Players for Treatment
6:30 am	Wake Up/Breakfast/Tape
7:00 am	Staff Meeting
7:30 am	Special Units Meeting (QB/OL/DL Position Mtgs)
7:45 am	Position Meetings
8:50 am	Run Thru
8:58 am	Specialist
9:03 am	Stretch/FG/Special Units
9:13 am	Practice (24 Periods)
12:00 am	Lunch/12:15 Lunch for Non-Football
12:45 pm	Staff Meeting
2:45 pm	Special Units Meeting (QB/OL/DL Position Mtgs)
3:00 pm	Lift/Meet (AM Film)
4:00 pm-4:20	Walk Thru for side Meeting
4:30 pm	Meet/Lift (AM Film)
5:30 pm-5:50	Walk Thru for side Meeting
6:30 pm	Dinner
8:00 pm	Team Meeting (Fighting Illini Champions Manual)(Qt Time)
8:15 pm	Position Meeting
9:25 pm	Treatments/Snack
9:30 pm	Staff Meeting
10:30 pm	Lights Out

NORMAL ONE-A-DAY SCHEDULE PM

7:30 am	Wake-up Injured Players for Treatment
8:00 am	Wake Up/Breakfast
9:00 am	Lift/Position Meeting
10:00am-10:20	Walk Thru for side Meeting
10:30 am	Lift/Position Meeting
11:30am-11:50	Walk Thru for side Meeting
12:30 am	Lunch
2:00 pm	Taping/Fuel Station
2:45 pm	Special Teams Meeting (QB/OL/DL)
3:00 pm	Position Meetings
4:05 pm	Run Thru
4:13 pm	Specialist
4:18 pm	Stretch
4:28 pm	Practice (24 Periods)
7:00 pm	Dinner
8:00 pm	Team Meeting (Illini Manual)(QT Time)
8:15 pm	Position Meeting
9:25 pm	Treatments/Snack
10:30 pm	Lights Out

NORMAL TWO-A-DAY SCHEDULE #1

5:45 am Wake-up Injured Players for Treatment

6:30 am Wake-up/Breakfast/Taping

7:00 am Staff Meeting

7:30 am Special Unit Meetings

7:45 am Position Meetings

8:50 am Run-Thru

8:58 am Specialist

9:03 am Stretch/FG/Special Teams

9:13 am Practice (24 Periods)

12:30 pm Lunch

12:45 pm Staff Meeting

2:00 pm Tape/Fueling Station

2:45 pm Special Unit Meetings

3:00 pm Position Meeting

4:05 pm Stretch/FG

4:15 pm Special T's

4:45 pm Practice (20 Periods)

6:30 pm Dinner

8:00 pm Team Meeting

8:15 pm Position Meetings

9:25 pm Treatments/Snack

10:30 pm Lights Out

NORMAL TWO-A-DAY SCHEDULE #2PM

5:45 am	Wake-up Injured Players for Treatment		
6:30 am	Wake-u/Breakfast/Tape		
7:00 am	Staff Meeting		
7:30 am	Special Unit Meetings		
7:45 am	Position Meetings		
8:50 am	Run-Thru		
8:58 am	Specialist		
9:03 am	Stretch/FG/Special Teams		
9:13 am	Practice (24 Periods)		
12:00 pm	Lunch		
12:45 pm	Staff Meeting		
2:30 pm	Treatments		
3:15 pm	Team Meeting (QT Time)		
3:30 pm	Special Unit Meeting		
3:45 pm	Position Meeting		
4:25 pm	Dinner Defense/Specialist		
4:30 pm	Dinner Offense		
5:00 pm	Tape		
5:30 pm	Stretch/FG	5:45 pm	Bus
5:50 pm	Practice	6:00 pm	Stretch/FG
9:00 pm	Treatments/Snack	9:00 pm	Treatments/Snack
10:30 pm	Lights Out	10:30 pm	Lights Out

Coaches In-Season Weekly Schedule

SUNDAY

11:00 am	Staff Reports: Grades Video by Unit
1:15 pm	Team Treatments (Message/Chiro) (Weight Room Open)(Non Travel)
2:30 pm	Staff Meeting: Personnel Evaluation/Awards/Special Units Video
3:00 pm	Offense/Defense/Special Units Planning
6:00 pm	Victory Meal/Family Meal
6:45 pm	Offense/Defense/Special Units Planning
9:00 pm	Staff Meeting (Practice Plans; Scouting Reports)

MONDAY

6:30/7:30/8:30am	Weight Room Times
6:30 am	Training Room Open
7:00 am	Due in at Office/Optional Coaches Devotion (Optional O/D Game Film Review)
8:00 am	Staff Meeting/ Compliance Meeting Other (Practice Plans: Motivational Approach)
9:00 am–3:00pm	Offense/Defense/Special Units Planning
11:30 am	All Staff Meeting
1:20 pm	Press Conference-Coordinators
3:45 pm	Team Meeting
4:05 pm	Special Units Meeting
4:30 pm	O/D Unit Meeting
4:45 pm	O/D Position Meeting
5:45 pm	Corrections (Optional)
6:00 pm	Dinner
7:00 pm	O/D Meeting (Scouting Report)
7:15 pm	Short Ydg/Goal Line Package
7:30 pm	Practice (12 Periods) (Special Teams-FG/FG Block/Punt/KO)

TUESDAY

7:00 am	Training Room Open
7:00 am	Staff Special Units Game Plan Meeting
8:00 am	Staff Meeting (Practice Plans; Motivational Approach)
8:30 – Noon	Offense/Defense Planning (Game Plan and Detailed Scouting Reports)
2:15 – 2:35 pm	Team/Special Teams Meeting
2:35 – 3:10 pm	Player Meetings
3:20 – 3:28 pm	Run Thru
3:28 – 3:33 pm	Specialist
3:33 – 5:50 pm	Stretch/Practice
6:00 – 6:10 pm	Post Practice Video
6:30 pm	Training Table/ Radio Show
7:00 – 9:00 pm	Offense/Defense Practice Video by Staff

WEDNESDAY

7:00 am	Training Room Open
7:30 am	Due in Office
8:00 am	Staff Meeting (Practice Plans; Motivational Approach)
9:00 – Noon	Offense/Defense Meeting
2:00 pm	Honor Council Meeting
2:15 – 2:30 pm	Special Teams Meeting
2:30 – 3:10 pm	Player Meetings
3:20 – 3:28 pm	Run Thru
3:28 – 3:33 pm	Specialist
3:33 – 5:48 pm	Stretch/Practice
6:00 – 6:10 pm	Post Practice Video
6:30 pm	Training Table
Evening	Recruiting Calls at Home

THURSDAY

7:00 am	Training Room Open
8:00 am	Due in Office
9:00 am-10:15 am	Staff Meeting (Thursday Checklist/Compliance/Academic/SID)
2:15 – 2:45 pm	Special Teams Meeting
2:45 – 3:35 pm	Player Meetings
3:45 – 5:15 pm	Practice
5:30 – 5:35 pm	Team Meeting
5:45 pm	Hand Out Tip Sheets
6:00pm	Youth Camp/Block I/Dinner at Beck's
Evening	Individual Recruiting

FRIDAY

9:00-Noon	Community Service
10:00 am	Staff Meeting: Video Evaluation
12:00 pm	QB Club (Calendar for each week)
3:00 pm	Radio Show-Green St (Calendar for each Week)
3:15 pm	Fellowship
4:00 pm	Position Meetings
5:10 pm	Kick Script/Walk Thru

Coaches Off-Season Weekly Schedule

SATURDAY-OFF (FEB 7th)

SUNDAY-STUDY TABLE 4:00 (Except Super Bowl Sunday Feb 1st)

MONDAY (FEBRUARY FOOTBALL 2/10)

8:00 am	TEAM Comp. Speed/Agility Drills (Only 2/10 SPEED DAY-2/17-2/24)
9:30 am	Throw and Kick (OPTIONAL)
10:30/3:45/5:15	Lift Groups (Off/Def)
11:00-1:00 pm	Recruiting
1:00 pm	Staff Meet/Devotional//Compliance/5 video
1:30-5:00 pm	Offense/Defense Planning
5:00 pm	Guest Speakers-Leadership
5:45 pm	Training Table

TUESDAY (FEBRUARY FOOTBALL)

8:00 am	Position Meet
8:45am	Team Pos/Skill Development
9:45 am	Throw and Kick (OPTIONAL)
11:00-1:00 pm	Recruiting
1:00 pm	Staff Meet/Devotional/5 Video
1:30-5:00pm	Offense/Defense Planning
5:00pm	Leadership Meeting (2/10-JR) (2/17-S0) (2/24-FR)
5:45 pm	Training Table/FCA

WEDNESDAY (FEBRUARY FOOTBALL)

6:30-8/9:30	Lift (3 Groups 6:30/8/9:30)
8:30-10:00 am	Special Units Staff-Seal/Delta (19-Seals/Delta 26-Recon/Bravo)
10:00 am-12:00pm	Recruiting
1:00 pm	Staff Meet/Devotional/5 Video
1:30-5:00pm	Offense/Defense Planning
5:00 pm	Honor Council Meeting
5:45 pm	Training Table
(4:30-2/18-BOWLING 2/25-DODGEBALL)	

THURSDAY (FEBRUARY FOOTBALL)

8:00 am	Position Meet
8:45am	Team Speed/Agility
9:45 am	Throw and Kick (OPTIONAL)
10:00 am	Staff Breakfast (Mary Ann's)
11:00-1:00 pm	Recruiting
1:00 pm	Staff Meet/Devotional/5 Video
1:30-5:00pm	Offense/Defense Planning
5:45 pm	Training Table

FRIDAY (FEBRUARY FOOTBALL) OFF

5:00am	Loser's Lift
6:30/8/9:30	Lift times
10:00am	Community Service
11:30 am	Training Table

Coaches Spring Football Weekly Schedule

SATURDAY-OFF EXCEPT MARCH 8TH/ORANGE AND BLUE

MONDAY PRACTICE DAY (SPRING FOOTBALL)

7:00 – 7:20 am	Special Units Meeting
7:20 – 7:55 am	Position Meetings
8:00 – 8:08 am	Run Thru
8:08 – 8:13 am	Specialist
8:13 – 10:13 am	Practice
11:30-1:00 pm	Film Grade
1:00 pm	Staff Meet-5 Films
1:30 – 2:00pm	Special Units Planning
2:00 - 5:00 pm	Offense/Defense Planning
5:00-5:30 pm	Special Units Film/O-D Meeting
5:45 pm	Training Table/Academic Meeting

TUESDAY MEET/LIFT DAY (SPRING FOOTBALL)

7:45 am	Team/Special Teams Meeting
8:05 am	Defense-Special Teams Meet/Offense Lift (Coaches in Wt Room)
9:20 am	Offense Meet/Defense-Special Teams Lift (Coaches in Wt Room)
am	Coordinators Discretion
1:00 pm	Staff Meeting-Wednesday Practice
2:00 pm	Recruiting
3:00 pm	Offense/Defense Planning
5:00 pm	Honor Council Meet (3/3-3/18-4/8)
5:45 pm	Training Table (FCA Dinner)

WEDNESDAY PRACTICE DAY (SPRING FOOTBALL)(O/D/SP Installations Due)

7:00 – 7:20 am	Special Units Meeting
7:20 – 7:55 am	Position Meetings
8:00 – 8:08 am	Run Thru
8:08 – 8:13 am	Specialist
8:13 – 10:13 am	Practice
11:00-1:00 am	Film Grade
1:00 pm	Staff Meet
1:30 – 2:00pm	Special Units Planning
2:00 - 5:00 pm	Offense/Defense Planning
5:00-5:30 pm	O/D Meeting
5:45 pm	Training Table/Academic Meeting

THURSDAY MEET/LIFT DAY (SPRING FOOTBALL)

7:45 am	Team/Special Teams Meeting
8:05 am	Defense-Special Teams Lift/Offense Meet (Coaches in Wt Room)
9:20 am	Offense Lift/Defense-Special Teams Meet (Coaches in Wt Room)
am	Coordinators Discretion
1:00 pm	Staff Meeting-Friday Practice/Academic Meeting
2:00 pm	Recruiting
3:00 pm	Offense/Defense Planning
5:45 pm	Training Table

FRIDAY PRACTICE DAY (SPRING FOOTBALL)

7:00 – 7:20 am	Team/Special Units Meeting
7:20– 7:55 am	Position Meetings
8:00 – 8:08 am	Run Thru
8:08 – 8:13 am	Specialist
8:13 – 10:13 am	Practice
11:00 am	Training Table
11:30-1:00 am	Film Grade
1:00 pm	Staff Meet-5 Films
1:30 – 2:00pm	Special Units Planning
2:00 - 5:00 pm	Offense/Defense Planning

SATURDAY MARCH 14TH (JR DAY SPRING FOOTBALL)

8:00 am	Staff Meetings
8:30 – 9:00am	Special Teams Planning
	Offense/Defense Planning
10:15 – 10:45 am	TUS Meeting
10:45 – 11:05 am	Special Forces Meet
11:05– 11:50 am	Position Meetings
12:00 – 12:10 pm	Run Thru
12:10 – 12:15 pm	Specialist
12:15 pm	Practice

THURSDAY APRIL 16TH PRACTICE DAY

9:00 am	Team Meeting
7:00 – 7:20 pm	Special Units Meeting
7:20– 7:55 pm	Position Meetings
8:00 – 8:05 pm	Specialist
8:05 – 9:33 pm	Practice

SUNDAY MARCH 14/APRIL 4/12

12:00 pm	O/D Grade Tape
1:30 pm	Staff Meeting

Weekly Practice Schedule

<u>DAY</u>	<u>TIMES</u>	<u>BREAKDOWN</u>	<u>TOTAL</u>
SATURDAY	Game		3 hrs
SUNDAY	OFF (1:15pm Training Room) (Blue/All D's & F's Study Table 4:00)		
MONDAY	:50 Lift 3:45-6:00 7:00-8:30	Lifting Meetings Meetings/Practice	4:35 hrs
TUESDAY	Lift by Appointment (:30) 2:15 – 3:05 pm 3:20 – 5:50 pm 6:00 – 6:10 pm	Meet (:55) Practice (2:30) Meet (:10)	3:35 hrs
WEDNESDAY	Lift by Appointment (:30) 2:15 – 3:05 pm 3:20 – 5:50 pm 6:00 – 6:10 pm	Meet (:55) Practice (2:30) Meet (:10)	3:35 hrs
THURSDAY	Lift by Appointment (:30) 2:15 – 3:45 pm 3:45 – 5:15 pm 5:30 – 5:35 pm	Meet (1:30) Practice (1:30) Meet (:05)	3:05 hrs
FRIDAY	4:00 – 5:10 pm 5:20- 5:50 pm	Meet/Walk Run Through/Special Teams	1:40 hrs
TOTAL:			20:00 (Add :30 Lift)

Practice Times Include Flex & Conditioning

In-Season Lifting Schedule

SUNDAY

OFF (WEIGHT ROOM OPEN optional)

MONDAY

:50 MINUTE LIFTING(6:30/7:30/8:30)

TUESDAY

LIFT BY APPOINTMENT

WEDNESDAY

LIFT BY APPOINTMENT

THURSDAY

LIFT BY APPOINTMENT

FRIDAY

YOUNG ILLINI: 6:00 AM

*** Pick one day for lift by Appointment to best fit your academic schedule ***

Out-Season Winter Weekly Schedule

SUNDAY

OFF (Blue/All D's & F's Study Table 4:00)

MONDAY

TEAM-SPEED/AGILITY TRAINING (:50 MIN)
LIFT (1:15 HR)

TUESDAY

POSITION MEET (1 HR)
TEAM POSITION/SKILL DEVELOPMENT (:50 HR)

WEDNESDAY

LIFT (1:15 HR)

THURSDAY

POSITION MEET (1 HR)
TEAM SPEED/AGILITY TRAINING (:50 HR)

FRIDAY

WEIGHT ROOM OPEN 6:00/8:00/10:00 (1:15 HR)
COMMUNITY SERVICE

SATURDAY

OFF

(TOTAL-7:55/2 HR MEETINGS)

Out-Season Summer Weekly Schedule (6-9 to 6-27) (7-21 to 8-1)

SUNDAY

OFF

MONDAY

POSITION DRILLS	(:30 MIN)
LIFT/ANAEROBIC	(1:10 HR)

TUESDAY

POSITION MEET	(:30 MIN)
SPEED/AGILITY/CONDITION	(1:10 HR)

WEDNESDAY

POSITION DRILLS	(:30 MIN)
LIFT/ANAEROBIC	(1:10 HR)

THURSDAY

POSITION MEET	(:30 MIN)
SPEED/AGILITY/CONDITION	(1:10 HR)

FRIDAY

LIFT/ANAEROBIC	(1:10 HR)
COMMUNITY SERVICE	

SATURDAY

OFF

(TOTAL-7:50/1 HR MEETINGS)

Out-Season Summer Weekly Schedule (6-30 to 7-18)

SUNDAY

OFF

MONDAY

WARM UP/CONDITION
LIFT

(:40 MIN)
(1:20 HR)

TUESDAY

SPEED/AGILITY/CONDITION

(1:10 HR)

WEDNESDAY

WARM UP/CONDITION
LIFT

(:40 MIN)
(1:20 HR)

THURSDAY

SPEED/AGILITY/LIFT

(1:20 HR)

FRIDAY

OFF

SATURDAY

OFF

(TOTAL-6:30)

Thursday Checklist

1. Complete Itinerary
2. Tentative Dress/Travel List/Room List/Seating Chart (Plane)
3. Tickets (Team/Staff/Recruit)
4. Depth Charts: Defense – Special Teams – Offense
5. Game, Press Box and Field/Sideline Organization
6. Pre-Game Plan (If away game, discuss facilities)
7. Half-time Plan
8. Review “Game Type” (Conservative – Gamble – Weather – Etc.) (**SUBSTITUTION**)
9. Communications:
 - a. Bench Organization – Phone Situation (especially if away)
 - b. Signals (Who)
 - c. Penalties – Time Outs
 - d. Fake FG/PAT (ours/opponents) (Flip)
10. Scoring Combinations:
 - a. 2-point plays (ours/opponents)
 - b. 2-point defense (ours/opponents)
 - c. FG defense (ours/opponents)
 - d. Fake FG/PAT (ours/opponents)
11. Gamble – Short Yardage:
 - a. Field Zone
 - b. 4th Down and Red Zone
 - c. Play and Player
12. Short Yardage
 - a. Offense – Plays
 - b. Defense – Plays
13. Red Zone/Goal Line Attack
 - a. Offense vs. Opponent Defense
 - b. Defense vs. Opponent Offense
14. Self-Scout Reviews/Summary
15. Special Teams:
 - a. Punt: Fakes: Run/Pass, Punt Placement
 - b. Punt Block: Opponent Fakes: Run, Pass, Shift, Punt Placement
 - c. Kickoff: Call; Kick Placement; Onside; Pooch; Squib
 - d. K.O. Return: Kick Placement; coverage Scheme; Use of Pooch, Squib, Onside
16. Momentum Changes:
 - a. First Play (Game; 2nd Half; OT period)
 - b. Big Plays – Field Position – First Play following Turnover
17. Coin Toss:
 - a. Ball
 - b. Defer to 2nd Half
 - c. Play Defense
18. Quizzes Made: Written and Video Quizzed
19. MOTTO: (Feeling from Staff about Practices)
20. Captains: OFF-
DEF-
Teams-
Honorary-

STAFF POLICIES

GENERAL

1. Be on Illini time for staff meetings, appointments and player meetings.
2. Dress: IN OFFICE - slacks, nice shirt, team sweat suit (shorts ok in summer).
 RECRUITING – slacks, Illini shirt
 HOME VISIT – What deems necessary for sell
 FRIDAY GAME-Illini Sweat suit (Flying-Suit)
3. Tobacco – prohibited by the NCAA-Comply
4. Jobs completed on time and thorough.
5. Be an expert at your position. Research & Development (General Manager)

PLAYER RELATIONSHIPS

1. Maintain Player/Coach/Staff relationship at **ALL TIME**. Never cross the line.
2. You are responsible to get involved in every aspect of the players lives (family, academic, social). Make a difference. Always have information at your disposal (home, meetings, etc.)
3. Players should address you by “Coach _____”.
4. Academics – you are personally responsible to hold your players accountable for getting their degree. Devote whatever time necessary to accomplish this.
5. **Spend time with your players in the locker room each day after practice, in office and at your home.**
6. Show respect for all players, regardless of position on depth chart.
7. Treat players as if they were your own son.
8. Never have alcohol when in the presence of Student-Athletes. Avoid local establishments where students are known to go. If they are there leave. If you are there have them leave.

Academic Philosophy and Procedure

- I. **SCHEDULING & PLAN TO GRADUATE:** Each student-athlete is required to take a minimum of 15 hours per semester. This will keep him on course to graduate in a 4 year time period (usually will take two classes in summer if he stays on track). Red-shirt players will still stay on course to graduate and can always take graduate courses their 5th year (recruiting advantage). This will also assist in the cost of paying for a fifth year if their eligibility is used up.
- II. **CLASS POLICY:** All student-athletes will be required to sit in the first 2 rows of class. We will monitor all class attendance. This will enable us to do so. It is the responsibility of each student-athlete to be seen for class attendance.
ILLINI TIME will be 10 minutes prior to all functions.
- III. **SUMMER SCHOOL:** Summer school will be used to assist the Student-Athletes in the following situations.
- Take a course that interferes with Football practice.
 - Take a difficult course that needs complete focus to pass with an acceptable grade.
 - Assist at-risk student-athletes for eligibility.
 - Assist student-athletes with progress towards a degree.
- * Summer School is a privilege. Student-athletes who have academic issues (study table/class attendance/GPA) will be required to pay for all or a portion of their summer school tuition.**
- IV. **STUDY TABLE – GOAL:** To get off Study Table
3 Groups:
Blue – CRITICAL need of academic attention (8 hours) (Under 2.0 cum/semester or Coach)(D/F)
White – Precarious academic situation (6 hours) (Between 2.01-2.3 cum or Coach)
Orange – Recognize our interest in their academics (4 Hours) (Between 2.31-2.5 or Coach)
- V. **CLASS ATTENDANCE**
Blue – Checked daily. Zero tolerance on all academic issues.
White – Check on a consistent basis. One unexcused allowed.
Orange – Not checked on a consistent basis. Two unexcused allowed.
- VI. **DISCIPLINE** – Our goal, as in all discipline issues, is to teach accountability.
During the season, discipline issues that relate to all academic responsibilities will be taken care of immediately. In the season we will have a weekly Sunday Illini Reminder 10 am – 12pm at the Football Stadium. Out of season it will be 6am – 8am Friday Mornings. **Illini Reminder**=300yds up/downs (2X) and 100yd-3 Legged dog w/Study Table/Tutor Sessions/Training Room
1st offense will involve the individual and position coach.
2nd offense will involve the position group and position coach. (Same punishment)
3rd offense will involve the position group and involvement with HONOR COUNCIL.
4th offense will involve HONOR COUNCIL Meeting and TEAM Punishment.
A point system will also be used for each absence (2 pt miss) (1 pt late) (Weekly)
One week Clean subtract 1 point
6 pts = tickets taken away
8 pts = HONOR COUNCIL MEETING
- VII. **Monitoring Progress of the Student Athletes** – Each Position Coach will take a very active role in the progress towards a degree of the student-athlete. Staff members will have weekly progress reports and meet (Blue/White) players at designated academic times (**Weekly at Training Table or before practices**). Blue and White groups will be monitored very closely.

ACADEMIC STRUCTURE

The football team will be divided up into 3 categories by academic standing. Those 3 categories will be **Blue, White, and Orange**. Each group has different criteria that determines how their class attendance is monitored.

The **BLUE** group consists of student-athletes in need of critical academic attention. Their academic classes must be checked every day. There must also be communication with regards to this group's tutorials and study hall situations. They do not have any margin of error. If there is **ONE** absence unexcused they are in Sunday/Friday Illini Reminder. (Below 2.0 or coach's concern)

(In-Season Sunday Illini Reminder is held on Sunday morning from 10 - 12 am)

(Off-Season Friday Illini Reminder is held on Friday morning from 6 - 8 am)

The **WHITE** group is people who are in a precarious academic situation. The white group should be checked on a consistent basis with supervision. The white group is allowed one unexcused absence from class. On the **2nd** unexcused absence the student will then have a **Sunday/Friday Illini Reminder**. (2.01-2.3 or coaches concern)

The third group is **ORANGE**. This group should be checked moderately so they recognize **OUR** interest in their academics. The orange group, because they are not checked on a consistent basis, will get 2 unexcused absences from class before they are put in **Sunday/Friday Illini Reminder**. Any student-athlete can be put in **Sunday/Friday Illini Reminder** at the discretion of Coach Beckman and academic services.

Procedure to check class attendance this semester will be from a daily menu of classes with the Blue and the White group members designated along with the orange group. The duty coach (**Encouragers**) will check the classes either at the beginning or the end of class for attendance. The duty coach (**Encouragers**) will **DOCUMENT** the classes checked along with attendance and absentees. At the conclusion of the day, give Defensive Academic Coach or Offense Academic Coach and Director Football Academic Services your information. They both will keep a running total for the semester. The position coach with the assistance of our Academic Counselors will also contact each player absent and investigate why he was absent from class. If there are valid reasons for missing, the player has **48 hours** to bring written documentation to have his slate cleaned. The player is notified if he is in the **Sunday/Friday Illini Reminder** for the weekend.

All Bowl Gear/Championship Gear can also be held for any poor grades or GPA average.

(Encouragers-A part-time employee or graduate assistant helping the head football coach to help monitor student-athlete's academic progress)

NAME: _____
(Print)

ILLINOIS

STUDENT - ATHLETE ACADEMIC REPORT

Week Of: _____	ABSENCES Circle any days (s) you were absent this week	CANCELLED CLASSES Circle any days (s) you were absent this week	WORK TURNED IN Check the type of work done this week	STUDY TIME Time spent studying/working for this class	GRADED WORK RETURNED Indicate grades for work returned this week	WORK DUE NEXT WEEK Check the type of work due next week	ESTIMATED CURRENT COURSE GRADE
COURSE _____ INSTRUCTOR _____	MTWTF	MTWTF	Tst Qiz Ppr Pjt	_____ Hrs	Tst Qiz Ppr Pjt	Tst Qiz Ppr Pjt	
	Reason:	Reason:		Did you see a tutor? Y/N	Comments:		
COURSE _____ INSTRUCTOR _____	MTWTF	MTWTF	Tst Qiz Ppr Pjt	_____ Hrs	Tst Qiz Ppr Pjt	Tst Qiz Ppr Pjt	
	Reason:	Reason:		Did you see a tutor? Y/N	Comments:		
COURSE _____ INSTRUCTOR _____	MTWTF	MTWTF	Tst Qiz Ppr Pjt	_____ Hrs	Tst Qiz Ppr Pjt	Tst Qiz Ppr Pjt	
	Reason:	Reason:		Did you see a tutor? Y/N	Comments:		
COURSE _____ INSTRUCTOR _____	MTWTF	MTWTF	Tst Qiz Ppr Pjt	_____ Hrs	Tst Qiz Ppr Pjt	Tst Qiz Ppr Pjt	
	Reason:	Reason:		Did you see a tutor? Y/N	Comments:		
COURSE _____ INSTRUCTOR _____	MTWTF	MTWTF	Tst Qiz Ppr Pjt	_____ Hrs	Tst Qiz Ppr Pjt	Tst Qiz Ppr Pjt	
	Reason:	Reason:		Did you see a tutor? Y/N	Comments:		

Athlete's Signature: _____

Date: _____

UNIVERSITY OF ILLINOIS FOOTBALL POST ELIGIBILITY CONTRACT

GUIDELINES FOR CONTRACT

1. DAILY CLASS ATTENDANCE IS MANDATORY.
2. COMPLETING AND TURNING IN ALL ASSIGNMENTS AND TESTS ON TIME IS MANDATORY.
3. USE OF THE STUDENT ATHLETE SERVICES ACADEMIC CENTER AND ALL TUTORS IS AVAILABLE AND ENCOURAGED.
4. WITHDRAWING FROM ANY CLASS MUST HAVE PRIOR APPROVAL FROM YOUR ACADEMIC COUNSELOR AND YOUR POSITION COACH.
5. REMEMBER YOU ARE AND ALWAYS WILL BE A MEMBER OF THE UNIVERSITY OF ILLINOIS FOOTBALL TEAM.
"THE IMAGE OF ONE PROJECTS THE IMAGE OF ALL."

FAILURE TO UPHOLD CONTRACT

1. THE ATHLETIC DEPARTMENT WILL WITHOLD MONEY FROM YOUR ROOM & BOARD MONTHLY STIPEND IF YOU ARE NOT ATTENDING CLASS.
2. THE ATHLETIC DEPARTMENT WILL WITHOLD MONEY FROM YOUR ROOM & BOARD MONTHLY STIPEND IF YOU ARE STRUGGLING IN A CLASS AND YOU AREN'T USING THE TUTORS AND STUDY LABS MADE AVAILABLE TO YOU.
3. THE ATHLETIC DEPARTMENT WILL WITHOLD MONEY FROM YOUR ROOM & BOARD MONTHLY STIPEND IF YOU DROP A CLASS WITHOUT PRIOR APPROVAL FROM YOUR ACADEMIC COUNSELOR & YOUR POSITION COACH.

CONTRACT AGREEMENT

_____ STUDENT ATHLETE

_____ DATE

_____ HEAD FOOTBALL COACH

_____ DATE

ACADEMIC REWARD BASED

SPRING 2013 SEMESTER ACADEMIC STATS

RANKING	POSITION	CUM GPA JUMP
#1	TIGHT ENDS	0.07
#2	SAFETY	0.03
#3	STAR/SAFETY	0.01
#4	RUNNING BACKS	-0.02
#4	CORNERBACKS	-0.02
#6	OFF LINE	-0.03
#6	WIDE RECEIVERS	-0.03
#6	DEF LINE	-0.03
#9	SPECIALISTS	-0.11
#10	LINEBACKER	-0.16
OFF SEMESTER GPA		2.84
DEF SEMESTER GPA		2.64
SPECIALIST SEM GPA		2.97

Athletic Training Room Rules

University of Illinois Fighting Illini Football Athletic Training Policies

Philosophy:

“The Athletic Training Room is not for players who are hurt; it is for players that want to get better. If you are not getting worse; you are getting better.”

Goal:

To assist the student athlete in becoming the best football player and man they can be.

A. Athletic Training Room Rules

- a. BE ON ILLINI TIME
- b. Appropriate clothing must be worn in the athletic training room at all times. This includes shorts and a shirt. Wearing compression shorts in the athletic training room is not allowed.
- c. No food is allowed in the athletic training room.
- d. No cleated shoes are allowed in the athletic training room
- e. No yelling or horseplay will be tolerated in the athletic training room.
- f. Appropriate language will be used at all times.
- g. No equipment is allowed to leave the athletic training room without permission from the athletic training staff. This includes hot packs!!!!
- h. All Athletes must shower first before getting treatment.
- i. The athletic training room is a place of business, and it must be treated as such. Do not loiter or socialize in the athletic training room.
- j. No excuses – We are all accountable

B. General Injury Policies

- a. The athletic training staff will determine the uniform and practice status of those who are injured.
- b. The athlete is responsible to report all injuries to a member of the Athletic Training Staff immediately after practice/lifting.
- c. Athletes must meet with the Head Football Athletic Trainer-Jake Naas before receiving a second opinion or medical care outside of UI Athletic Training. If the athlete does not meet with the Head Football Athletic Trainer first, they are responsible for all financial obligations related to the injury/condition.
- d. Report every injury regardless of whether or not you think it is significant. Allow the proper medical professionals to decide the severity of an injury.
- e. Ankle bracing/taping is mandatory. Offensive linemen and those deemed necessary, must wear their knee braces at all practices.
- f. If you feel ill, you must contact the Head Athletic Trainer-Jake Naas before any scheduled activity.

C. Treatment and Rehab Policies

- a. Injury treatment and rehab is a requirement! Those who are injured or in need of maintenance work will be held accountable should they have an unexcused missed treatment or rehab.
- b. The treatment schedule will be determined by Head Football Coach and Athletic Trainer based on season and non-season.

D. Emergency Procedure

- a. In the case of an emergency please do the following:
 - i. Contact the Head Football Athletic Trainer-Jake Naas while you are in route to the Emergency Room at Carle Hospital during business hours or at Carle Hospital during non-business hours. (The Athletic Trainer will notify football staff)

Jake Naas

1. Direct Office Line – 217-333-7037
2. Cell Phone – [REDACTED]
3. Fax Number – 217-333-6460
4. Email – jnaas2@illinois.edu

- ii. If is not available contact the Assistant Athletic Trainer

Eric Streeter

1. Office – 217-244-6747
2. Cell – [REDACTED]
3. Email – @illinois.edu

- iii. Should the Football Athletic Trainers not be available, contact the Football Office at 217-333-3678 during business hours, or contact your position coach.

- b. The **Carle Hospital Medical Center** is the preferred emergency room to use.
- c. Once at the hospital, please inform them that you are a student-athlete at The University of Illinois, and have them contact Dr. Zimmerman and Toby Harkins immediately to inform them of the situation.

E. Financial Responsibility

- a. REMEMBER – The University of Illinois is only financially responsible for injuries that occur as a result of official practices and competitions only. If you receive billing statements from a football related injury, bring them to the Athletic Training Room as soon as possible.

UNIVERSITY OF ILLINOIS SPORTS MEDICINE DEPARTMENT
RETURNING STUDENT-ATHLETE PREPARTICIPATION HEALTH QUESTIONNAIRE

Instructions: (Please Read Carefully): This form is to review your health history since your last preparticipation physical examination or questionnaire. We are interested in knowing about any changes in your personal health history in the past year. If you need to further explain any condition, please use the explanations of answers portion of this form. Please circle each question YES or NO.

Name:		Date:	Sport:	Birth Date:	Age:
UIN:	Academic Year: 2013-2014	Year: (circle one) FR SO JR SR 5th			
Parent/Guardian Names (s):		Athlete's Local Address:			
Home Address:		City/State/Zip:			
City/State/Zip:		Local Phone (AC):			
Home Phone (AC):		Email Address:			
Business Phone (AC):					
Mother:			Father:		

Questions:

1. Have you ever had a preparticipation physical examination at University of Illinois? YES NO
2. Do you have any congenital or chronic condition or injury that requires ongoing or periodic medical supervision, medication or other forms of therapy (e.g. diabetes, asthma)? YES NO
If YES, please describe condition and care._____
3. Are you presently taking any medication (s)? **If yes, please list and explain.** YES NO

4. **Are you presently taking any nutritional supplement (s)? If yes, please list.** YES NO

5. Any new allergies to medicine: _____ YES NO
6. Since your last medical examination or questionnaire, have you experienced any of the following as a result of exercising or stopped exercising as a result of same: chest pain, irregular heartbeat, shortness of breath, dizziness, or fainting? YES NO
If YES, please explain: _____
7. a. Have you ever sustained a head injury of any type/severity since your last PE? YES NO
If YES, please explain: _____
 b. Any frequent headaches? YES NO
If YES, please explain _____
8. a. Please circle YES any musculo-skeletal injuries to the body parts below.(e.g. sprain, strain, fracture, dislocation) which has occurred since your last physical exam and explain in the space provided:

Neck	YES	NO	Shoulder	YES	NO	Elbow	YES	NO
Wrist	YES	NO	Hand	YES	NO	Back	YES	NO
Hip/Pelvis	YES	NO	Upper Leg	YES	NO	Lower Leg	YES	NO
Ankle	YES	NO	Foot	YES	NO	Knee	YES	NO

- b. Have you received orthopedic surgery for any of the above bone or joint injuries? YES NO
If yes, please explain._____
9. a. Was any injury listed above evaluated by the Sports Medicine Staff at Uof I? YES NO
If not, please explain._____
- b. Have you recovered fully from any injury listed and returned to full participation? YES NO
c. Are you now wearing any type of orthosis or brace since your last exam? YES NO
If YES, please explain:_____
10. a. Have you suffered from any illness (other than cold/flu) or other conditions since your last physical examination/questionnaire (e.g. mono, hepatitis)? YES NO
If YES, please explain:_____
- b. Have you fully recovered? YES NO
If NO, please explain_____
11. Have you experienced any of the following since your last exam. If yes please explain below.
- | | | |
|------------------------------------|-----|----|
| Unexplained weight loss or gain | YES | NO |
| Abdominal pain/chronic diarrhea | YES | NO |
| Wounds that do not heal | YES | NO |
| Excessive urination | YES | NO |
| Loss of paired organ | YES | NO |
| Visual changes or injury to an eye | YES | NO |
12. Have you ever been hospitalized for any condition since your last exam? YES NO
If YES, please explain_____
13. Have you had non-orthopedic surgery since your last exam? YES NO
If YES, please explain._____
14. Have you ever been treated for an eating disorder since your last exam YES NO
If YES, please explain:_____
15. **FEMALES ONLY:** Have you missed any menstrual periods in the past 12? YES NO
If YES, how many_____
16. In the past 12 months have you been treated by **any** physician or health care provider **other than** the University of Illinois Sports Medicine Staff? YES NO
If YES, please explain:_____
17. Do you have any questions or other conditions not listed you would like to discuss or have evaluated by a team physician? YES NO
If YES, please explain_____
15. Is there any health reason why you should not participate in intercollegiate athletics? **If so, why?**_____ YES NO

I verify that all the above information is accurate and complete. I understand that the University of Illinois is not responsible for expenses related to pre-existing conditions or non-athletic related injuries. In addition, I authorize the University of Illinois Sports Medicine to release any and all medical records to appropriate medical consultants as deemed necessary by the Team Physician. Further, I do hereby give consent for treatment at the athletic training rooms in the athletic

Vitals Examination:	Height:	Weight:
	Blood Pressure:	Pulse:

ATHLETIC TRAINING STAFF REVIEW

Cleared for Participation: **YES** **NO** _____ (**Referral to Physician for Medical Clearance**)

Reviewing Staff Member: _____ **Date:** _____

Reviewing Physician: _____ **Date:** _____

Physician Evaluation:

Condition(s):

Comments: _____

Medical Status: **Cleared** **Cleared with Restrictions** **Failed**

Physician Name: _____

Physician Signature: _____ **Date:** _____

Rev05/10/12

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DIVISION OF INTERCOLLEGIATE ATHLETICS
SUBSTANCE ABUSE PROGRAM

A. Policy

The Division of Intercollegiate Athletics at the University of Illinois believes that the use of alcohol and drugs can impair mental and physical performance and have a negative effect on the health and safety of student-athletes. This program is designed to deal with this critical area.

The Division of Intercollegiate Athletics has educational programs in place for student-athletes to increase their awareness of the dangers of drug and alcohol abuse. All coaches within the Department of Intercollegiate Athletics attend lectures where the Drug Testing Policy and Procedures are explained. These educational programs are augmented by a drug testing program administered under the authority of the Team Physician. All student-athletes shall be asked to submit urine specimens to be analyzed under medical procedures designated by the Team Physician.

B. Purpose of Drug Testing

The purposes of drug testing are as follows: (1) to serve as a deterrent to drug use by the student-athlete; (2) to promote education of the student-athlete; (3) to identify substance abusers and to provide counseling and treatment for them; and most importantly, (4) to protect the health and safety of student-athletes.

C. Method of Drug Testing

Tests will be conducted for street drugs such as amphetamines, cocaine, marijuana, synthetic cannabinoids and PCP. They may also include procedures to detect anabolic steroids and other so-called "performance enhancing" drugs. Alcohol related blood, breath, and urine testing may also be conducted in some cases to evaluate treatment compliance or suspected problems.

The testing may occur at any time, announced or unannounced.

New student-athlete testing results will commence for student athletes when their respective team reports for their first official practice prior to the start of classes or after the first day of fall or spring classes, whichever occurs earlier.

A Certified Athletic Trainer or other professional staff will collect the urine specimens.

The urine specimens will be transported to a licensed laboratory for analysis. Appropriate precautions will be observed to correctly identify the urine specimens, assure accuracy and maintain confidentiality of test results.

D. Confidentiality

Confidentiality of the information and documents resulting from the student-athlete's participation in this medical program will be in accordance with the law.

During the course of the examination, the Team Physician will acquire information necessary to enable the physician to professionally serve the patient. The medical records are not subject to review by any person other than the physician and the patient and shall remain in the custody of the physician. The medical information (including urine specimens, codes and other identification of specimens and test results) shall remain confidential information. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer; his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Those notified shall not inform any other person of the test result.

E. Physician-Patient Conference

The Team Physician will meet privately with the student-athlete to discuss positive test results and provide the student-athlete an opportunity to comment on the test results or medical findings and, in particular, to explain why a false positive test result may have been received. The team physician shall give those comments such consideration as may be appropriate in arriving at medical conclusions.

F. Actions after positive test for marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin), or an alcohol-related instance involving legal action

Under medical regulations established by the Big Ten Conference, the Team Physician has final authority to determine whether the student-athlete is medically qualified to participate in practice and competition. The Team Physician's decision shall be made bearing in mind one of the fundamental purposes of the program, namely, protection of the student-athlete's health and safety. In making that decision, the physician shall consider the following guidelines:

1. After the first positive test for marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin), or an alcohol-related instance involving legal action (such as a DUI charge, public intoxication citation, underage drinking citation, etc.), the Team Physician shall take medically appropriate action which may include a substance use evaluation then, if deemed necessary, substance abuse counseling or treatment and other action to protect the health and safety of the student-athlete. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results.
2. If the student-athlete tests positive a second time within a period of 12 months of the first positive test, this will be considered evidence of a more serious medical and safety problem. Test results will be discussed with the head coach, athletic trainer and the student-athlete. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by the Team Physician. The student-athlete may also be required to participate in the treatment and education aspects of the program. Parents/guardians will be notified when appropriate, and kept informed of his/her progress. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. The student-athlete shall be suspended for a number of consecutive competitions equivalent to a minimum of 1/12 of their sport program's regular season games, matches, or meets immediately following the positive test. Failure to comply with treatment programs shall result in immediate suspension from athletic practice and suspension for a number of consecutive competitions equivalent to a minimum of 1/6 of the regular season.
3. If the student-athlete tests positive for a third time within twelve months following the last positive test, test results will be discussed with the head coach, athletic trainer and the student-athlete. The student-athlete shall immediately be withheld from a number of consecutive competitions equivalent to a minimum of 1/4 of the regular season while undergoing further treatment and drug education. Parents/guardians will be notified (when appropriate) and kept informed of progress. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Failure to comply with treatment programs shall result in immediate suspension from athletic practice and competition for at least a twelve month period.
4. If the student athlete tests positive a fourth time within 12 months of the last positive test, test results will be discussed with the head coach, athletic trainer and the student-athlete. The student-athlete will be withheld from athletic practice and competition for medical reasons until deemed fit to return. The student-athlete may also be required to participate in the treatment and education aspects of the program. Parents/guardians will be notified when appropriate, and kept informed of progress. The student-athlete

shall be withheld from all regular season and post season athletic competition for a minimum of 12 months. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Failure to comply with treatment programs shall result in an immediate and indefinite suspension from all practice and competition.

G. Actions After Positive Test For Cocaine, Amphetamines, Heroin, Or Other Stimulant Type Drug Not Prescribed By A Licensed Practicing Medical Provider

1. If the student-athlete tests positive for any of the above drugs, test results will be discussed with the head coach, athletic trainer, and student-athlete. The student-athlete shall be withheld from athletic practice for medical reasons until deemed fit to return by a team physician and a urine drug test is completed and negative. The student-athlete shall also be suspended from regular and postseason competition effective immediately for a minimum of 12 months. The student-athlete may also be required to participate in the treatment and education aspects of the program. Parents/guardians will be notified when appropriate, and kept informed of progress. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. A positive test in this category shall also count as positive test under section F of this program. Any additional game suspensions shall be added to any suspension the student-athlete may already be serving for a positive test under section F of this program.
2. If the student-athlete tests positive a second time within a period of 12 months of the first positive test, this will be considered evidence of a more serious medical and safety problem. Test results will be discussed with the head coach, athletic trainer, and student-athlete. The student-athlete shall be suspended from competition for a minimum of 12 additional months immediately following the positive test. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by a team physician and a negative drug screen is completed. The student-athlete may also be required to participate in the treatment and education aspects of the program. Parents/guardians will be notified when appropriate, and kept informed of progress. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her athletic department senior administrator with their sport, the athletic director, and other medical treatment personnel of the test results. A second positive test in this category shall also count as a positive test under section F of this program. Any additional game suspensions shall be added to any suspension the student-athlete may already be serving for a positive test under section F of this program.

H. Actions After Positive Test For Anabolic Steroids Or Other Performance Enhancing Drugs

1. If a student-athlete tests positive for any anabolic steroid or other performance enhancing drug, he or she will be suspended from all athletic practice and competition for a minimum of twelve months consistent with the NCAA rules for performance enhancing drugs. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Prior to reinstatement onto his or her previous athletic team or any other varsity intercollegiate team, the student-athlete must pass a performance enhancing drug screen at the end of the twelve month suspension.
2. Incoming freshmen student-athletes or transfer student-athletes enrolling at the University of Illinois for the first time may voluntarily disclose the use of performance enhancing drugs during the first week of practice in exchange for less severe penalties. The student-athlete would be removed from the roster for a minimum of two months or until his or her urine drug screen is negative. The Team Physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer, his/her head

coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results.

I. Scholarships and Financial Aid

Renewals of financial assistance are not automatic. A tender may not be renewed if the student-athlete is suspended from an athletic team for participating in the use of, sale of, or distribution of any narcotic drug or controlled substance.

J. Refusal to Participate

Student-athletes who refuse to participate in any part of the drug testing program or any other medical procedure under the authority of the Team Physician will be withheld from practice and competition in all varsity intercollegiate sports.

K. Prescription Drugs

Student-athletes who are taking drugs pursuant to a prescription from a physician may register this fact with the Team Physician in writing. This information helps enable the Team Physician to determine the medical qualification of a student-athlete to participate in the sports program. Further, it is possible that some prescription drugs may result in a positive test in this program.

PRIOR DISCLOSURE OF THE USE OF A PRESCRIPTION DRUG HELPS AVOID A FALSE POSITIVE TEST RESULT

L. Drug Treatment Program

Any student-athlete desiring substance abuse treatment is encouraged to utilize the resources available to all University of Illinois students. These include resources in the Counseling Center and McKinley Health Center. Student Health Insurance also covers some off-campus resources. These off-campus resources are available through referral from the Team Physician or McKinley Health Center. Student-athletes can utilize these resources before, during or after the drug testing program.

If the athlete has negative drug screens for a total of 12 months and the medical care team feels the student-athlete no longer requires drug counseling and treatment, further care will be at the student athlete's own expense. Such expenses can also be paid through the appropriate sport program's budget as determined by the Division of Intercollegiate Athletics. Student-athletes can be discharged from treatment at the discretion of the medical treatment team when counseling and treatment requirements have been met.

Adopted 1985
Revised 07/11

1st Offense

0/00/00

Due to Failure of a Random Drug Test/Criminal Offense set up by the University of Illinois on Day, Date, Year, this contract has been set up for Name. University of Illinois Athletic Department along with the football program, have set up the guidelines that must be maintained by one Name. Under the University of Illinois Athletic Department Guidelines, along with the football program guidelines, the student-athlete who fails their First Drug Test/Criminal Offense must meet the contract specifications below. If these following specifications are not met, the student-athlete must abide by the following consequences also stated below. This contract will last for the remaining eligibility of the student-athlete or to be determined by the athletic director or Coach Beckman.

Guidelines for Contract

- 1) Immediate phone call to be made by Name's guardian by Coach Beckman and Coach Position Coach's Name.
- 2) Counseling to be set up by you, Football Athletic Trainer, and Dr Jerrad Zimmerman and the university on Drug awareness and addiction. Following all counseling session or sessions (treatments as recommended), a meeting should be set up with Coach Position Coach's Name. Sessions and meetings with Coach Position Coach's Name should be written up within that week of and submitted for approval. Failure to Refusal to do so will be considered a positive test. You will also sign Carle Addiction Recovery Release Form.
- 3) Random Drug Testing, occurring at least monthly, will be requested by the Athletic Department and/or the Football program. This test will be given or could be given at any time deemed necessary by the athletic or football program. Failure or Refusal to do so will be considered a positive test.
- 4) 10 Hrs of Community Service to be completed by the end of the semester. The community service should be cleared through Coach Position Coach's Name and a weekly log must be kept to keep track of hours. Failure or Refusal to do so will be considered a positive test.
- 5) A 5 page typed report on Drug Awareness will be due at the end of the semester/summer and turned into Coach Position Coach's Name. Failure or Refusal to do so will be considered a positive test.

Failure of Drug Test or Failure of missing Counseling Session

- 1) Positive Second Random Drug Test will be a 1 game Suspension from Football program. This will/can also be grounds for immediate dismissal from Football and Athletic program.
- 2) Failure or missing counseling session and/or meeting with Coach Position coach's Name will be immediately considered a positive test and also be grounds for immediate 1 game suspension from Football and Athletic program or immediate dismissal from Football and Athletic program.
- 3) Failure to do all community service hours in the time allotted will be grounds for immediate positive test. This will also cause an immediate 1 game suspension from the Football and Athletic Program or immediate dismissal from program.

Contract Agreement

_____ (Student/Athlete) _____ (Date)
(Signature)

_____ (Position Coach) _____ (Time)
(Signature)

_____ (Head Football Coach)

2nd Offense

0/00/00

Due to Failure of a Random Drug Test/Criminal Offense set up by the Football Program on Day, Date, Year, this contract has been set up for Name. University of Illinois Athletic Department along with the football program, have set up the guidelines that must be maintained by one Name. Under the University of Illinois Athletic Department Guidelines, along with the football program guidelines, the student-athlete who fails their Second Drug Test/Criminal Offense must meet the contract specifications below. If these following specifications are not met, the student-athlete must abide by the following consequences also stated below. This contract will last for the remaining eligibility of the student-athlete or to be determined by the athletic director or Coach Beckman.

Guidelines for Contract

- 1) Immediate phone call to be made to Name guardian by Coach Beckman and Coach Position Coach's Name.
- 2) Counseling to be set up by you, Football Athletic Trainer, and Dr Jarred Zimmerman with the university on Drug awareness and addiction. Following all counseling sessions (treatments as recommended), a meeting should be set up with Coach Position Coach's Name. The counseling session will then be written up in 1 page format and returned to Coach Position Coach's Name. This will be within that week to be submitted for approval. Failure to Refusal to do so will be considered a positive test. You will also sign Carle Addiction Recovery Release Form.
- 3) Random Drug Testing, occurring on at least a monthly schedule, will be requested by the Athletic Department and/or the Football program. This test will be given or could be given at any time deemed necessary by the athletic or football program. Failure or Refusal to do so will be considered a positive test.
- 4) 20 Hrs of Community Service to be completed by the end of the semester/summer. The community service should be cleared through Coach Position Coach's Name and a weekly log must be kept to keep track of hours. Failure or Refusal to do so will be considered a positive test.
- 5) A 5 page typed report on the Drugs Awareness will be due at the end of the semester/summer and turned into Position Coach's Name. Failure or Refusal to do so will be considered a positive test.
- 6) Suspension for a 1 game suspension of any Football opportunity.

Failure of Drug Test or Failure of missing Counseling Session

- 1) Positive Third Random Drug Test will be a Suspension from Football program for a 3 game absence or ¼ of Football season. This will/can also be grounds for immediate dismissal from Football and Athletic program.
- 2) Failure or missing counseling session and/or meeting with Coach Position Coach's Name will be suspension from Football program for a 3 game absence or ¼ of Football season. This will/can also be grounds for immediate dismissal from Football and Athletic Program.
- 3) Failure to do all community service hours in the time allotted will be grounds for a 3 game absence or ¼ of the football season. This will/can also be grounds immediate dismissal from the Football and Athletic Program.

Contract Agreement

_____ (Student/Athlete) _____ (Date)
(Signature)

_____ (Position Coach) _____ (Time)
(Signature)

_____ (Head Football Coach)
(Signature)

3rd Offense

0/00/00

Due to Failure of a Random Drug Test/Criminal Offense set up by the Football Program on Day, Date, Year, this contract has been set up for Name. University of Illinois Athletic Department along with the football program, have set up the guidelines that must be maintained by one Name. Under the University of Illinois Athletic Department Guidelines, along with the football program guidelines, the student-athlete who fails their Third Drug Test/Criminal Offense must meet the contract specifications below. If these following specifications are not met, the student-athlete must abide by the following consequences also stated below. This contract will last for the remaining eligibility of the student-athlete or to be determined by the athletic director or Coach Beckman.

Guidelines for Contract

- 1) Immediate phone call to be made to Name guardian by Coach Beckman and Coach Position Coach's Name.
- 2) Counseling to be set up by you, Football Athletic Trainer, and Dr Jarred Zimmerman with the university on Drug awareness and addiction. Following all counseling sessions (treatments as recommended), a meeting should be set up with Coach Position Coach's Name. The counseling session will then be written up in 1 page format and returned to Coach Position Coach's Name. This will be within that week to be submitted for approval. Failure to Refusal to do so will be considered a positive test. You will also sign Carle Addiction Recovery Release Form.
- 3) Random Drug Testing, occurring on at least a monthly schedule, will be requested by the Athletic Department and/or the Football program. This test will be given or could be given at any time deemed necessary by the athletic or football program. Failure or Refusal to do so will be considered a positive test.
- 4) 20 Hrs of Community Service to be completed by the end of the semester/summer. The community service should be cleared through Coach Position Coach's Name and a weekly log must be kept to keep track of hours. Failure or Refusal to do so will be considered a positive test.
- 5) A 5 page typed report on the Drugs Awareness will be due at the end of the semester/summer and turned into Position Coach's Name. Failure or Refusal to do so will be considered a positive test.
- 6) Suspension for a 3 game suspension of any Football opportunity.

Failure of Drug Test or Failure of missing Counseling Session

- 1) Positive Fourth Random Drug Test will be a Suspension from Football program. This will be grounds for immediate dismissal from Football and Athletic program.
- 2) Failure or missing counseling session and/or meeting with Coach Position Coach's Name will be suspension from Football program. This will be grounds for immediate dismissal from Football and Athletic Program.
- 3) Failure to do all community service hours in the time allotted will be grounds for Suspension from Football program. This will be grounds immediate dismissal from the Football and Athletic Program.

Contract Agreement

_____ (Student/Athlete) _____ (Date)
(Signature)

_____ (Position Coach) _____ (Time)
(Signature)

_____ (Head Football Coach)

4th Offense

0/00/00

Due to Failure of a Random Drug Test/Criminal Offense set up by the University of Illinois on Day, Date, Year, this contract has been set up for Name. University of Illinois Athletic Department along with the football program, have set up the guidelines that must be maintained by one Name. Under the University of Illinois Athletic Department Guidelines, along with the football program guidelines, the student-athlete who fails their Fourth Drug Test/Criminal Offense must meet the contract specifications below. If these following specifications are not met, the student-athlete must abide by the following consequences also stated below. This contract will last for the remaining eligibility of the student-athlete or to be determined by the athletic director or Coach Beckman.

Guidelines for Contract

- 1) Immediate phone call to be made to Name guardian by Coach Beckman and Coach Position Coach's Name.
- 2) Positive Fourth Random Drug Test will be a Suspension from Football program indefinitely. This will also be grounds for immediate dismissal from Football and Athletic program.
- 3) Failure or missing counseling session and/or meeting with Coach Position Coach's Name will be suspension from Football program indefinitely. This will also be grounds for immediate dismissal from Football and Athletic Program.
- 4) Failure to do all community service hours in the time allotted will be grounds for immediate dismissal.

Contract Agreement

_____ (Student/Athlete) _____ (Date)
(Signature)

_____ (Position Coach) _____ (Time)
(Signature)

_____ (Head Football Coach)
(Signature)

Carle Addiction release form

Page

Page

Strength and Conditioning Philosophy and Expectations

- I. **Philosophy:** This is the most critical area of development for the player. **Physical** as well as **Mental** toughness is stressed on a daily basis. Our off-season program will be the most difficult in the country. The players will be forced to make a decision each day as they enter the training facility. They will learn how to push each other and gain a true understanding of **Accountability**. If you let yourself down then the entire group will pay the price. We will teach and focus on the following on a daily basis.
 - a. Accountability to your teammates
 - b. Strength Gains to improve as a player
 - c. Strength Gains to reach our goal as the most physical team in the country
 - d. Strength Gains to build confidence in the individual and their teammates
 - e. Properly train for the safety of the individual
 - f. Force the Commitment – Harder you work – Harder to let go!
- II. **Strength and Condition Coach** is the most critical hire because of safety issues and the fact that he will spend the most time with the players.
- III. **Expectations:** Each position group will be made aware of the programs expectations for us to be successful. These expectations will be monitored very closely by the **Strength Coach/Position Coach/Head Coach**.
- IV. **Reward Achievement** (All In Club): Players with the greatest commitment will be rewarded.
- V. **Flexibility in the Program:** Change the routine as often as necessary to maintain intensity and focus. Do the unusual to keep the players challenged and interested.

DISCIPLINE – Our goal, as in all discipline issues, is to teach accountability.

During the season, discipline issues that relate to all academic responsibilities will be taken care of immediately. In the season we will have a weekly Sunday Illini Reminder 10 am – 12pm at the Football Stadium. Out of season it will be 6am – 8am Friday Mornings. **Illini Reminder**=300yds up/downs (2X) and 100yd-3 Legged dog w/Study Table/Tutor Sessions/Training Room

- 1st offense will involve the individual and position coach.
- 2nd offense will involve the position group and position coach. (Same punishment)
- 3rd offense will involve the position group and involvement with HONOR COUNCIL.
- 4th offense will involve HONOR COUNCIL Meeting and TEAM Punishment.

A point system will also be used for each absence (2 pt miss) (1 pt late) (Weekly)

One week Clean subtract 1 point

6 pts = tickets taken away

8 pts = HONOR COUNCIL MEETING

THE WARRIOR EFFORT CLUB
OUT OF EVERY ONE HUNDRED MEN
TEN SHOULDN'T EVEN BE THERE
EIGHTY ARE JUST TARGETS
NINE ARE REAL FIGHTERS
AND WE ARE LUCKY TO HAVE THEM
FOR THEY MAKE THE BATTLE.
AH, BUT THE ONE
ONE IS A WARRIOR
AND HE WILL BRING THE OTHERS
BACK.

YOUR UNWAVERING DEDICATION
WILL PUT YOU IN.

IF YOU HAVE TO ASK WHY, THEN
YOU ARE NOT ONE.

PLAYER/COACH MEALS POLICY

A. Countable Meals

We will count 7 meals on scheduled events with 3 Coach Beckman

B. Coaches Meals

All Coaches will have 1 Meal per month during season (Sept/Oct/Nov/Feb/March/June/July)

ILLINI DISCIPLINE

Illini Reminder=300yds up/downs (2X) and 100yd-3 Legged dog
w/Study Table/Tutor Sessions/Training Room

Our goal, as in all discipline issues, is to teach ACCOUNTABILITY.
During the season, discipline issues that relate to all academic/athletic/off
the field issues will be taken care of immediately.

In the season we will have a weekly Sunday Illini Reminder 10 am – 12pm
at Memorial Stadium.

Out of season it will be 6am Friday Mornings.

-1st offense will involve the individual and position coach.

-2nd offense will involve the position group and position coach.

-3rd offense will involve the position group and involvement with HONOR
COUNCIL.

-4th offense will involve HONOR COUNCIL Meeting and
TEAM Punishment.

POINT SYSTEM (DURING SEASON)

A point system will also be used during season.

Each Absence (2 pt miss) Late (1 pt late) (Weekly)

One week Clean subtract 1 point

6 pts = tickets taken away

8 pts = HONOR COUNCIL MEETING

Bowl Gear/Championship Gear can also be held for any discipline issue.

Illinois Football Media Interview Policies

1. All media interviews with UI coaches or student-athletes not conducted at practice or after a game must be arranged through the UI Athletic Media Relations Office.
2. Media are invited to attend the first 30 minutes of football practice on Tuesday and Wednesday by appointment only. (Every Day during Spring/Fall or designated practices dates) Please call Assistant Athletics Director for Media Relations Kent Brown 217-244-6533 at least 24 hours in advance. You can also call Assistant Sports Information Director Derek Neal 309-241-0804 or Ben Taylor 217-714-3555.

Regular Season Weekly Interview Schedule/Media Availability

(Beginning of 2012 Season)

Head Coach Tim Beckman

Head coach Tim Beckman will be available for media interviews as follows:

In Person Interviews

- **Monday, 1:00 p.m.:** News Conference at the Memorial Stadium from 1:00-1:30 p.m. Coordinators and selected players will be available by request only at 1:30.
- **Tuesday-Wednesday:** Coach Beckman is also available for interviews immediately before practice Tuesday-Wednesday by appointment only. Call Kent Brown to arrange, preferably at least 24 hours in advance.

Phone Interviews

- **Tuesday, 12:00 a.m.:** BIG 10 Teleconference (Noon). 12:10-MEDIA CALL-IN # () 3-. Replay available on the BIG 10 website (www.bigten.org)

Players

Players will be available for media interviews as follows:

In Person Interviews

- **Monday, 1:30 p.m.:** Players will be available at the Press Level Memorial Stadium from 1:30-2:00 p.m. Players will be chosen by Coach Beckman. Requests for other players will be considered on a case-by-case basis by Coach Beckman. Requests for players must be received by Kent Brown by noon on Sunday.
- **Tuesday:** Defensive Players (that were not involved on Monday) may be available for brief interviews after practice Tuesday at the discretion of Coach Beckman, by appointment only. Call Kent Brown to arrange, preferably at least 24 hours in advance.
- **Wednesday:** Offensive Players (that were not involved on Monday) may be available for brief interviews after practice Wednesday at the discretion of Coach Beckman, by appointment only. Call Kent Brown to arrange, preferably at least 24 hours in advance.

Phone Interviews

- Players may be requested for phone interviews on Monday afternoon, or after Tuesday and Wednesday practices, by appointment only (24-hour advance notice required). These interviews are at the discretion of Coach Beckman.

Please Note: First-year freshmen are not available for media interviews until after the 1st 4 games and/or at the discretion of Coach Beckman.

Regular-Season Practice Schedule

Monday: No practice. Weekly Media Session at Memorial Stadium from 1:20-2:00 p.m.

Tuesday: (Media allowed for 1st 30 minutes of practice 3:20-4)(Defense)

Wednesday: (Media allowed for 1st 30 minutes of practice – 3:20-4)(Offense)

Thursday: 2:45-5:15 p.m. (No media)(No Families)

Friday: Walk-through/travel day (No media only Coach Beckman)(No Families)

NOTE: This schedule will be adjusted for weeks if the game is not on a Saturday.

Off-Season Practice Schedule (Spring Ball March 10 to April 18)

Sunday: OFF

Monday: 8:00-10:30 a.m. (Media allowed 8:30-10:30)

Tuesday: OFF

Wednesday: 8:00-10:30 a.m.

Thursday: OFF

Friday: 8:00-10:30 p.m. (Open to Media and Public)

Saturday: March 8th 12:00-2:30 (Open to Media)

April 3rd 5:30-7:30 (Open to Media)(Gately Stadium Chicago)

April 10th 5:30-7:30 (Open to Media)(SHG Stadium Chicago)

April 18th 2:00 ORANGE VS BLUE GAME

2013 Illinois Football Practice Schedule

Sunday, July 27

Arrive in Chicago evening.

Monday, July 27

Media Interviews am & pm.

Event in evening.

Tuesday, July 28

Media Interviews am

Big Ten Luncheon.

Thursday, July 25

ESPN Car Wash

Sunday, Aug. 3

Players report – No practice/Closed to media.

Monday, Aug. 4-7

8:30 a.m.: Closed to Media (**Coaches After Practice**)

4:25 p.m.: 4:25-5:00 Open to Media

Friday, Aug. 8

8:50 a.m.: 9:00-9:30 Open to Media (After Practice)

Saturday, Aug. 9

8:50 a.m.: Practice Closed to media

4:25 p.m.: Practice Closed to media

Sunday, Aug. 10-Move to Rantoul

1:30 p.m.: Media Day/Photo Day (Memorial Stadium).

4:00 p.m.: Fan Appreciation Day (Memorial Stadium).

Monday, Aug. 11 Rantoul

8:50 a.m.: Practice Closed to Media

7:00 p.m.: (Bill Walsh Field-Rantoul HS) Open to Media

Tuesday/Thursday Aug. 12/14 Rantoul

4:30 p.m.: Practice Open to Media

Wednesday, Aug. 13 Rantoul

9:00 a.m.: Practice. Open to Media (Coaches)

4:00 p.m.: Practice. Open to Media (Players)

Friday, Aug. 15 Rantoul

9:00 a.m.: Practice. Open to Media (Coaches)

4:00 p.m.: Practice. Open to Media (Players)

Saturday, Aug. 16 Memorial

7 p.m.: Practice. Closed to Media

Sunday, Aug. 17

No Practice

Monday, Aug. 18 Rantoul

10:35 a.m.: Practice. Open to Media (Coaches) (Players)

5:00 p.m.: Practice. Closed to Media

Tuesday, Aug. 19 Memorial

12:00-12:30 Practice. Practice Media Regulations

Wednesday, Aug. 20

11:00-11:30 a.m.: Practice Media Regulations

Thursday, Aug. 21

11:00-11:30 a.m.: Practice Media Regulations

Friday, Aug. 22

11:00-11:30 a.m.: Practice Media Regulations

Saturday, Aug. 23

12:08 a.m.: Practice Closed to Media

2:30 p.m.: Parent Picnic

Sunday, Aug. 24

6:30 p.m.: STUDENT PRACTICE-Student Invite (Media Invited)

Monday, Aug. 25

1:00 p.m.: Weekly Media Session (Memorial Stadium)

Tuesday, Aug. 26

3:45-4:15 p.m.: Practice Media Regulations, Defensive Interviews after practice by appointment only.

Wednesday, Aug. 27

3:45-4:15 a.m.: Practice Media Regulations. Offensive Interviews after practice by appointment only.

Thursday, Aug. 28

Practice. Closed to media.

Friday, Aug. 29

9:30-11:30 a.m.: Practice. Closed to media.

Saturday, Aug.30

Season Opener vs. Youngstown State

Talking to the Media

Interviews will be arranged through the SID office. Our policy presently is that you are free to talk to the media. If contact is made directly to you, and not through the SID office, you must alert your position coach and ask media to contact the SID office. Remember the following things when talking to media:

1. Don't compare, Don't knock and Don't criticize your opponents. Only praise them.
2. Be confident but not boastful. Talk more about your teammate. Whenever you receive recognition, someone gave you the opportunity. Praise your Team.
3. Do not take your complaints to the newspaper or Twitter/Facebook page. The coaches' office is the only place for this. Keep it in the family.
4. Do not say anything about what we do as far as technical football.
5. Do not say anything that would help our opponents or end up on the bulletin board.
6. Be kind and courteous to newspapers and media. Be prompt for appointments with them. Don't give them the satisfaction of knowing that a negative article was read by you.
7. A very few writers or broadcasters may attempt to badger you or create controversy with leading questions or questions which set you up for critical answers. When this happens, tell the reporter, "I'd rather not comment on that" or take the response in the direction YOU want it to go.

We do not control publicity nor can we determine who they will write about, whose picture is in the paper, etc. We never knew a player who received more publicity than he deserved, but we have known a thousand who did not get what they deserved.

When we win, we will get great publicity and gain many honors. When we lose, there will be no spoils. The only friends you have when you lose are those you eat with, sleep with, dress with, cry with, laugh with, and bleed with. This is your FAMILY.

10 Tips for TV Interviews

1. **Look at the interviewer, not the camera.** If there are multiple reporters, try to move your gaze around to different reporters; don't just address one person the whole time, no matter who asked the question. Look reporters in the eye; don't look down. **Introduce yourself in a one-on-one situation.**
2. **Don't sway back and forth while you talk.** This drives TV people crazy as it makes you a moving target on their screen. Put one foot out in front of the other as you speak and this will stop you from swaying.
3. **Stand up straight.** Put your hands at your sides, or if you are at a podium you can rest your hands on it. But don't lean down or rest your elbows on the podium.
4. **Speak clearly, relatively loudly, and slow down.** Don't mumble or whisper. Try to avoid slang or improper language. Try to avoid "umms" or "uhhs" as much as possible.
5. If you need more time to think about your answer, **take a moment and pause**, or ask the reporter to repeat the question. This will give you extra seconds to think about your answer.
6. **Stay upbeat and positive.** And unless you've just lost a big game, you'll look better on camera if you smile.
7. **You don't need long answers.** Succinct sound bites are good. But one-word or really short answers don't work for TVs, either. Give them a complete statement they can use. Usually 3-5 sentences does it. 15-25 second bites are the best.
8. Think about what you want to talk about before the interview begins. **Try to talk about what you think is important**, regardless of the questions you are asked. Be consistent with your answer. It doesn't have to change if question is repeated or reworded.
9. **Know whether your interview is taped or live.** For taped interviews, it's OK to stop and say, "Can we start over?" if you're not happy with your response. For live interviews, unfortunately, you don't have that luxury.
10. Say **"thank you"** at the end of the interview.

University of Illinois Football

Lift Usage Protocol

During the course of the daily operation of the University of Illinois Football program there is regular usage of mechanical lifts (scissors lifts) that will be utilized to film various segments of practice and other team activities. It is necessary and required that every individual in the program adhere to the following protocol related to the operation of these pieces of equipment. The equipment that we utilize for this is an all-terrain 40-42' scissors lift which has increased stability and limited height for maximum safety.

Mechanical Lift Protocol

1. All personnel that operate the lift equipment in any manner or for any reason must first complete the safety training session provided by the equipment provider.
2. The lift training is required to take place prior to the first fall practice session each year.
3. Lifts should be placed on a level surface for all uses. Once equipment is placed on a level location for use the machines self leveling mechanism must be utilized to insure stability and safety of the equipment.
4. Prior to use every day the Video Staff must do a visual inspection of the equipment to insure that there are no equipment failures that are visible prior to use.
5. Prior to utilizing the lift for any purpose the user must evaluate the weather conditions prior to starting the lift. If the user is concerned about any weather condition that may be present (wind, rain, thunder or lightening) do not operate the lift and make the Video Coordinator and Director of Football Operations aware of the concern. No employee would be asked to use the equipment if they have these types of concerns.
6. It is the responsibility of the Director of Football Operations, Director of HS Relations, Video Coordinator, Athletic Trainer, Head Equipment Manager and Head Coach to be fully aware of the current and predicted weather conditions for any period that the mechanical lift equipment is schedule to be utilized. If any one of these individuals has concerns about the safe operation of the equipment they will bring it to the attention of the Director of Football Operations or the Head Coach.
7. Once the concern has been brought to the attention of the appropriate individuals the decision will be made whether to lower the lift to a height that is determined to be safe for the weather conditions or if the individuals will be removed from the equipment entirely.
8. If at any time the football program employee that is utilizing the lift equipment does not feel that the conditions are safe while they are using the equipment they are instructed to lower the equipment to a height they feel safe or remove themselves from the equipment completely.
9. It is the responsibility of every individual in the football organization to insure proper and safe operation of this equipment. This means we will not tolerate anything other than absolute focus and seriousness when around our using this equipment. If any individual has any safety concerns they should be brought to the attention of the Video Coordinator and Director of Football Operations.

Team Meeting Guidelines

Individual, position, group, unit, and TEAM meetings are critical for us to become as good as we are capable of becoming. Below are some general guidelines to follow:

Be early ILLINI TIME; seated; headwear off; EARRINGS OUT; feet on the floor; Illini Gear

Have all appropriate materials (IPAD/notebooks, pencil etc).

Respect the presenter whether it is another team member, coach, Athletic department representative, or special guest.

Focus on every word and/or moment of video.

Take notes for later review.

Ask questions courteously.

No cell phones and/or pagers are permitted.

A winning performance in meetings is as important as it is on the field.

Follow the same guidelines during “walk/run-throughs” as they are critical as well.

Listening is our most important communication skill!

Locker Room Guidelines

You have a first-class locker room. We will be spending a great deal of time in the locker room during the season. We should take pride in keeping it as clean and sanitary as possible.

1. No Earrings at Football Functions (Meetings/Practice/Away trips/Pictures)
(WE NOT ME)
2. Hang all equipment in locker properly (As Picture Dictates).
3. Tape OFF outside. Trash cans are provided.
4. No horseplay in the locker room or showers.
5. Remove dirt/turf and mud from shoes outside. (Remove Tape outside)
6. Do not leave cups or other trash in the lockers or on the floor.
7. Make sure your locker is locked! Do not bring valuables.
8. No visitors are allowed in the locker room.
9. **RESPECT BELONGINGS OF ONE ANOTHER!**
Improper conduct will reflect unfavorably on you, your family,
your teammates, your school and COLLEGE FOOTBALL.
10. Players Lounge and Gatorade Machine KEPT SPOTLESS
11. Music in Locker room must meet our standards of cleanliness. “Treat Women with Respect” “Image of One Projects Image of All”



Football Equipment

1. All equipment used in football is the property of Illinois. (Illini Gear)
2. Each player who is issued football equipment assumes the responsibility (pride) of that equipment.
 - a. To see that it is kept clean and in good repair.
 - b. That it is not lost or stolen.
 - c. That, at the end of its usage, the equipment is returned to the equipment room.
 - d. Failure to return equipment, whether lost, stolen or otherwise will result in the payment of a fine to cover the loss of the gear.
3. After the initial issue of gear, new gear will be issued on an exchange bases – old or new.
4. Do not cut or alter your equipment.
5. Players are not allowed in the equipment room.
6. You are provided the best equipment money can buy. It is up to you to take care of the equipment issued. Make sure your equipment fits properly. If it does not, see the equipment manager.
7. Wear ISSUED Equipment. (no exchange of jersey's during season)
8. **Thievery** will not be tolerated.

“We will be unable to have a successful civilization without respect for each other.”
Will Rogers

On the Field Guidelines

1. We expect a serious, business-like attitude on the field.
I N T E N S I T Y !!
2. Every player will wear the prescribed uniform and there will be no exceptions. The helmet will be worn or carried at all times. **NEVER LEAVE YOUR HELMET ON THE GROUND.**
3. Always jog from one group to another – **NO WALKING!**
4. No one leaves the practice field unless permission is given by the Head Coach or Head Trainer.
5. If injured, you will be expected to dress in full uniform unless other decisions are made by the trainer.
6. **CONCENTRATION IN PRACTICE** is a key to winning.
7. Have respect for your teammates – help each other. Great teammates “coach” one another!
8. Conditioning – Hands behind line - Cadence – whistle or “set” or ball – No Loser’s Lean.
9. Scout Team – Get Better
 Make our TEAM BETTER!
 Prove that you should move up!

GAMETIME

Player Conduct

“Dress Out” list will be determined on Thursday or 2 Days prior to game.

No “horseplay” or loud talking in the locker room. Talk softly and be thinking about the game.

“Spatting” and “visors” will be determined prior to game and based on performance.

Be sharp in the pre-game warm-up; move in and out of locker room quickly. Helmets off for National Anthem and held under right arm.

All players should stand along the boundary line during each kick off. Shout encouragements to your right teammates. Sideline organization and discipline is essential.

Every player should wear his helmet or have it in his hand at all times. Be ready to go into the game at a second’s notice. Do not throw your helmet on the ground in disgust at any time.

Watch the player playing your position. Learn from observation.

RUN ON and OFF the field, **NEVER WALK**. Never sit or lie down during a time out.

BE COURTEOUS TO ALL OFFICIALS. Address them as “Sir.”

Be sure you have on all of the official NCAA equipment; keep your mouthpiece in your mouth; no shoe spatting/visors is allowable UNLESS DETERMINED BY COACH AND/OR TRAINER; decision on socks will be made on a game-by-game bases. However, all socks must be the same on game day.

No talking in the huddle.

At half time get all equipment repairs, etc. over with immediately and then quietly wait for coaches to meet with you.

Talk it up on Defense, Special Teams, Offense: ENCOURAGE YOUR TEAMMATES!

Be sharp in everything you do. Remember we have been working months, weeks, and days for this game that takes only sixty minutes. A sharp team will snap out of the huddle and run up to the line of scrimmage **every play**.

It must be realized that it is a PRIVILEGE and not a right to be on our sideline – Be sure you earn the privilege to be there!

Team Travel

CLASS – intelligence, physical appearance and honesty will present this **CLASS IMAGE** on the road as we travel for game.

Dress

1. Dress as well as you can. Wear your best. Look sharp.
 - a. Suit, sport coat on flights (Travel Sweats on Bus)
 - b. Ties are mandatory on flights
 - c. Nice dress pants. **No Blue Jeans.**
 - d. Dress shoes and socks. **No Sneakers, Football Shoes, or Sandals.**
 - e. Be well groomed. Clean shaven, etc. (“lined-up”)

Itinerary

Keep your travel itinerary with you at all times – be early for all obligations

Team Meals

1. Pregame – served and seated by Position (Head Coach with Sr’s)
2. Sit with your coach or in your assigned area at game day meals.
3. Talk is to be in conversational tone. **Do Not Talk Loud.**
4. Have a good meal, but do not over do it. Eat what you take.

Bus Travel

1. Keep the noise on the bus to a minimum, conversational tone.
2. When you leave the bus, make sure all your belongings are with you.
3. **Do not leave** garbage on the bus.
4. Headphones are allowable – reasonable volume. They are not permitted to be heard by others on game day.

Air Travel

In airport or plane – no discussion of guns, bombs, etc. (not even jokingly)
BRING IDENTIFICATION!

Hotel

1. **Stay in your assigned room only.** No visitors are permitted
2. Any problems with your room – see your coach.
3. Dress appropriately at all times.
 - a. You **must** wear shoes
 - b. Dress in Illini Gear
 - c. No one in rooms (meet in lobby)
4. Any problems immediate discipline action by staff.

Illini Walk

1. Shirts tucked in so all look the same
2. Get off Buses quickly ready to go-Sr’s upfront
3. No Headsets – Thank the Kids (slap them five)– Hug Your Parents – Be grateful
4. Following Walk – Fellowship at Midfield or enter recruit lounge to locker room

BIG BROTHERS 14



Honor Council

A Council of men selected by the team and coaches to educate the entire team as to the importance of the responsibility we have to properly represent ourselves, our families, each other, the TEAM, and the great game of Football. This group will have frequent educational meetings with the team and will create an “HONOR CODE.” This group will also govern any situations that may arise throughout the course of the year concerning team policies, academic situations, off campus situations, along with any other issues for the betterment of the team.

Honor Council Characteristics:

1. Someone who socially has, and will be, a good representative for us.
2. A team player, not a selfish player.
3. A dependable person.
4. A student-athlete with NO academic or discipline issues.
5. A person of character who will be doing the right things when the coaching staff is not looking.
6. A person who will speak up to the team as well as for the team.

*To be a member of the Honor Council you must be voted in by your teammates and it is a one year renewable membership.

“LEADERSHIP MUST BE DEMONSTRATED, NOT ANNOUNCED”

Underclassmen

Advisors



Coaches

Alex Golesh
Mike Bellamy
Bill Cubit
Tim Banks
Mike Ward
Aaron Hillman

Respect/Tradition/Nutrition Council

A council of men selected to promote the understanding of what football is truly about and to periodically present exercises for the group to learn said lessons. This group will be responsible for conveying the excellence we seek and the Traditions of Illini Football. They will also convey team's choice of training table needs.

Underclassmen



Advisors

Tom Brattan
Tim Salem
Al Seamonson
Greg Colby
Tim Knox
Scott Yielding
Juice Williams

HELMET AWARD SYSTEM

I. TEAM

1. WIN – every team member will receive a helmet award after a victory
2. CONFERENCE WIN – every team member will receive an additional helmet award for a Conference Win.
3. WIN T.O. MARGIN –every team member will receive a helmet award
4. WINNING PERFORMANCE – each player that meets the film grade Standard as set by the staff receives a helmet award.

DL/OL	78%
LINEBACKERS/TE/SPECIAL TMS	80%
SAFETIES/RUNNING BACKS/QB	85%
CORNERS/WR	90%

II. SPECIAL UNITS

Kick-Off Unit/Delta(Unit-One Helmet Award)

Result 25 yd line every time

No Penalties

No Missed Tackles

11 Running in Proper Lanes

Recover Onside Kick – Unit– One Helmet Award

Cause Fumble and Recovery – Individual – One Helmet Award

Tackle Inside 27 yard Line – Individual – One Helmet Award

Punt Unit/Seals(Unit-One Helmet Award)

Net Punt 36 Yards

No Rushed or Blocked Punts

No Penalties

No Missed Tackles

11 Running in Proper Lanes

Successful Fake Punt for 1st Down – Unit – One Helmet Award

Down Punt inside 10 Yard Line – Unit – One Helmet Award

Cause Fumble/Recovery – Individual – One helmet Award

Kick-off Return Unit/Bravo(Unit-One Helmet Award)

All Returns avg 27 yds Line

No Fumbles

No Penalties

Never Lose Onside Kick

Kick-off Returned past 40 yard-line – Unit – One Helmet Award

Punt Block Unit/Recon (Unit-One Helmet Award)

Average 10 yards or more per punt return

Catch in air all catchable punts

No Fumbles

No Penalties

Punt Returned over 20 yards – Unit – One Helmet Award

Block or Force a poor punt – Unit – One Helmet Award

Field Goal/Extra Point Unit(Unit-One Helmet Award)

100% PAT success and 35-Yard FG or less

75% FG success outside 35 yards

No Penalties

100% Mechanics

No Rushed or Block Kicks

Successful fake FG attempt – Unit – One Helmet Award

45+ yard Field Goal – Individual – One Helmet Award

Field Goal/Extra Point Block Unit(Unit-One Helmet Award)

Blocked Attempt or pressure forcing missed - Unit – One Helmet Award

Preventing Fake Attempt – Unit – One Helmet Award

Score – Unit – One Helmet Award

III. DEFENSE – in each category if criteria is met, the entire defense unit that played 20 or more plays will receive a helmet award.

1. Tackle Efficiency 85%/Loaf Efficiency 90%
2. 8 Turnover Situations or Combined 3 and Outs
3. Win the 4th Quarter
4. Eliminate Big Plays (6) (Runs-15 yds) (Pass-20 yds).

IV. OFFENSE- in each category if criteria is met, the entire offense unit that played 20 or more plays will receive a helmet award.

1. Turnovers 1 or less/60 Snaps
2. Win Situation (3rd Down-51%) (Red Zone 95% Score/68 % TD) (Coming Out 1st Down)
3. 12% Rule
4. Runs + Completions total 50 or more

WEEKLY AWARDS

MVP PLAYERS-OF-THE-WEEK (CAPTAINS)

Special Units
Defense
Offense
Honorary

OFFENSIVE BACK PLAYER-OF-THE-WEEK

OFFENSIVE WR/TE PLAYER-OF-THE-WEEK

OFFENSIVE LINEMEN-OF-THE-WEEK

DEFENSIVE DB PLAYER-OF-THE-WEEK

DEFENSIVE LINEBACKER PLAYER-OF-THE-WEEK

DEFENSIVE LINEMAN-OF-THE-WEEK

BIG STICK-DEFENSIVE BIG HIT OF THE WEEK

ORANGE CHAIN-DEFENSIVE PLAYER OF THE WEEK

OFFENSIVE UNSUNG HERO OF THE WEEK

ORANGE CHAIN-OFFENSIVE PLAYER OF THE WEEK

HAMMER-SPECIAL TEAM PLAYER OF THE WEEK

DEMO PLAYERS-OF-THE-WEEK

Special Units
Defense
Offense

LETTER AWARD CRITERIA

The Following is the criteria set forth for a student-athlete to receive a letter award in football.

Seniors- must be in good standing (academics and discipline)

Freshmen, Sophomores, and Juniors – (One of the following criteria)

- A) Play in 100 Plays/50 specialist
- B) **Participate in the TUS Victory**
- C) Make contribution to the success of the football team on the game field.

The Head Coach will make all final decisions on who will be award letter recipients.

WEBSITES/PERSONAL WEB PAGES

**WE REPRESENT ONE ANOTHER AT
ALL TIMES**

**“THE IMAGE OF ONE PROJECTS THE
IMAGE OF ALL”**

I understand that fans, friends, parents, future employers, NFL Personnel Departments, teammates, and opponents have access to these websites/ Twitter/Facebook. I will represent myself, my family, my team, my school, and the game of football appropriately at all times.

Signature _____

Jersey # _____

Date _____

NAME: _____

PLAYER EVALUATION

One of our roles as coaches, is to decide who plays, how much each player plays and when they play. These decisions are primarily in the hands of the position coaches with input from the Coordinator and Coach Beckman.

Philosophically, we would rather play you a “week late” rather than a “week early.” This means that we would rather have you “totally” ready to play than “not quite” ready.

Many aspects make up the criteria for deciding who plays and when. **Position, depth and circumstances** play a part. The criteria comes down to the following:

1. confidence in the player
2. player’s ability and potential to make a big play within the system
3. consistency of performance
4. ability to make a big play in an “athletic adjustment”
5. leadership

Every offense, defense and special team is **coordinated and planned**. Each one of the 11 players must know where to go, what to do, and have the ability to do it. We, as coaches, have an obligation to our team and each other to play the player who has proven in games and our practice to be willing and able to perform these criteria.

THERE IS NEVER A POLITICAL, SOCIAL, RACIAL, OR PERSONALITY FACTOR INVOLVED. ONLY RELIABILITY OR UNRELIABILITY AS WITNESSED IN GAMES AND/OR PRACTICE BY COACHES. THAT IS ONE REASON WHY WE FILM ALMOST EVERY MINUTE OF PRACTICE SO THAT WE ARE CONSTANTLY EVALUATING YOUR RELIABILITY.

The five criteria listed above, will determine who plays and how much the player plays. We evaluate each player daily in our staff meetings. We are aware that everyone wants to play and so we are as careful as humanly possible to be fair in all of our evaluations. You must remember that practice is the major way to demonstrate your level of competency.

**** EVALUATIONS EVERY DAY, EVERY WAY ****

GRADING SYSTEM

SCALE

+	=	Job Accomplished (Finished)
-	=	Job Not Accomplished
++	=	Extra Effort/Big Play/Knockout Block/Game Changer (Coordinators Discretion)
=	=	(Double Minus) MA/Turnover/Poor Effort (Coordinators Discretion)
0	=	Non Factor/Cannot grade play (penalty, etc ...)

ONE OBJECTIVE: GRADE A WINNING EFFORT FOR YOUR POSTION

Offensive Line	78%	Defensive Line	78%
Running Backs	85%	Corners	90%
Receivers	90%	Linebackers	80%
Tight Ends	80%	Safeties	85%
Quarterbacks	85%		

Grading Example to be turned into Coach Beckman for each Player

70 PLAYS

60	>	+ (Job Done)
2	>	++ (Plus Plays)
1	>	= (Double Minus)
6	>	- (Minus – Job Not Done)
1	>	0 (Cannot Grade Play)

6+2=8 (Minus Plays + 1 Dbl Minus) (Total) **GRADED MINUS PLAYS**

2 Plus Plays takes away 4 minus plays (8-4=4) **TOTAL MINUS PLAYS**

One non gradable play = 69 plays (70-1=69) **TOTAL GRADABLE PLAYS**

69 Plays – 4 (total minus plays) = 65 **TOTAL SATISFACTORY PLAYS**

65 divided by 69 = 94% **PLAYERS GRADE**

Make a Play Grade

Make a play grade is a grade issued to a player based on his ability to finish the play coming at him. Each player is graded only on plays that he has a direct effect on. An example would be a Corner who has a pass thrown to the Wide Receiver in which he is covering – he would be given an Assignment and Technique Grade and then a Make a Play Grade based on how he finishes the play.

Criteria and Process:

1. Is the player a factor on the outcome of the play. Does the player have a chance to be involved in the play (i.e. Tackle, pass break-up, interception).
2. Does the player win the play for the defense (make a play).

Coaches will keep track of the number of plays that each player has a chance to make. Play totals will vary based on positions played. Each player will then be given a Plus or Minus based on his ability to finish the play.

Examples of Make a Play Grades:

Minus Plays

1. Missed Tackle/Miss Block
2. Completed Pass/Drop Pass-Incompletion
3. Dropped Interception/Fumble
4. Loss of Containment/Loss of Responsibility
5. Blocked at Point of Attack/Miss Block

Plus Plays

1. Tackle/Block
2. Assisted Tackle/Run
3. Tackle for a Loss/Completion
4. Pass Break-Up/Attack
5. Interception/Reception
6. Great Effort to Make a Play/Great Effort

Total plays are divided by made plays to give each player a percentage grade on making plays. Players are then evaluated on are they doing enough when the play comes to them. A winning grade is different for each position.

QUIET TIME “LEADER’S EAT LAST”

- Simon Sinek

DAY #1 8/4 MONDAY

I am thankful/grateful for:

TRUST

DAY #2 8/5 TUESDAY

I am thankful/grateful for:

HERO’S/WINNERS

DAY #3 8/6 WEDNESDAY

I am thankful/grateful for:

COACHES QUOTES

DAY #4 8/7 THURSDAY

I am thankful/grateful for:

WORK

DAY #5 8/8 FRIDAY

I am thankful/grateful for:

FOCUS

DAY #6 8/9 SATURDAY

I am thankful/grateful for:

TOUGHNESS

TEAM

OSKEE (OUR SUCCESS=KNOWLEDGE/EFFORT/ENERGY)

DAY #7 8/10 SUNDAY

I am thankful/grateful for:

SPIRITUAL THOUGHTS

DAY #8 8/11 MONDAY

I am thankful/grateful for:

ATTITUDE

DAY #9 8/12 TUESDAY

I am thankful/grateful for:

DISCIPLINE

DAY #10 8/13 WEDNESDAY

I am thankful/grateful for:

EXCELLENCE

DAY #11 8/14 THURSDAY

I am thankful/grateful for:

HANDLING ADVERSITY/SUCCESS

DAY #12 8/15 FRIDAY

I am thankful/grateful for:

PERSISTENCE

TEAM
OSKEE (OUR SUCCESS=KNOWLEDGE/EFFORT/ENERGY)

DAY #13 8/16 SATURDAY

I am thankful/grateful for:

ENTHUSIASM

DAY #14 8/17 SUNDAY

I am thankful/grateful for:

FAITH AND BELIEF

DAY #15 8/18 MONDAY

I am thankful/grateful for:

HUMILITY

DAY #16 8/19 TUESDAY

I am thankful/grateful for:

RESPONSIBILITY/DO RIGHT

DAY #17 8/20 WEDNESDAY

I am thankful/grateful for:

GRATITUDE

DAY #18 8/21 THURSDAY

I am thankful/grateful for:

HOPE

TEAM
OSKEE (OUR SUCCESS=KNOWLEDGE/EFFORT/ENERGY)

DAY #19 8/22 FRIDAY

I am thankful/grateful for:

LOVE

DAY #20 8/23 SATURDAY

I am thankful/grateful for:

CARING

DAY #21 8/24 SUNDAY

I am thankful/grateful for:

CLASS

2014 SR PROJECT

- FIND INSPIRATIONAL VIDEO ON YOU TUBE
(SOMETHING THAT YOU BELIEVE)
(SOMETHING THIS TEAM CAN TAKE TO HEART)
(SOMETHING THAT WILL HELP US)
- CRITIQUE IT TO TEAM
- IF IT HAS MUSIC TELL THE TEAM WHAT IT'S SAYING
- DUE DATE: JULY 30
(TURN INTO COACH POSITION COACH)

PRESENTATION DATES: will be given this summer

SR PRESENTATION 2014

NAME:

YOUTUBE WEBSITE:

WHAT IS THE MESSAGE:

Fundamental:

Hero:

Real Issue:

What Playing at Illinois means to you:

SR TERMS-NAME: _____

1 WORD THAT DESCRIBES THE IMAGE OF OUR TEAM AT THE END OF 2014?

1 WORD THAT DESCRIBES YOUR IMAGE AS A PLAYER AT THE END OF 2015?

TEAM GOALS

1)

2)

3)



ILLINOIS FOOTBALL

Support Staff Performance Review

Recognizing that evaluation is an ongoing process, which involves both formalized and less structural components, the importance of each of these factors in the evaluation process will be weighted as follows: Using a scale from 1-5, 1 being unsatisfactory and 5 being exceeds expectations.

Exceeds Expectations	Meets Expectations	Marginally Expectations	Needs Improvement To Meet Expectations	Unsatisfactory	Not Applicable
5	4	3	2	1	NA

NAME: _____

DATE: _____

1. Productivity of your area of evaluation 5 4 3 2 1 NA

Comments: _____

2. Productivity and development of student-athletes 5 4 3 2 1 NA

Comments: _____

3. Off the field assignments complete, accurate, and acceptable 5 4 3 2 1 NA

Comments: _____

STUDENT ATHLETE RELATIONSHIP

4. Active interest in student-athlete 5 4 3 2 1 NA

Comments: _____

5. Complete involvement with player's lives (academic/social etc) 5 4 3 2 1 NA

Comments: _____

6. Motivation of players off the field 5 4 3 2 1 NA

Comments: _____

AREA OF SUPPORT

7. Competent in area of support 5 4 3 2 1 NA

Comments: _____

8. Knowledge of area of support 5 4 3 2 1 NA

Comments: _____

9. Use of available technology in area of support 5 4 3 2 1 NA

Comments: _____

10. Research and Development: interest in professional growth 5 4 3 2 1 N

- | | |
|---|--------------|
| 11. Attitude towards players | 5 4 3 2 1 NA |
| Comments:_____ | |
| 12. Organization area of support | 5 4 3 2 1 NA |
| Comments:_____ | |
| 13. Thorough in recruitment of potential student-athletes | 5 4 3 2 1 NA |
| Comments:_____ | |

PUBLIC RELATIONS

- | | |
|---|--------------|
| 14. Is involved and visible in the community and surrounding area | 5 4 3 2 1 NA |
| Comments:_____ | |
| 15. Has appropriate interpersonal skills dealing with Alumni & others | 5 4 3 2 1 NA |
| Comments:_____ | |

GENERAL

- | | |
|---|--------------|
| 16. Understands and adheres to University policies | 5 4 3 2 1 NA |
| Comments:_____ | |
| 17. Understands and is in compliance with NCAA/BIG 10 rules | 5 4 3 2 1 NA |
| Comments:_____ | |
| 18. Loyalty to Head Coach, Staff, and Players | 5 4 3 2 1 NA |
| Comments:_____ | |
| 19. Handle all duties with competency and enthusiasm | 5 4 3 2 1 NA |
| Comments:_____ | |
| 20. Overall rating | 5 4 3 2 1 NA |
| Comments:_____ | |

I have read and interviewed with the Head Coach concerning my overall performance evaluation.

Signature

Date

ADDITIONAL COMMENTS:

ILLINOIS FOOTBALL

Assistant Coach's Performance Review

Recognizing that evaluation is an ongoing process, which involves both formalized and less structural components, the importance of each of these factors in the evaluation process will be weighted as follows: Using a scale from 1-5, 1 being unsatisfactory and 5 being exceeds expectations.

Exceeds Expectations	Meets Expectations	Marginally Expectations	Needs Improvement To Meet Expectations	Unsatisfactory	Not Applicable
5	4	3	2	1	NA

NAME: _____

DATE: _____

1. Productivity of your offense/defense scheme 5 4 3 2 1 NA

Comments:

2. Productivity and development of student athletes on the field 5 4 3 2 1 NA

Comments:

3. Productivity of your student-athletes off the field

Academic 5 4 3 2 1 NA

Social 5 4 3 2 1 NA

Campus Behavior 5 4 3 2 1 NA

Comments:

4. Productivity in recruiting 5 4 3 2 1 NA

Comments:

5. Off the field assignments complete, accurate, and acceptable 5 4 3 2 1 NA

Comments:

STUDENT ATHLETE RELATIONSHIP

6. Active interest in performance of student-athlete 5 4 3 2 1 NA

Comments:

7. Complete involvement with player's lives (academic/social etc) 5 4 3 2 1 NA

Comments:

8. Maintains Player/Coach relationship 5 4 3 2 1 NA

Comments:

9. Motivation of players off the field 5 4 3 2 1 NA

FOOTBALL COACHING

10. Competent in position coaching technique 5 4 3 2 1 NA

Comments:

11. Knowledge of Position 5 4 3 2 1 NA

Comments:

12. Use of available teaching tools 5 4 3 2 1 NA

Comments: _

13. Research and Development: interest in professional growth 5 4 3 2 1 NA

Comments:

14. On the field development of players 5 4 3 2 1 NA

Comments:

15. See what is coached on tape 5 4 3 2 1 NA

Comments:

16. On field demeanor 5 4 3 2 1 NA

Comments:

17. Motivation of players on field 5 4 3 2 1 NA

Comments:

18. Organization of practice and meeting times 5 4 3 2 1 NA

Comments:

RECRUITING

19. Thorough in recruitment of potential student-athletes 5 4 3 2 1 NA

Comments:

20. Turns Paperwork on time and complete 5 4 3 2 1 NA

Comments:

21. Utilizes phone well 5 4 3 2 1 NA

Comments:

22. Writing/Note Cards 5 4 3 2 1 NA

Comments:

23. Electronic and other recruiting materials 5 4 3 2 1 NA

PUBLIC RELATIONS

24. Is involved and visible in the community and surrounding area 5 4 3 2 1 NA

Comments:

25. Is adept with media relations 5 4 3 2 1 NA

Comments:

26. Has appropriate interpersonal skills dealing with Alumni & others 5 4 3 2 1 NA

Comments:

GENERAL

27. Understands and adheres to University policies 5 4 3 2 1 NA

Comments:

28. Understands and is in compliance with NCAA/BIG 10 rules 5 4 3 2 1 NA

Comments:

29. Loyalty to Head Coach, Staff, and Players 5 4 3 2 1 NA

Comments:

30. Handle all duties with competency and enthusiasm 5 4 3 2 1 NA

Comments:

31. Overall rating as a coach 5 4 3 2 1 NA

Comments:

I have read and interviewed with the Head Coach concerning my overall performance evaluation.

Signature

Date

GOALS:



ILLINOIS FIGHTING ILLINI

Player Evaluation – APRIL 2014

Name _____ **Date of Birth** _____

Present Class Year _____ **Cell Phone** _____ **Position** _____

Instructions: Grade player according to each category. The maximum number of points for each category is included in parentheses next to the category. Grade accordingly.

Consistency/Productivity (10) _____

Attitude/Commitment (10) _____

Athletic Ability (5) _____

Toughness (5) _____

Durability (5) _____

Football Intelligence (5) _____

Strength (5) _____

Effort (5) _____

Coachable (5) _____

Technique/Assignment (5) _____

TOTAL _____

Goals for the 2014 Football Season
Weight Training (report max out)

Bench _____

Dead Lift _____

Body Fat/Weight _____

Broad Jump/Throw _____

VJ _____

Position Coaches' Summer Goals

TOTAL MAX POINTS 60 POINTS

Excellent	56 Points
Very Good	53 Points
Good	50 Points
Average	47 Points
Below Average	44 Points

2014 (Spiritual, Family, Academic, Football)

Personal Goals

Team Goals

_____	_____
_____	_____
_____	_____

Spring Comments: _____

Name: _____

Spring Check Out

_____ **Academic Balance**
(Annie/Jeff/Cory)

_____ **Books**
(Clarissa)

_____ **Weight Room**

_____ **Training Room**
(Chris)

_____ **Equipment**
(Trent)

_____ **Coach on Duty**

Name: _____

Spring Check Out

_____ **Academic Balance**
(Annie/Jeff/Cory)

_____ **Books**
(Clarissa)

_____ **Weight Room**

_____ **Training Room**
(Chris)

_____ **Equipment**
(Trent)

_____ **Coach on Duty**

Assistant Coach Performance Evaluation Form
University of Illinois • Division of Intercollegiate Athletics

GENERAL INFORMATION

Employee Name: _____
Evaluation Period: July 1, 2012 through June 30, 2013

Position/Title: _____
Type of Evaluation: ☐ Annual OR ☐ Special

PURPOSE STATEMENT

The University of Illinois Division of Intercollegiate Athletics believes that each employee is entitled to feedback concerning his or her job performance. The evaluation process is designed to promote the goals, objectives, and professional development of the employee, and their accomplishments relative to the specific performance indicators listed below.

RATINGS SCALE

- O Outstanding** – Performance is exemplary, always exceeds standards, and consistently produces exceptional results.
E Exceeds Standards – Performance consistently meets standards and frequently exceeds expectations.
M Meets Standards – Indicates performance that consistently meets the requirements of the position and is adequately performing his/her job
N Needs Improvement – Performance does not meet standards and expectations. Improvement in the area is needed.
NA Not Applicable – Used when the evaluator is unable to appraise the performance of the individual due to the nature of that individual's responsibilities

PERFORMANCE INDICATORS

COACHING (please check the appropriate box on each line below)

O	E	M	N	NA	➤ Current Skills and Ongoing Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays adequate knowledge and technical skills; ability to work within/execute the general coaching philosophy established by the Head Coach.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stays informed of modern coaching trends, techniques, and strategies; brings new ideas to staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises appropriate behavior at all events and practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assists or supports a safe and appropriate conditioning program for all team members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works well with staff and athletic department personnel.

General Comments:

RECRUITING (please check the appropriate box on each line below)

O	E	M	N	NA	➤ Standards for Attracting and Developing New Student-Athletes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works within the department's established processes, philosophy and resources when recruiting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates a good understanding of his or her role in the program's recruiting efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishes positive relationships with high school and junior college coaches.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoroughly researches the background of recruits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Looks for innovative ways to improve the success of the established recruiting process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays sound judgment in evaluating prospective student-athletes with regard to athletic ability.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays the necessary skills in cultivating relationships with student-athletes and their parents and in ultimately helping to attract student-athletes to the University.

General Comments:

SPORTS ADMINISTRATION (please check the appropriate box on each line below)

O	E	M	N	NA	➤ Fiscal Responsibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adherence to sport budget; effective use and proper administration of resources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completes and returns Business Office related documents in a timely manner.

O	E	M	N	NA	➤ Public External Relations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assists Media Communications, Marketing and IFUND staff in promoting the sport (as applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultivates positive relationships with parents, alumni, former athletes, media and the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends functions that promote the department or respective sport.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participates in community service, fundraising, and promotional events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperates with department's External Relations personnel.

General Comments:

ACADEMICS AND STUDENT WELFARE (please check the appropriate box on each line below)

O	E	M	N	NA	➤ Academics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Represents the mission of UI in promoting academic achievement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays a genuine interest in the academic well-being of student-athletes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviews and acts upon information received from academic support personnel; maintains an established rapport with academic support personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fairly and consistently enforces adherence to academic rules and regulations, utilizing appropriate disciplinary measures as required.

O	E	M	N	NA	➤ Relationships with Student-Athletes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assists in creation and implementation of team rules; appropriate disciplinary measures for non-conformance of rules are implemented on a consistent and timely basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defines and communicates the program's specific goals, objectives, overall purpose, and philosophy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintains awareness of team behavior and activities outside of practice and events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilitates open communication between student-athletes and the coaching staff; works to achieve overall student-athlete goals and development.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presents a positive role model for student-athletes.

General Comments:

COMPLIANCE (please check the appropriate box on each line below)

O	E	M	N	NA	➤ NCAA, Conference, and University Standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidences the highest professional standards and ethical behavior with regards to NCAA, Big Ten and University rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completes all required documents in a timely manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks questions and demonstrates knowledge of reporting procedures for violations; cooperates with Compliance staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Committed to strong adherence to NCAA and department rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proactive in preventing potential problems or violations.

General Comments:

INDIVIDUAL DEVELOPMENT/OTHER (please check the appropriate box on each line below)**O E M N NA****➤ NCAA, Conference, and University Standards**

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consistently treats customers, stakeholders, partners and coworkers with dignity and respect, regardless of race, ethnicity, national origin, age, gender, religion, sexual orientation or physical ability. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supports and appropriately responds to the requests and decisions of department and university administration. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establishes and maintains appropriate office hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provides appropriate supervision and leadership to staff (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Effectively motivates, utilizes and supervises staff (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Displays a positive and professional approach; dress and appearance are appropriate for all occasions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participates in professional organizations. |

General Comments:

PERFORMANCE INDICATOR SUMMARY REPORTOverall Performance Rating (assign one overall rating based on the ratings assigned in the other sections)☐ Outstanding☐ Exceeds Standards☐ Meets Standards☐ Needs Improvement**Supervisor Comments** (Please include your description of the coach's major strengths, areas for improvement, and suggested actions that may improve performance during the next performance period.)**Employee Comment Section (Optional)** (Please include activities you participated in during the previous year that helped you to grow as a coach, the areas where you feel you have made the most improvement, and areas where you feel you need the most improvement. Also, please indicate what resources the department could provide to help you progress in your job performance and the steps you plan on taking to improve your career and job performance for next year.)**SIGNATURES:**_____
Supervisor's Signature_____
Date_____
Sport Oversight Administrator's Signature_____
Date_____
Director of Athletics' Signature_____
Date

Note: Your signature does not necessarily indicate a full agreement with the performance evaluation results. Your signature does, however, indicate that the evaluation was reviewed and discussed with your supervisor. If you wish to record a disagreement with the contents of this evaluation, you may submit a written statement which will be placed in your personnel folder.

Assistant Coach's Signature_____
Date

Administrative Staff Performance Evaluation Form
University of Illinois • Division of Intercollegiate Athletics

GENERAL INFORMATION

Employee Name: _____ Position/Title: _____
Evaluation Period: July 1, 2013 through June 30, 2013 Type of Evaluation: ☐ Annual OR ☐ Special

PURPOSE STATEMENT

The University of Illinois Division of Intercollegiate Athletics believes that each employee is entitled to feedback concerning his or her job performance. The evaluation process is designed to promote the goals, objectives, and professional development of the employee, and their accomplishments relative to the specific performance indicators listed below.

GOALS FROM PREVIOUS EVALUATION PERIOD

1.	Exceeded <input type="checkbox"/>	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>
2.	Exceeded <input type="checkbox"/>	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>
3.	Exceeded <input type="checkbox"/>	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>
4.	Exceeded <input type="checkbox"/>	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>
5.	Exceeded <input type="checkbox"/>	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>

EMPLOYEE DEVELOPMENT PLAN

Areas for Improvement, Development or Enhancement	Specific Goals to Obtain Target	Completion Date or Timeline
1.		
2.		
3.		
4.		
5.		

RATINGS SCALE

O Outstanding - Performance is exemplary, always exceeds standards, and consistently produces exceptional results.
E Exceeds Standards - Performance consistently meets standards and frequently exceeds expectations.
M Meets Standards - Performance is adequate and consistently meets the requirements of the position.
N Needs Improvement - Performance does not meet standards and expectations. Improvement needed in specified area.
NA Not Applicable - Indicates that the specified duty is not relevant to the employee's position.

PERFORMANCE INDICATORS

PLEASE CHECK THE APPROPRIATE BOX ON EACH LINE BELOW

O	E	M	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professionalism/Inclusion: Consistently treats customers, stakeholders, partners and coworkers with dignity and respect, regardless of race, ethnicity, national origin, age, gender, religion, sexual orientation or physical ability. Employee serves as a positive role model for all students through professional and appropriate actions, dress, and speech.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication skills: The ability to share information effectively in spoken and written form (including the ability to deliver presentations in a professional, organized, and persuasive manner) to various audiences. The ability to listen attentively and openly to the ideas, problems, and suggestions of others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analytical skills: The ability to use a variety of techniques to analyze situations most efficiently. The ability to assess risk or return on investment and make appropriate decisions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative/Operational: The efficient use of financial, time and human resources in the achievement of departmental goals. Completes all responsibilities in a timely manner and correctly prioritizes time-sensitive assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative and Autonomy: The willingness to accept and carry out new responsibilities through resourcefulness and self-reliance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation and Collaboration: Builds strong working relationships with colleagues throughout the organization and seeks opportunities to partner with others to achieve goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Knowledge: Demonstrates the technical, managerial and organizational knowledge to successfully execute duties. Shows knowledge of industry and profession
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning, Organizing and Time Management: The ability to effectively arrange work so that it can be executed in a timely manner within specifications and budget. Ability to prioritize and effectively utilize resources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving and Decision Making: Understanding factors and developing sound, timely, and practical solutions to conflicts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance: Follows rules and regulations for acceptable and ethical behavior according to guidelines set forth by governing agencies (the University, NCAA, Conference, etc.) and stays abreast of changes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiscal Responsibility: Has the ability to designate, manage, and properly execute budgetary guidelines set forth by the department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership (if applicable): The ability to guide, develop and motivate others in the achievement of objectives. The degree to which the employee supports and demonstrates an understanding of the goals and strategic plan of the University of Cincinnati and how it applies to his/her area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	People Development (if applicable): Effective management of staff; commitment to developing mutual trust and respect in a culturally diverse environment. Plans and supports the achievement of professional development goals for direct reports.

PERFORMANCE INDICATOR SUMMARY REPORT

Overall Performance Rating (assign one overall rating based on the ratings assigned in the other sections)

☐ Outstanding

☐ Exceeds Standards

☐ Meets Standards

☐ Needs Improvement

Supervisor Comments (Please include your description of the employee's major strengths, areas for improvement, and suggested actions that may improve performance during the next performance period.)

Employee Comment Section (Optional) (Please include activities you participated in during the previous year that helped you to grow as an employee, the areas where you feel you have made the most improvement, and areas where you feel you need the most improvement. Also, please indicate what resources the department could provide to help you progress in your job performance and the steps you plan on taking to improve your career and job performance for next year.)

SIGNATURES:

Supervisor Signature

Date

Sport Oversight Administrator Signature

Date

Director of Athletics Signature

Date

Note: Your signature does not necessarily indicate a full agreement with the performance evaluation results. Your signature does, however, indicate that the evaluation was reviewed and discussed with your supervisor. If you wish to record a disagreement with the contents of this evaluation, you may submit a written statement which will be placed in your personnel folder.

Employee Signature

Date



2014 SENIORS

MARTIZE BARR	BRENNEN VANMIEGHEM
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
EARNEST THOMAS	MICHAEL HEITZ
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
REILLY O'TOOLE	ZANE PETTY
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
JUSTIN DUVERNOIS	JON DAVIS
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>



2014 SENIORS

JAKE HOWE	SIMON CVIJANOVIC
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
DEJAZZ WOODS	AUSTIN TEITSMA
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
MATT LACOSSE	RALPH COOPER
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
ABE CAJUSTE	DAVONTAY KWANNING
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>



2014 SENIORS

DONOVONN YOUNG	ALEX HILL
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>
<u>FUNDAMENTAL:</u>	<u>FUNDAMENTAL:</u>
<u>HERO/WINNER:</u>	<u>HERO/WINNER:</u>
<u>REAL ISSUE:</u>	<u>REAL ISSUE:</u>
<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>	<u>WHAT PLAYING AT ILLINOIS MEANS TO ME:</u>

NAME:

NUMBER:

2014 MISSION STATEMENT

CODE OF CONDUCT:



Month, Day, Year

Agreement

I, FNAME LNAME, in order to fulfill the obligations of my athletic grant-in-aid will be present in the football facility at the same time the current active players are required to be here throughout the rest of the 20__ Academic year.

If I fail the terms of this agreement, I understand that my grant-in-aid will be halted and I will be responsible for any balance left on my student account.

Signed: _____
FIRST AND LAST NAME, Student-Athlete

Date: _____

Signed: _____
Tim Beckman, Head Football Coach

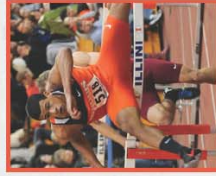
Date: _____

L

L

TAB 8

FIGHTING ILLINI



2014-15 STUDENT-ATHLETE HANDBOOK



Dear Student-Athlete:

I would like to welcome our returning student-athletes back to campus and also welcome all freshmen and transfer student-athletes to our Fighting Illini Family! You have been given the opportunity and responsibility to continue the longstanding tradition of athletic and academic success of our student-athletes at Illinois.

It is the mission of the Academic Services staff to help you balance your athletic, academic, and social responsibilities so that you perform at the highest level possible in every aspect of your life. Our goal as an athletic department is to produce and support the best student-athletes in the country. Your coaches, support staff, and trainers are committed to helping you achieve success athletically. The Irwin Academic Services Center will provide individual guidance to make sure you are achieving academic success. The directors and advisors at Irwin will be with you every step of the way as you work each day to reach your goals.

Achieving excellence as both a student and an athlete is possible through hard work and dedication. The *University of Illinois Student-Athlete Handbook* is one tool that can help you on your journey towards success. This handbook has been produced to assist you in managing your time and will help improve your organizational skills. You will find detailed information about the resources available to you at Illinois which will assist you in your success. This includes athletic department services and campus services. The reference section at the back of the handbook provides tips and strategies for managing your time, setting goals for yourself, improving your study skills, and planning your career options. I also encourage you to regularly visit your team's academic advisor to ensure that you are doing everything you can to be a successful student-athlete.

We are so excited to have you at Illinois! We look forward to supporting you and working together to help you reach your goals. Let's make 2014-15 a year to remember for Illini Athletics.

GO ILLINI!

A handwritten signature in black ink that reads "Mike Thomas". The signature is fluid and cursive, with the first name "Mike" and last name "Thomas" clearly distinguishable.

Mike Thomas
Director of Athletics

GUIDING PRINCIPLES.....	6
Mission Statement	6
Criteria for Excellence	6
Rights and Responsibilities of Student Athletes.....	6
Overall Responsibilities	6
Sportsmanship Policy	7
Academic Responsibilities and Integrity	7
Class Attendance	7
Responsibilities of Coaches	7
Prohibited Relationships Policy.....	8
KEY POLICIES GOVERNING STUDENT-ATHLETE CONDUCT	9
Code of Conduct.....	9
Levels of Misconduct	9
Category I Misconduct.....	9
Category II Misconduct.....	9
Notice	10
Appeal Procedure for Sanctions following Commission of Category I or Category II Misconduct.....	10
Request for Review Based on Substantial Change in Circumstances.....	10
Substance Abuse (Drug and Alcohol Program)	11
Education	11
Treatment Program.....	11
Drug Testing	11
Method of Drug Testing	11
Confidentiality.....	12
Physician-Patient Conference	12
Prescription Drugs.....	12
Medically Qualified to Participate.....	12
Outcomes following a positive drug test	12
Refusal to Participate	12
Scholarships and Financial Aid	13
Student-Athlete Hazing Policy.....	13
Sanctions.....	13
Gambling, Bribery and other Sports Wagering Activities	13
Sanctions	14
Social Networking Policy	14
Public Media	14
Social Networks.....	14

Guidelines	15
Conduct.....	15
Sanctions.....	16
ACADEMIC SERVICES	17
Irwin Academic Services Center	17
Student-Athlete Advisory Committee (SAAC)	17
Douglas C. Roberts Illini Life Skills	17
Commitment to Academic Excellence	17
Commitment to Athletic Excellence.....	18
Commitment to Personal Development	19
Commitment to Career Development	19
Commitment to Community Service.....	20
Illini Life Skills Team Competition	20
Academic Expectations and Eligibility	20
Academic Progress	20
Eligibility Requirements (NCAA, Big Ten Conference and DIA)	21
Class Attendance and Absences Procedures:.....	21
Residency Requirements:.....	22
Summer School Policy:.....	22
Navigating the University	22
Academic Counseling (DIA-assigned)	22
Academic Advising (Department-assigned)	22
Registering for Courses	22
Early Enrollment.....	22
Schedule Changes	22
Registration Charges, Payments & Refunds.....	23
Encumbrances.....	23
Classification of Students	23
Grades and the Grading System.....	23
Grade Reports:.....	23
Grading Scale	24
Calculating Grade Point Average (GPA):	25
Credit/No Credit Grading Option	25
Challenging Alleged Capricious Grades.....	26
Nontraditional Courses	26
Declaring a Major	26
Changing Colleges or Curriculum	27

College Degree Audits (Progress towards Degree)	27
Failure to Make Satisfactory Progress towards a Degree	27
SPORTS MEDICINE/ATHLETIC TRAINING SERVICES	28
Policies for Care of Student-Athletes	28
Physical Examinations	28
Treatment	28
Out-of-Sport Injury or Illness	28
Unauthorized Equipment.....	28
Reporting of Injury/Illness.....	28
Team Physicians	28
Referral/Consultation	28
McKinley Student Health Service	29
Dental Care	29
Eye Glasses and Contact Lenses.....	29
Hospitalization and Surgery	29
Payment of Medical Bills Program	29
Athletic Training Facilities	30
Student-Athlete Pregnancy Policy and Guidelines	30
COMPLIANCE	32
Amateurism.....	32
Employment.....	32
Extra Benefits	32
Examples of Extra Benefits.....	33
Discounts and Credits	33
Free or Reduced-Cost Services	33
Student-Athletes Selling Items Received for Participation in Intercollegiate Athletics	33
Telephone and Credit Cards.....	33
Entertainment Services.....	33
Representatives of Athletic Interests	34
Practice and Competition Time.....	34
Team Travel.....	35
Ticket Policy.....	35
Involvement with Recruits	35
Agents and Advisors.....	36
Prohibitions and Restrictions	36
Transfer Rules	37
Transfer Grievances	38
Transfer Athletic Review Panel	38

FINANCIAL ASSISTANCE	39
Types of Financial Assistance	39
Institutional Financial Aid.....	39
Non-Institutional Financial Aid.....	39
Limits on Financial Assistance	39
Questions Regarding Non-Institutional Financial Aid.....	40
Monitoring Financial Aid	40
Incoming Freshmen Eligibility for Financial Aid and Assistance	40
Offers (Tenders) of Institutional Financial Assistance.....	40
Terms of Awards	41
Institutional Financial Aid Renewal and Non-Renewal Procedures	41
Reasons for Reducing or Failing to Renew a Student-Athlete’s Institutional Financial Aid	41
Renewal Tender and Change of Aid Status	41
Voluntary Withdrawal from a Team	42
Outside Aid.....	42
Summer School and Fifth-Year Aid.....	42
Summer School for Current Student-Athletes	42
Summer School for Incoming Student-Athletes.....	43
Fifth Year Aid.....	43
Financial Aid Grievances	43
Other Financial Aid Matters	44
Book Policy.....	44
Additional Sources of Aid	44
NCAA Special Assistance Fund	44
Student-Athlete Opportunity Fund (SAOF).....	45
STUDENT-ATHLETE AWARDS	46
Varsity Awards	46
Student-Athlete Celebration Awards	46
Scholar-Athlete of the Week Award	47
Big Ten Awards.....	47
National Awards.....	47
VARSITY “I” ASSOCIATION	48

GUIDING PRINCIPLES

Mission Statement

The mission of the University of Illinois (“University”) Division of Intercollegiate Athletics (“DIA”) is to provide a superior experience for all of our student-athletes and create the highest quality athletic program that will support and enhance their ability to compete for championships in the Big Ten Conference (the “Big Ten”) and the National Collegiate Athletic Association (the “NCAA”).

Criteria for Excellence

The following criteria for excellence will guide all of DIA’s efforts to achieve its mission:

- Integrity
Our successes will be achieved through honest and ethical efforts.
- Academic Performance
Student-athletes will be supported and encouraged to achieve their full academic potential.
- Financial Health and Stability
DIA will make sound financial decisions to sustain fully funded and nationally competitive programs.
- Championship Programs
Programs and student-athletes will be provided with the resources needed to achieve at the highest levels.
- Equity and Diversity
DIA will achieve diversity, equity and fairness in the number and quality of opportunities available to student-athletes.
- Facilities
Excellent facilities will enhance our student-athletes’ experience and create in each sport a “home court advantage.”
- Student-Athlete Welfare
DIA programming for student-athletes will protect and enhance their physical and educational well-being and provide them with opportunities for leadership and personal development.
- Engagement
Student-athletes will be provided with opportunities to engage all our constituent groups in a positive manner.

Rights and Responsibilities of Student Athletes

Overall Responsibilities

Admission to the University and its baccalaureate programs is a privilege which must be earned by each student’s academic promise and continuing performance. Representing the University in intercollegiate competition is also a distinct privilege and it too must be earned and maintained by promise and continuing performance.

Student-athletes who participate in intercollegiate athletics are highly visible representatives of their team, DIA, the University as well as of the missions and goals of each of these entities. Therefore, student-athletes must conduct themselves with integrity, sportsmanship and character and must uphold the University’s and DIA’s high ethical and moral standards at all times, whether they are on the field or court, in the classroom or in the community.

Student-athletes must understand and follow the rules and regulations governing all University students, found in the Student Code (a copy of which is available on the University’s website), as well as any rules and regulations established by their college and the departments from which they take courses. Student-athletes must also understand and comply with the rules, regulations and requirements of their team, DIA, the Big Ten and the NCAA.

NOTE: Student-athletes also enjoy all rights and privileges common to all University students.

Sportsmanship Policy

Student-athletes represent the mission and goals of this athletic program and their conduct is a direct reflection upon DIA and the University. Student-athletes shall conduct themselves in a manner that exemplifies honesty and good sportsmanship, including fundamentals such as maintaining the integrity of the competition, observing the rules of fair play, and acting with civility and respect towards all, especially opponents and officials. Student-athletes' behavior shall, at all times, reflect the high standards of honor and dignity that characterize participation in competitive sports at the University of Illinois. [See the Big Ten Sportsmanship Policy (Agreement 10)].

Academic Responsibilities and Integrity

The primary purpose of DIA is to have all student-athletes pursue and obtain an academic degree. To achieve this goal, student-athletes must attend class on a regular basis, complete all classroom assignments, and conduct themselves in all academic matters in ways that are consistent with acceptable classroom performance. Student-athletes must give their full cooperation and attention to college, departmental, and DIA personnel in all academic matters.

Students at the University must share in the values common to all members of the University community. These values include "the freedom to learn, free and open expression within limits that do not interfere with the rights of others, free and disinterested inquiry, intellectual honesty, sustained and independent search for truth, the exercise of critical judgment, respect for the dignity of others, and personnel and institutional openness to constructive change." [Student Code Preamble].

In order to protect the atmosphere of distinguished education and research found at the University, all students are expected to "refrain from infractions of academic integrity," such as:

- **Cheating:** "Using or attempting to use in any academic exercise materials, information, study aids, or electronic data that the student knows or should know is unauthorized."
- **Plagiarism:** "Representing the words or ideas of another as one's own in any academic endeavor."
- **Fabrication:** "Unauthorized falsification or invention of any information or citation in an academic endeavor."

[Student Code 1-402].

Class Attendance

All University students are expected to regularly attend classes. Student-athletes are encouraged to inform their instructors of any known conflicts which will keep them out of the classroom the first week of the semester, and are advised to remind their instructors of conflicts no later than one week before the date of a quiz/examination or the due date of an assignment. Professors must reasonably accommodate student-athletes who miss class because of formal participation in their team's scheduled athletic events.

The maximum number of school days a team can miss for athletic contests is ten per semester, excluding estimates for championship and other postseason events. No athletic events are allowed during final examinations period. Refer to the procedures for notifying about absences in the Academics Section of this handbook.

[For more detailed discussion of these and other attendance policies, see The Student Code 1-501 and 1-502].

Responsibilities of Coaches

Coaches also have responsibilities in a number of areas. They have the responsibility to represent DIA, the University, and the State of Illinois in a manner that will enhance the athletic program and promote confidence in the program. They have a responsibility to all student-athletes to take a sincere interest in their academic and

athletic activities and ensure that they are all treated with fairness and provided with the optimal opportunity to excel. Finally, coaches must operate all programs and activities within the rules and regulations of the University, DIA, the Big Ten and the NCAA.

Prohibited Relationships Policy

Coaches, DIA administrators and other employees with authority over or direct service relationships with student-athletes are prohibited from entering into a sexual, dating or romantic relationship with any University of Illinois varsity student-athlete, so long as that individual remains a member of a varsity team. [DIA Policy 03-B].

KEY POLICIES GOVERNING STUDENT-ATHLETE CONDUCT

Code of Conduct

Student-athletes are subject to the rules and regulations that govern all students at the University, as stated in the Student Code, which can be found online at: <http://admin.illinois.edu/policy/code/>. Each year, student-athletes should review the Student Code to make sure they understand their rights and responsibilities as a University student. Violations of the Student Code could result in discipline such as: reprimand, censure, conduct probation, suspension, and dismissal from the University as well as denial of future admission to the University.

In addition to these University sanctions, DIA reserves the right to take additional sanctions against student-athletes who fail to abide by any of the rules, regulations or requirements governing their conduct, as described below.

Levels of Misconduct

DIA has identified two levels of misconduct (Category I Misconduct and Category II Misconduct). Engaging in such misconduct may result in student-athletes not being allowed to fully participate in the University's inter-collegiate athletic program.

Category I Misconduct

Category I Misconduct is defined by DIA as any:

- Violation of a criminal law that is classified as a felony by the State of Illinois.
- Violation of a term of probation or other condition imposed by a court in a criminal proceeding.
- Serious violation of a term of probation or other condition imposed by a University official or a DIA administrator.

Preliminary Action:

The director of athletics ("director") or the director's designee may take preliminary action to temporarily suspend a student-athlete from participation in practice or competition and/or access to any athletic department services when the director has verified that a felony charge or charges have been filed against a student-athlete or when there is specific and credible information (for example, arrest records, statements of law enforcement officers, University records, third-party or witness statements, or admission by the student-athlete) for reasonably believing that the student-athlete may have committed a Category I Misconduct.

Sanctions for Category I Misconduct:

The director, in consultation with the Faculty Athletics Representative (FAR) and/or the appropriate University officials, will determine from specific and credible information whether there is a reasonable basis for concluding that the student-athlete has committed a Category I misconduct. Thereafter, the Director shall suspend the student-athlete from participation in practice, competition, and/or from receiving services provided by DIA. Furthermore, the Director may pursue revocation or modification of any athletically-related financial aid received by the student-athlete in accordance with NCAA and University procedures.

Category II Misconduct

Category II Misconduct is defined as any:

- Violation of a criminal law that is not classified as a felony by the State of Illinois, including laws pertaining to alcohol (such as driving while under the influence or possession of alcohol under the legal age).
- Violation of a term of probation imposed by a University official or DIA administrator that does not constitute a Category I Misconduct.
- Violation of a University discipline (such as a violation of terms of probation or suspension).
- Violation of University or DIA policies, rules, and/or regulations, including violations of the Student Code, violations of the University's rules regarding academic integrity, and willfully giving false and/or malicious information to University officials or police officers.

Preliminary Action:

The director or the director's designee will determine from specific and credible information that there is a reasonable basis for concluding that the student-athlete has committed Category II misconduct. The Director shall determine the appropriate sanction after consulting with the student-athlete's Head Coach and assigned Sports Administrator. The Director may also consult with the FAR and appropriate University officials for recommendations regarding the appropriate sanction(s).

Sanctions for Category II Misconduct:

If a student-athlete commits a Category II Misconduct, sanctions that may be taken against the student-athlete include, but are not limited to: warning, reprimand, probation with or without conditions, requirements for restitution, conditions to encourage personal rehabilitation (e.g., counseling and community service), conditions related to satisfactory academic performance, suspension from practice, suspension from the competition, suspension from access to DIA services, and, if the student-athlete's conduct is severe or frequent enough, dismissal.

Notice

If the University has a reasonable belief that a student-athlete committed Category I or Category II misconduct that is sufficiently serious to warrant a suspension of 10 days or more, the director or the director's designee shall take the following action before making a determination that the student-athlete has committed the misconduct in question: (i) notify the student-athlete and University officials of the specific charge(s) of misconduct and substantiation concerning the charges; and (ii) provide an opportunity for a meeting at which the student-athlete may explain the circumstances, orally or by submission of a written statement. The director shall notify the student-athlete and appropriate University officials, in writing, of any decision to impose sanctions based on the alleged misconduct. If sanctions are imposed, the written notice shall include a complete description of the appeal procedures available to the student-athlete.

Appeal Procedure for Sanctions following Commission of Category I or Category II Misconduct

Step 1: To appeal sanctions imposed by the director or the director's designee for committing Category I or Category II Misconduct, student athletes may submit, in writing, an appeal to the director or the director's designee. In this written appeal, student-athletes must provide a full explanation of the basis for their appeal. The director or the director's designee shall issue a written statement with the director's decision.

Step 2: If student-athletes wish to continue to appeal the director's decision after it has been issued, student-athletes must submit a request for a hearing before the Disciplinary and Welfare Athletic Review Panel (members of this panel include appointees from the Chancellor's Office, the Director of Athletics' Office, the Athletic Board, the Faculty Athletics Representatives, and an officer of the SAAC Committee).. Requests for appeal to the Athletic Review Panel must be submitted within five (5) University business days of the issuance of the director's decision. Following the hearing, the Athletic Review Panel will provide the student-athlete with a written decision.

Step 3: If student-athletes are not satisfied with the decision of the Athletic Review Panel, they may appeal the Athletic Review Panel's decision to the Office of the Chancellor within five (5) University business days following receipt of the written decision. The Office of the Chancellor shall render a decision within thirty (30) calendar days.

Request for Review Based on Substantial Change in Circumstances

If there is a substantial change in circumstances affecting student-athletes who have been suspended from participation in practice, competition, and/or services provided by DIA, they may petition the director to review their suspension, based on the changed circumstances. Such petitions may include written statement in support of the request. Thereafter, the director shall consult with the FAR and other appropriate University officials on whether the suspension should be modified. If circumstances warrant a change in a suspension, a stu-

dent-athlete may be reinstated by the director of athletics to resume participation in practice, competition, and/or services provided by DIA.

Dismissal or reduction of a criminal charge is a change of circumstances that may or may not justify revision of a suspension from participation in practice, competition, and/or services by DIA depending on the facts underlying the dismissal or reduction of charges.

Substance Abuse (Drug and Alcohol Program)

Use of alcohol and drugs can impair mental and physical performance and have a negative effect on the health and safety of student-athletes. The use of unauthorized drugs not covered by the team physician, the abuse of alcohol or the use of illegal drugs by student-athletes shall be grounds for disciplinary action. Student-athletes may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved.

Education

DIA has educational programs in place for student-athletes to increase their awareness of the dangers of drug and alcohol use and abuse. All DIA coaches attend lectures where the Drug Testing Policy and Procedures are explained.

Treatment Program

Student-athletes desiring substance abuse treatment are encouraged to utilize the resources available to all University of Illinois students, such as the Counseling Center and the McKinley Health Center. Student Health Insurance also covers some off-campus resources which can be accessed by student-athletes through referrals from the team physician or the McKinley Health Center. Student-athletes can utilize these resources before, during or after the drug testing program.

If the student-athlete has negative drug screens for a total of 12 months and the medical care team feels the student-athlete no longer requires drug counseling and treatment, further care may be at the student-athlete's own expense. Such expenses can also be paid through the appropriate sport program's budget as determined by DIA. Student-athletes can be discharged from treatment at the discretion of the medical treatment team when counseling and treatment requirements have been met.

Drug Testing

DIA's Drug and Alcohol program includes a drug testing program administered under the authority of the team physician. All student-athletes shall submit urine specimens to be analyzed under medical procedures designated by the team physician at various intervals throughout the year. DIA uses drug testing in its Drug and Alcohol program in order to: (1) to protect the health and safety of its student-athletes; (2) to identify substance abusers and to provide counseling and treatment for them; (3) to serve as a deterrent to drug use by the student-athlete; and (4) to promote education of the student-athlete;

Method of Drug Testing

Tests will be conducted for street drugs such as amphetamines, cocaine, marijuana, synthetic cannabinoids, and PCP as well as anabolic steroids and other so-called "performance enhancing" drugs. Alcohol related blood, breath, and urine testing may also be conducted in some cases to evaluate treatment compliance or suspected problems.

The testing may occur at any time, announced or unannounced.

New student-athlete testing results will commence for student-athletes when their respective team reports for their first official practice prior to the start of classes or after the first day of fall or spring classes, whichever occurs earlier.

A certified athletic trainer or other professional staff will collect the urine specimens. The urine specimens will be transported to a licensed laboratory for analysis. Appropriate precautions will be observed to correctly identify the urine specimens, assure accuracy and maintain confidentiality of test results.

Confidentiality

Confidentiality of the information and documents resulting from the student-athlete's participation in this medical program will be in accordance with the law. During the course of the examination, the team physician will acquire information necessary to enable the physician to professionally serve the patient. The medical records are not subject to review by any person other than the physician and the patient and shall remain in the custody of the physician. The medical information (including urine specimens, codes and other identification of specimens and test results) shall remain confidential information. The team physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer; his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Those notified shall not inform any other person of the test result.

Physician-Patient Conference

The team physician will meet privately with the student-athlete to discuss positive test results and provide the student-athlete an opportunity to comment on the test results or medical findings and, in particular, to explain why a false positive test result may have been received. The team physician shall give those comments such consideration as may be appropriate in arriving at medical conclusions.

Prescription Drugs

Student-athletes who are taking drugs pursuant to a prescription from a physician may register this fact with the team physician in writing. This information helps enable the team physician to determine the medical qualification of a student-athlete to participate in the sports program. Further, it is possible that some prescription drugs may result in a positive test in this program.

PRIOR DISCLOSURE OF THE USE OF A PRESCRIPTION DRUG HELPS AVOID A FALSE POSITIVE TEST RESULT

Medically Qualified to Participate

Under medical regulations established by the Big Ten, the team physician has final authority to determine whether the student-athlete is medically qualified to participate in practice and competition. The team physician's decision shall be made bearing in mind one of the fundamental purposes of the program, namely, protection of the student-athlete's health and safety.

Outcomes following a positive drug test

Student-athletes who test positive for any of the following substances are subject to medically appropriate actions (including mandatory treatment), increased levels of drug testing and appropriate disciplinary action, up to and including dismissal from their team: marijuana; synthetic cannabinoids; benzodiazepines; barbiturates; opioids; cocaine; amphetamines; heroin; other stimulant-type drugs not prescribed by a licensed practicing medical provider; anabolic steroids; and other performance-enhancing drugs. Alcohol-related incidents involving legal action (such as a DUI charge or citations for public intoxication or underage drinking) may also subject student-athletes to these actions.

DIA is in the process of reviewing and renewing its Drug and Alcohol Program policy. More specific descriptions of the outcomes for positive drug tests will be included in any revised policy. Student-athletes will receive a copy of the revised policy once it has been completed.

Refusal to Participate

Student-athletes who refuse to participate in any part of the drug testing program or any other medical procedure under the authority of the team physician will be withheld from practice and competition in all varsity intercollegiate sports.

Scholarships and Financial Aid

Renewals of financial assistance are not automatic. A tender may not be renewed if the student-athlete is suspended from an athletic team for participating in the use of, sale of, or distribution of any narcotic drug or controlled substance.

Student-Athlete Hazing Policy

Hazing is strictly prohibited and will not be tolerated among or between student-athletes.

In the section 1-302(d) of the Student Code, the University defines hazing as “any action taken or situation created for the purpose of initiation into, admission into, affiliation with, or as a continued membership in, a group or organization, to produce physical discomfort or injury, mental discomfort, embarrassment, or ridicule.”.

Examples of hazing include, but are not limited to, the following:

- Use of alcohol;
- Paddling in any form;
- Creation of excessive fatigue;
- Physical and psychological shock;
- Wearing of apparel which is conspicuous or not in good taste;
- Engaging in public stunts;
- Degrading or humiliating games and activities; or
- Any activities which are not consistent with the academic mission, organizational ritual or policy, applicable state or local law, DIA policies or Big Ten and NCAA rules or regulations.

An individual’s willing participation in an activity does not justify participation in or sponsorship of the activity.

Any violation of this policy should be reported to DIA, Dean of Students, or the Office for Student Conflict Resolution.

Note: Hazing activities may also violate the Illinois Hazing Act 720 ILCS 120/0.01

Sanctions

Any activity or language that amounts to hazing in violation of the above policy is subject to investigation and possible sanction by the University and/or DIA.

Sanctions imposed by the director of athletics may include but are not limited to, the following:

- Written notification from the director of athletics to the student-athlete outlining the hazing policy.
- Suspension from the team for a prescribed period.
- Indefinite suspension from the team.
- Dismissal from the team.
- Non-renewal or reduction of athletic grant-in-aid

Gambling, Bribery and other Sports Wagering Activities

Sports wagering is a serious issue that can have tragic consequences for student-athletes who participate in such activities.

Student-athletes are strictly prohibited from participating, directly or indirectly, in any gambling activity involving intercollegiate or professional athletics.

Prohibited sport wagering activities include, but are not limited to:

- Putting up anything of value (money, merchandise, gift certificates, meals) in order to potentially win anything else of value. Examples of this type of prohibited wagering include, but are not limited to:
 - Betting with a bookie or with your friends, family or teammates;
 - Participating in fantasy leagues;

- Participating in internet contests and betting pools; and
- Participating in March Madness or other similar brackets.
- Providing any information concerning intercollegiate competition to any individual involved in gambling activities. (Thus, student-athletes and their families should be alert for individuals who are inquiring about the expectations of the team or the status of a key player for an upcoming competition); and
- Engaging in activities designed to influence the outcome of an intercollegiate contest or in an effort to affect win-loss margins ("point shaving").

Sanctions

Gambling on intercollegiate athletic events or bribing participants is against federal, state, and local laws, contrary to NCAA rules and carries stiff penalties for offenders. Per NCAA rules, any violation of the rules regarding gambling by prospective or enrolled student-athletes will result in a loss of ineligibility for further intercollegiate competition for a minimum of one season. Involvement in point shaving or wagering on DIA teams will result in student-athletes losing all remaining regular-season and post-season eligibility in all sports.

Student-athletes may be expelled from the University for failure to report a solicitation to be a party to sports bribery or if they become agents of the gambling industry through the process of distributing handicap information or handling bets.

Finally, student-athletes engaged in point shaving, bribery and other activities might be subject to criminal fines and incarceration.

Social Networking Policy

Public Media

Public media refers to techniques used to communicate messages (dissemination of fact, opinion, and entertainment) and whose mission is to serve or engage a public. Public media domains include print outlets (such as newspapers, books, magazines, posters, flyers, etc.), traditional public and commercial broadcasts (such as TV, radio, film), digital (such as the Internet, e-mail, social networks, podcasting, chat rooms and blogging), and any new platforms and distribution mechanisms to expand reach and engage audiences (listeners, users).

When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, DIA, and our University.

Social Networks

Social network sites such as Facebook, MySpace, and Twitter and any other new digital platforms and distribution mechanisms facilitate student communicating with others. Participation in such networks has both positive appeal and potentially negative consequences. It is important that our student-athletes be aware of these consequences and exercise appropriate caution if they choose to participate.

Student-Athletes are not restricted from using any on-line social network sites and digital platforms (such as the Internet, e-mail, podcasting, chat rooms, and blog sites). However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, State of Illinois, University, DIA, Big Ten and NCAA rules and regulations.

Facebook and similar directories are hosted outside the University server. Violations of University policy (e.g., harassing language, University alcohol or drug policy violations, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the University's Student Code, DIA policies, and other University policies. Matters may also be pursued by law enforcement officers and student-athletes may be sued in a civil proceeding for abusive or false statements made about another person.

It is incumbent upon student-athletes to be aware of University regulations. Ignorance of these regulations does not excuse student-athletes from adhering to them.

Guidelines

The following guidelines are intended to provide the framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. Student-athletes at Illinois should:

1. Be careful with how much and what kind of identifying information is posted on on-line social network sites. Virtually anyone with an e-mail address can access social networking pages. It is unwise to make available information such as full date of birth, social security number, address, resident hall room number or other home addresses, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All can facilitate identity theft or stalking. Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information.
2. Be aware that potential current and future employers often access information placed on on-line social network sites. Student-athletes should think about the impact any information posted on Facebook or similar directories might have on prospective employer's image of them. The information posted is considered public information. Student-athletes should maintain a self-image that they can be proud of several years from now.
3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails.
4. The University respects its students' freedom to examine and discuss all questions of interest to them and permits them to express their opinions publicly and privately as guaranteed by the First Amendment and the Student Code. However, not all speech is protected speech. Speech that is threatening, vulgar, lewd, or that invades the rights of others will not be protected, even if done in an on-line social network forum.

Conduct

The University and DIA prohibit inappropriate behavior that seriously undermines the goals and integrity of the University and the mission of DIA when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletics program, and the University.

Student-athletes are expected to communicate about their teammates and coaches respectfully while using on-line social networks or any public media domain. Examples of disrespectful comments and behavior that will not be tolerated are:

1. Derogatory language and personal comments about their teammates or coaches; other Illinois student-athletes or coaches; student-athletes, coaches, athletics administrators or representatives of other universities or colleges; University faculty or staff; or other athletics officials, administrators, or representatives.
2. Threats to any person.
3. Comments that create a serious danger to the safety of another person or that make a credible threat of serious physical or emotional injury to another person.
4. Incriminating photos or statements depicting violent conduct; hazing; sexual harassment; gambling; vandalism; stalking; underage drinking; selling, possessing, or using controlled substances; or any other illegal or prohibited conduct.

If student-athletes are found to be inappropriately using an on-line social network, they will be in direct violation of this policy and subject to the appropriate sanctions administered by the University and/or DIA.

Sanctions

Any activity or language in violation of the above policy is subject to investigation and possible sanction by the University and/or DIA, as well as civil authorities.

Sanctions imposed by the director of athletics may include, but are not limited to, the following:

- Written notification to the student-athlete outlining the policy and requiring that content in violation of this policy be removed or the social network account be deactivated;
- Temporary suspension from the team until prescribed conditions are met;
- Suspension from the team for a prescribed period;
- Indefinite suspension from the team;
- Dismissal from the team; or
- Non-renewal or reduction of athletic grant-in-aid.

ACADEMIC SERVICES

DIA is committed to providing an academic support program to assist student-athletes with their transition into college and to help them achieve academic, athletic and personal success. The Academic Services staff, which includes full-time counselors, learning specialists, graduate assistants and a sports nutritionist, provides continuous support to student-athletes through graduation, job placement, or graduate school.

Irwin Academic Services Center

Located at 402 East Armory Avenue, the Irwin Academic Services Center is the home to many of the support services for student-athletes discussed below; the Center’s primary business number is (217) 333-2240.

*Some services for football student-athletes are also available at Memorial Stadium.

The Irwin Academic Services Center has the following hours of operation:

Monday – Thursday	8:00 am	-	11:00 pm
Friday		8:00 am	-
5:00 pm			
Saturday	10:00 am	-	5:00 pm
Sunday		11:00 am	-
11:00 pm			

Student-Athlete Advisory Committee (SAAC)

Two student-athletes from each of the University’s varsity athletic teams serve on this committee designed to allow student-athlete input on NCAA, Big Ten and University policies regarding the welfare of student-athletes. The SAAC provides recommendations to DIA administration on improving student life within DIA, represents DIA at various campus and community functions, takes the lead on organizing community service events like the SAAC Clothing Drive and Jock Jams variety show, and, when necessary, meets with campus leaders on issues affecting students.

Douglas C. Roberts Illini Life Skills

Balancing academics and athletics is challenging and requires effort. Student-athletes should remember that the skills that have made them successful as athletes, such as commitment, discipline, determination, and hard work are also going to help them achieve academic, personal and professional success.

The Douglas C. Roberts Illini Life Skills Program, winner of the prestigious Program of Excellence Award by the Division 1A Athletic Directors Association in 2005, is the primary program through which high-quality support is provided to our student-athletes. The Life Skills Program strives to support student-athlete development in the following five areas:

- Academic Excellence
- Athletic Excellence
- Personal Development
- Career Development
- Community Service

Commitment to Academic Excellence

In order to promote and support the academic progress of student-athletes toward intellectual development and academic excellence towards the goal of graduation, the Illini Life Skills Program offers the following support:

- **Academic Counseling.** Academic services counselors are assigned to work with specific athletic teams and to help those teams’ student-athletes balance academics with the demands of a competitive Division I athletic schedule and the student-athletes’ personal growth. The athletic academic counselor also assists student-athletes with designing academic plans to ensure that they are making sufficient progress towards a degree for eligibility purposes.

- **Learning Specialist.** Learning specialists serve as valuable resources for student-athletes who have or think they might have a learning disability, ADHD or any other condition that might impact their educational performance. First, learning specialists can assist student-athletes and athletic academic counselors in identifying possible learning disabilities and conditions and in coordinating appropriate testing. Second, if student-athletes do have a learning disability or condition, the learning specialist will: work closely with these student-athletes to identify any necessary accommodations, assistive technology, and resources; develop effective strategies and academic support plans to facilitate their academic success; act as their liaison with the Disability Resources and Educational Services (DRES); and assist them with understanding applicable policies and procedures for individuals with disabilities. Student-athletes may also make an appointment with a learning specialist to help them gain insight into their learning styles, help them develop academic strategies and support them in identifying appropriate academic services.
- **Monitoring academic progress.** Athletic academic counselors regularly meet with student-athletes to monitor their academic performance. Twice each semester, academic progress reports are sent to the instructors of all student-athletes in an effort to gain additional information concerning their progress towards a degree.
- **Study Table Program.** In an effort to ease the transition to college life and to ensure academic success, student-athletes at the University of Illinois have supervised study table hours. Weekly requirements are set by team coaches and academic counselors.
- **Computer access.** The Irwin Academic Services Center is home to three computer labs equipped with computers, printers and scanners. An additional lab is located in the football stadium academic center. Lab monitors and IT staff are available to assist student-athletes with the use of DIA computers. Academic counselors also have laptops available for student-athletes to use when they are away from campus for athletic competitions.
- **CHAMPS 101: Freshman Success Seminar.** At the start of the fall semester, all first-year University student-athletes participate in this non-credit course designed to assist them in making a successful transition into college. Sessions on study skills such as note-taking, test-taking, writing essay exams or papers, time management, and communication with professors are provided.
- **Life Skills workshops.** Other academic workshops, open to all student-athletes, are offered periodically throughout the year. Student-athletes are encouraged to contact the Life Skills Coordinator to learn about the current year's offerings.
- **Tutoring program.** The Tutoring Program offers student-athletes the opportunity to receive academic assistance to encourage successful class performance. Tutors supplement the student-athletes' own study skills, help the student-athletes understand course content, and help them develop successful course strategies. Drop-in tutoring and review sessions prior to exams are offered for some of the more frequently taken courses. Student-athletes request tutor appointments online through Grades First.
- **Game Theory Group.** Academic Services has partnered with The Game Theory Group to provide a comprehensive development program called, the Game Plan, to prepare student-athletes for their professional careers. All freshmen student-athletes complete an I Start Strong Assessment in their fall semester to help them: recognize their strengths and interests and align their choices of classes, majors, and career choices. The Game Plan curriculum also provides course modules on time management and study skills for freshmen student-athletes. Athletic academic counselors can access the student application exercises in order to provide feedback and support to individual student-athletes as they complete their assigned modules.

Commitment to Athletic Excellence

The University strives to provide athletic programs that are broad-based, equitable, and dedicated to the well-being of the student-athlete. DIA is committed to the athletic excellence of its sports teams and each individual student-athlete. This commitment is apparent in the construction of new facilities, the hiring of the best coaches available, and by supporting our athletic teams and student-athletes through the following Illini Life Skills programs:

- **Illini Leadership Academy.** As one of the nation's premier leadership development programs in collegiate athletics, the Illini Leadership Academy will develop, challenge and support student-athletes and coaches in their continual quest to become world class leaders in athletics, academics and life. The academy provides comprehensive and cutting edge leadership development programming through interactive workshops, 360 degree feedback, one-on-one coaching, peer mentoring and educational resources.
- **Illini Life Skills workshops.** Workshops are provided each year to assist student-athletes in achieving peak performance in their current sports and to prepare them for life after sports. Workshops are also available to help student-athletes who have the opportunity to continue competing in their sport professionally prepare for that process.

Commitment to Personal Development

A fundamental component of the Illini Life Skills Program is fostering the development of emotional well-being and personal growth in our student-athletes. Examples of programming efforts listed below focus on assisting student-athletes in developing well-balanced, healthy lifestyles, while also encouraging leadership abilities and decision-making skills.

- **Illini Sports Nutrition.** Recognizing that nutrition plays a key role in enhancing student-athletes' athletic performance and competitive successes, Illini Sports Nutrition helps student-athletes learn the many benefits of a well-balanced, high-energy diet (such as decreasing their risk of injury, helping to boost their lean muscle mass, and maintaining optimal body composition).
- **Illini Fuel Stops.** Illini Fuel Stops are also held once a month in the Irwin Academic Services building to provide student-athletes with opportunities to take a break from studying and taste test easy, nutritious snacks that they can quickly prepare for themselves at home.
- **Personal Growth Workshops.** Workshops, designed to educate student-athletes on important personal growth issues, include: Freshmen Leadership, Guide to Leasing an Apartment, Staying On Good Credit Terms, Salsa Dancing, Personal Pita Pizzas, Simple Stir-fry, It's All About Time, Relaxation of the Mind and Body, and Navigating the Grocery Aisle.
- **Student-Athlete Advisory Committee.** As discussed earlier, this organization helps student-athletes develop their leadership skills by taking an active role in policy making that directly affects their well-being and activities.

Commitment to Career Development

A key goal of DIA is helping student-athletes develop the knowledge and skills they will need to have rewarding careers and productive lives after they leave the University. Working closely with the University's Career Center, the Illini Life Skills Program's Athletic Career Services helps prepare our student-athletes for the end of their intercollegiate athletic careers and life after college by providing them with the following types of programs:

- **Workshops.** Starting their freshman year, student-athletes are encouraged to participate in self-exploration workshops about career choices to assist them with finding the right major for them. Recent examples of such workshops include:

Dress for Success	Mock Interviewing
Resume Preparation	Ins-and-outs of Professional Etiquette
Interview Skills Training	Career Paths
Job Search Skills	Preparing for Life after Sports
Career Networking	Exploring Grad School Options
- **Degree Completion Program.** DIA has created opportunities for fifth-year student-athletes who have exhausted their athletic eligibility to continue their involvement in intercollegiate athletics through its Degree Completion program.
- **Game Plan.** This progressive curriculum, delivered in an interactive web-based format, focuses on communicating and applying simple disciplines important to a student's success. During their academic career, student-athletes will complete course modules on resume writing, building a network and developing job search skills. Academic counselors provide feedback and support to individual student-athletes as they complete these modules.

- **Career Athletes.** Career Athletes is a career networking organization that provides current and former student-athletes with comprehensive career education through resume development, job search tips, professional interviewing advice, and career coaching. Career Athletes provides a medium for student-athletes to search for jobs with a variety of companies and to maintain communication with teammates, alumni, and DIA, even after their playing days are over.
- **Illini Career Networking Forum.** Each spring, Career Athletes assists DIA in hosting a career fair to provide student-athletes the opportunity to network with recruiters interested in hiring them for internships and full-time positions. Select recruiters take part in a “Meet the Experts” panel discussion to help educate and prepare the student-athletes for the job search process. Student-athletes also participate in round table discussions with the recruiters on topics such as resume development, proper dress and interviewing.

Commitment to Community Service

Recognizing the importance of student-athletes connecting to the world around them, the Life Skills Program presents student athletes with numerous opportunities to be involved in community service projects on campus, throughout the surrounding communities and around the world (our students have helped raise funds to build schools in Kenya and Ecuador). The SAAC, discussed earlier, takes an active lead in organizing many of these projects, including the following:

- **Hometown Heroes.** This community outreach program provides student-athletes with opportunities to serve our community and individuals who are in need through a variety of projects with local schools, nursing homes, hospitals, and community organizations.
- **Reading Illini.** This outreach program is designed to assist local elementary schools in promoting the importance of literacy to their students. Student-athletes interact with elementary school students one-on-one or in small groups, readings books, or playing word games with a goal of helping students improving their reading skills and vocabulary in a positive, fun environment.
- **Jock Jams.** The Jock Jams variety show, where many of our student-athletes put on various types of skits and performances, raises money for local charities, such as American Red Cross, Camp Kesem, and The Chez Family Foundation Center for Wounded Veterans in Higher Education.
- **SAAC Clothing Drive.** Each November, the SAAC organizes a clothing drive and donates all clothing collected to a local shelter.

Illini Life Skills Team Competition

In this friendly competition between all DIA athletic teams, student-athletes are awarded points in six categories: Academic Achievement, Athletic Achievement, Community Outreach, Student-Athletes Supporting Student-Athletes, SAAC Participation/ Communication, and Personal Development. The Douglas C. Roberts Illini Life Skills Team Competition Champion is recognized at the Scholar-Athlete Reception each spring.

Academic Expectations and Eligibility

Student-athletes must meet all University and college academic requirements as well as all eligibility rules established by the University, the Big Ten and the NCAA. If students have questions regarding these academic rules and requirements, they should consult with the Associate Athletic Director for Academic Services.

Academic Progress

Academic progress and eligibility are monitored by DIA. However, it is the responsibility of the student-athlete to ensure that applicable requirements are being met. For questions regarding eligibility requirements, student-athletes should consult with an academic counselor or the Associate Athletic Director for Academic Services.

Eligibility Requirements (NCAA, Big Ten Conference and DIA)

- To be eligible to practice, compete, and receive aid, undergraduate students must remain enrolled in and complete a minimum of 12 semester hours.
 - ***Student-athletes whose hours drop below the twelve (12) hour minimum, become immediately ineligible, unless they are in their final semester of school and require less than twelve (12) hours to graduate.***
- To be eligible to compete the next academic semester, student-athletes must pass at least 6 degree-applicable hours each semester.
- To be eligible to compete the during the next academic year, student-athletes must *also* pass at least 18 degree-applicable hours during their fall and spring semesters of each academic year (not including summer terms).
- Prior to their third year of college enrollment, student-athletes must designate a program of studies leading towards a specific University baccalaureate degree (in other words, declare a major). After declaring a major, all hours used to determine a student-athlete's eligibility must count towards degree requirements, as certified by the dean of the student-athlete's college.
- To remain academically eligible for competition and aid, student-athletes must meet or exceed minimum grade point average (GPA) and progress towards degree requirements established by the NCAA and the Big Ten (see the table below). Academic counselors will discuss these requirements with student-athletes and assist with working to meet these requirements.

BY THE END OF:	MINIMUM GPA	PROGRESS TOWARDS DEGREE - CREDIT HOURS
1 st Semester	N/A	carry 12 to completion
1 st Year	1.80/4.00	24
2 nd Year	1.90/4.00	40% of degree requirements
3 rd Year	2.00/4.00	60% of degree requirements
4 th Year	2.00/4.00	80% of degree requirements

Class Attendance and Absences Procedures:

Student-athletes may be suspended from competition for one or more games, matches, meets or contests, if they fail to make a good-faith effort to complete the academic requirements of one or more their classes, as evidenced by unsatisfactory performance in their class(es) and:

- Unexcused absences from examinations, tests, or quizzes,
- Repeated failure to complete classroom assignments, or
- Repeated absences from class or required Study Table.

Travel-related absences

Student-athletes are expected to communicate with instructors prior to leaving campus for athletic competition. Travel verification letters for instructors are available from your academic counselor.

Medical-related absences

Letters for instructors verifying class absences due to medical reasons can be obtained from the attending staff member at the McKinley Student Health Center or from athletic trainers in the Sports Medicine Department.

Residency Requirements:

All student-athletes entering the University as a freshman, must take and pass their first 24 hours of degree credit at the University. Transfer credit, advanced placement credit and CLEP credit will not count toward degree progress until after the student-athlete's residency has been established. The residency rule does not apply to transfer students.

Summer School Policy:

The NCAA limits the number of hours a student-athlete may take during summer terms. As discussed in the Navigating the University Section, student-athletes are required to enroll in a minimum of 6 summer school hours to receive grant-in-aid for that summer. If a student-athlete fails to successfully complete enrolled summer hours, they may be required to reimburse the athletic department for summer tuition.

Summer coursework can be taken, at the student-athlete's expense, at other institutions with prior approval. Please see an academic counselor for the paperwork to complete this process.

Navigating the University

Academic Counseling (DIA-assigned)

DIA provides academic counseling to every student-athlete. Athletic academic counselors help student-athletes develop strategies that will assist them in balancing athletics, academic commitments, and personal commitments.

Academic Advising (Department-assigned)

Additionally, University students are assigned a departmental academic adviser to help guide them through the academic requirements of the University, their college, and their department. Advisers assist with the selection of courses and majors as well as making progress toward a degree. If student-athletes change colleges and/or majors, the University will reassign an appropriate adviser.

Registering for Courses

Student-athletes register for classes using the UI Enterprise Self-Service, which can be accessed through any computer lab on campus, including DIA computer labs. All student-athletes must meet with their departmental academic adviser and an athletic academic counselor to discuss the upcoming semester before registration. More information regarding registration information dates, and deadlines can be found at the University's course web site at: <https://my.illinois.edu/>

Early Enrollment

Continuing student-athletes who remain in good standing are able to *advance enroll* in courses for the upcoming term. Student-athletes are strongly encouraged to take advantage of this opportunity because it increases their chances of getting the courses they need for their selected course of study.

A "time ticket" will be e-mailed to the student-athlete's University e-mail address on record approximately two weeks before the start of the Early Registration Period. The "time ticket" will list the assigned *Earliest Registration Time* (ERT), which offers student-athletes the date and time to access the UI Integrate system to register for the upcoming term.

Schedule Changes

Students also use the UI Enterprise Self-Service to make course adjustments, subject to campus and/or college policies. Before adding or dropping courses, student-athletes must first consult with their departmental academic adviser and then with their athletic academic counselor. Additionally, schedule changes after the designated add or drop deadline can only be made through a special petition to the dean of their respective college.

REMEMBER: Student-athletes must be enrolled in 12 semester hours at all times to maintain eligibility, unless a student-athlete is in their last semester and needs fewer than twelve hours to complete their degree.

Registration Charges, Payments & Refunds

Tuition and fee assessments will appear on the Registration Statement of Charges and Aid which will be e-mailed to the student-athlete's University e-mail address. **Student-athletes are responsible for reviewing their bill and paying any tuition, registration charges and required University fees not covered by their athletic scholarship (such as the Student Organization Resource Fee and Krannert Fee).** Student-athletes must also immediately report any discrepancies in their bill statement to the grant-in-aid specialist in the Irwin Academic Center.

Payment may be made online, by U.S. Mail, by using University drop boxes, or in person at Room 100 of the Henry Administration Building.

Tuition refunds might be available to student-athletes who withdraw from classes. Information regarding the collection of any refunds is published on the University's course registration web site.

Encumbrances

Student-athletes who owe money to the University or who fail to meet the academic obligations of their college may be encumbered. An encumbered student may not be allowed to participate in early registration, may have all of their courses dropped, may not be allowed to register for future classes or may not be allowed to obtain copies of their college transcripts until the encumbrance is cleared. Additionally, freshmen who have incomplete medical records will be encumbered for the second semester. Once their medical information has been updated, the encumbrance will be lifted.

Student-athletes on scholarship will have financial encumbrances deducted from their room and board checks prior to direct deposits into their student-athlete bank accounts.

Classification of Students

Classification of an undergraduate student is made by the Office of Admissions and Records based upon the number of credit hours earned, which includes credit earned by examination or accepted for transfer by the University, whether or not such credit is applicable to the degree program. Classification for registration, certification, and assessment purposes is based on the following scale:

Freshman standing	0-29.9 hours
Sophomore standing	30-59.9 hours
Junior standing	60-89.9 hours
Senior standing	90 hours or more

The above scale is based on a 15 hour enrollment per semester. Since classification is based solely on the number of credit hours achieved, the length of time enrolled does not always coincide with official class standing.

Grades and the Grading System

Grade Reports:

Grade reports are available to all students through their UI Enterprise Self-Service account after the end of each term of enrollment; freshmen will also receive official mid-semester grade reports. With limited exceptions, University policy prohibits the disclosure of grades to any individual other than the student without the student's consent.

Grading Scale:

The University's grading system is based on a four-point scale. The most commonly used symbols, quality points and explanations are as follows:

Symbol	Quality Points	Explanation
A+	4	Excellent
A	4	
A-	3.67	
Symbol	Quality Points	Explanation
B+	3.33	Good
B	3	
B-	2.67	
C+	2.33	Fair
C	2	
C-	1.67	
D+	1.33	Poor
D	1	
D-	.67	
F	0	Failure
W	0	Approved withdrawal without credit
I	0	Incomplete, approved extension
S	0	Satisfactory
U	0	Unsatisfactory
CR	0	Credit earned
NC	0	No credit earned
PS	0	Test-based credit

NOTE: The decision to use the "plus" and "minus" grading scale will be at the discretion of the individual department.

Calculating Grade Point Average (GPA):

The basic formula for determining GPA is: Total Quality Points/Total Graded Hours of Enrollment = GPA.

The example below demonstrates how GPA is calculated:

Class	Hours	Grade	Quality Points	Quality Points x Hours
Astr 100	3	B	3	$3 \times 3 = 9$
Ger 101	4	A	4	$4 \times 4 = 16$
Phil 100	3	B+	3.33	$3 \times 3.33 = 9.99$
Rhet 105	4	A-	3.67	$4 \times 3.67 = 14.68$

1. Determine the number of Quality Points received for each class completed. This can be done by multiplying the classes' hours (the second column above) by the quality points earned by the grade received in the class (the fourth column above). In the example above, this student earned a "B" grade in the **three (3)** hour Astr 100 class. So, multiplying the **three (3)** hours assigned to the class by the **three (3)** Quality Points the student received for receiving a "B" grade, means the student earned **nine (9)** total quality points for Astr 100 (the fifth column above).
2. Add the total number of quality points earned in all the classes taken during the time frame to determine the Total Quality Points (here, one semester). In this example, the **Total Quality Points is 49.67 (9 + 16 + 9.99 + 14.68)** for the four classes.
3. Add the total number of hours completed and assigned a grade during the time frame to find the Total Graded Hours of Enrollment. Here, the student's **Total Graded Hours of Enrollment is 14 hours**.
4. Finally, to find the GPA, divide the Total Quality Points earned during the time frame (**here, 49.67**) by the Total Graded Hours of Enrollment in the time frame (**here, 14**) to get the GPA (**here, 3.55**).

Thus, 49.67 (Total Quality Points)/14 (Total Graded Hours of Enrollment) = 3.55 GPA

*To compute the cumulative GPA, all graded hours would be included from each semester.

Note: Courses with grades of S (Satisfactory), U (Unsatisfactory), CR (Credit), NC (No-credit) and PS (Pass) are assigned no quality points. Therefore, they are not included in Total Graded Hours, which means they are not used to calculate GPA. However, these courses will count when calculating the total hours completed. For eligibility purposes, incomplete grades are computed as failing grades until the course is completed and a grade is reported.

Credit/No Credit Grading Option

The University also offers a credit/no credit grading option which allows students to explore areas of academic interest that they might otherwise avoid for fear of poor grades. Students must achieve a grade of "C-" or better to receive credit for a course when this option is chosen. Instructors are not informed of the student's decision to exercise this option because it is a department/college procedure. However, because there might be consequences and departmental regulations regarding this option, student-athletes should talk to a departmental academic adviser and athletic academic counselor before pursuing this option for any classes.

Challenging Alleged Capricious Grades

The University has developed procedures through which students can challenge grades they feel are capricious, meaning that: (a) the grade received by the student was based on something other than the student's performance in the class; (b) the grade received by the student was based on a more demanding standard than the standard other students were held to; or (c) the grade received by the student represented a substantial from the instructor's previously announced standards.

Student-athletes who question a grade they receive should first consult with their instructor and request verification of that grade. If the student and the instructor cannot arrive at a mutually agreeable solution, the student can file an appeal with the department or unit executive officer (or his or her designee). A more thorough discussion of this appeal process can be found in the University's *Student Code*. If student-athletes feel that they received a capricious grade in a course, they are encouraged to consult with their departmental academic adviser or athletic academic counselor to determine their best course of action.

Nontraditional Courses

The University of Illinois has established basic policies and procedures for certain nontraditional courses such as distance-learning, correspondence, extension, independent study or any other course or credit that is not earned in a face-to-face classroom environment with regular interaction between the instructor and the student or that is not a structured online course with specific start and end dates. It should be recognized by all student-athletes that correspondence courses are not recommended for the purpose of improving grade point average or meeting additional hours required for eligibility for competition. Therefore, a deficiency in GPA or required hours for competition should be satisfied by attending summer school as opposed to taking one of the nontraditional courses mentioned above, specifically when a traditional course is available.

The University of Illinois has established the following basic policies in regards to the aforementioned types of nontraditional courses.

1. Students may not complete more than three lessons per week.
2. Lessons must be graded and returned before further lessons may be submitted.
3. A student must be enrolled in the course a minimum of six weeks before a final exam can be scheduled.
4. Final exams are not scheduled until all graded lessons have been returned to the student for review.
5. Nontraditional courses do not count as enrolled hours and are only recorded upon completion of the final exams.

DIA does not believe the above conditions are conducive to a student-athlete's successful completion of requirements which may be necessary to obtain eligibility. Student-athletes are strongly discouraged from attempting nontraditional courses as a solution for correcting an eligibility deficiency.

Declaring a Major

Remember, to maintain eligibility, student-athletes must declare a major prior to the beginning of their fifth academic semester. Declaring a major requires formal application for a specific baccalaureate degree program or approval for the coursework and program leading to the designated degree program. Student-athletes should discuss the procedures and requirements for declaring a major with their departmental academic adviser as well as their athletic academic counselor. If student-athletes decide to change a major, they should discuss their plans with an academic counselor prior to making any final decisions so that satisfactory progress may be monitored.

In most colleges, students may declare a major upon entering the University. However, a number of colleges also offer a general program of study for those students who choose not to declare a specific major upon admission.

Changing Colleges or Curriculum

Students may change colleges after their first year of enrollment. Prior to changing colleges, however, student-athletes should first meet with their athletic academic counselor to discuss what impact such a change might have on their eligibility. Student-athletes should also meet with the departmental academic advisor in the college they are considering transferring to in order to determine that college's specific admission requirements and college change procedures. The academic advisers of their newly chosen college can also help ensure a smooth transition.

Students may initiate an inter-college transfer during the following periods within each term:

- Two weeks prior to the beginning of the Early Registration Period for each term. (Curriculum changes will not be allowed after early registration begins.)
- One week prior to the start of instruction for the term and through the first week of instruction.
- Other times designated by the specific college or department.

College Degree Audits (Progress towards Degree)

Following the conclusion of each academic year, each college will conduct an audit of all courses taken to determine whether each course taken by student-athletes fulfill degree requirements. **These audit hours, not the total hours earned by a student-athlete, are used to determine continuing eligibility.** This means, student-athletes should always be aware of the total audit hours and, when enrolling for courses, should choose courses that will allow continual progress towards a degree. Student-athletes are strongly encouraged to discuss all course selections with their departmental academic adviser and athletic academic counselor.

Failure to Make Satisfactory Progress towards a Degree – Possible Outcomes: Undergraduate Students

Failure to make satisfactory progress toward a degree might result in the dean of a college placing a student on one of several types of probation or, in extreme cases, dropping the student from the University.

Reasons a Student Might be Placed on Probation (Probation Codes):

- 1 - A beginning freshman must earn at least a 2.0/4.0 in his/her first semester or the student will be placed on level 1 probation.
- 1A - A student with at least a 2.0 cumulative average, who did not earn at least a 2.0 semester GPA, will be placed on level 1A probation and will be required to achieve a 2.0 GPA during the next semester.
- 1B - A student with a cumulative average between 1.75 and 1.99 will be placed on level 1B probation and will be required to achieve a 2.25 GPA during the next semester.
- 1C - A student with a cumulative average less than 1.75 will be placed on level 1C probation and will be required to achieve a 2.33 GPA during the next semester.
- 1G, 1H, 1P, 1T - A student may be placed on probation at any time, and be required to obtain an established GPA, if the dean of the college judges that the student's academic performance warrants such action. This "discretionary probation" may be level 1G, 1H, 1P, or 1T.

Note: Unless approved by a student's college dean, grades earned in courses taken at another educational institution may not be used by that student to clear probationary status.

Additionally, transfer hours below "C" level may result in probationary status if the student total cumulative GPA is less than 2.0.

Reasons a Student Might be dropped from the University of Illinois (Drop Codes):

- 17 - The student fails to earn at least a 1.0 (D) GPA in any academic semester, not including the summer.
- 17 - The student on probation fails to earn the established semester GPA unless the student achieves at least a 2.0 GPA during the semester or the student's cumulative GPA reaches a 2.0.
- 18 - The student fails to make satisfactory progress toward a degree (such as repeated failure of a required course or failure to meet other conditions of progress towards degree).
- 18 - A non-degree or part-time student fails to complete conditions for admission or progress toward degree.

SPORTS MEDICINE/ATHLETIC TRAINING SERVICES

DIA is concerned with the health care of all its student-athletes. The Sports Medicine/Athletic Training Program is primarily responsible for the delivery of the health care system to these student-athletes. This includes prevention, evaluation, treatment and rehabilitation of injuries or illnesses sustained during practices or games.

Good facilities with certified athletic trainers are available for the prevention, evaluation, treatment and rehabilitation of injuries or illnesses sustained during practices or games. Should it be necessary to utilize specialists, excellent consultants are available in all areas.

Polices for Care of Student-Athletes

Physical Examinations

Student-athletes must have a physical examination by a team physician, a sickle cell status, and medical insurance form on file before participating in any intercollegiate sport at the University. The final decision on physical qualifications or reason for rejection shall be the responsibility of the team physician. It is the policy of the NCAA that only one athletic physical exam is required during a college sports career. All eligible student-athletes who are returning will complete a health questionnaire and will have their previous medical history reviewed by the athletic training staff and team physicians.

Treatment

DIA is responsible for services administered to student-athletes who are injured in a practice and/or competition. The word injury applies only to those ailments that are caused by the participation in a practice or competition.

Out-of-Sport Injury or Illness

DIA is not responsible for any injury or illness not caused by the participation in a practice or competition, such as the removal of tonsils or appendix by surgical procedure. However, the sports medicine department may review, on a case-by-case basis, any medical services or fees incurred during the time student-athletes are not participating in their sport.

Unauthorized Equipment

The use of unauthorized equipment not approved by the athletic training staff shall be grounds for disciplinary action. Student-athletes may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved.

Reporting of Injury/Illness

All injuries received during practice or competition must be reported to the athletic training room within three days of the injury, where an examination will take place and treatment prescribed.

Team Physicians

Team physicians pride themselves on their availability to the student-athletes. Team physicians play an integral part in the overall administration of the sports medicine program and always have the best interest of the student-athletes at heart. Team physicians assist in providing a quality health care system for all student-athletes and as well as sustaining a strong rapport between the University and the medical community. Team physicians conduct a medical clinic daily

Referral/Consultation

The team's physicians have at their disposal medical consultants in every field of the medical profession. If student-athletes are sent to a medical consultant, they will be given a referral form or a phone call will be made on their behalf to arrange for an appointment. If, for any reason other than a life-threatening situation, student-athletes go to a doctor or hospital without prior approval of the team physicians or the athletic training staff, the student-athletes will be responsible for those fees incurred.

McKinley Student Health Service

The student health service provides Preventive Health Awareness and Health Education Programs for all students.

Dental Care

All dental injuries are to be reported to the athletic training staff during practice or competition where such injuries take place or immediately thereafter. Routine dental care, such as routine examinations, dental cavities, wisdom tooth extractions, etc., will be reviewed on a case-by-case basis by the sports medicine department. DIA will be responsible for all dental problems caused by an injury while participating during official Illinois-supervised practice and/or competition.

Eye Glasses and Contact Lenses

All athletic eye glasses must be safety glasses with shatter proof lenses and frames. Contact lenses will be purchased for student-athletes who, in the opinion of the individual sports athletic trainer, are in definite need of them for practice and competition. Replacement of lost lenses will be furnished by DIA only if they are lost or damaged during practice or competition. If student-athletes lose or break their lenses, they must report the loss or break during that practice. Student-athletes are highly encouraged to carry a contact lens insurance policy.

Hospitalization and Surgery

If student-athletes require either hospitalization or surgery, the team physician or the athletic trainer will call the student-athlete's parents and advise them of the information concerning the case.

Payment of Medical Bills Program

The DIA program for paying student-athletes' medical bills is an excess coverage. Any claim for benefits must first be filed with the student-athlete's family group insurance and then filed with the University student insurance program. After all insurance benefits have been exhausted and the claim has been paid or denied according to the explanation of benefits, the DIA will pay any remaining amounts up to the limits of the program. If a student-athlete has family group insurance coverage, it must be utilized prior to filing with the student insurance. The premiums do not rise in cost when you file a claim.

Every student-athlete is automatically enrolled in the university student insurance program regardless of whether they have family group insurance. If an individual has previously signed a waiver for student insurance, it must be rescinded so that the student insurance will be reinstated. Any individual who does not have an insurance policy will not be issued equipment and will not be allowed to participate in organized athletics.

The DIA athletic insurance program covers injuries sustained by a student-athlete only during official Illinois-supervised practice and/or competition. Any injury must be reported by the student-athlete and evaluated by the sports medicine staff within three days of the injury, or within 24 hours of receiving emergency care. After evaluation, the student-athlete may be referred to a specialist in the local medical community. If a student-athlete wishes to seek other medical attention (i.e. Physical therapy, etc.), prior written approval must be obtained from the sports medicine staff. Unapproved consultations or treatments are not covered by DIA.

The DIA program for paying student-athlete a medical bill is an accident policy and thus does not cover the following:

- An injury sustained in an activity, which is not associated with a Illinois-supervised intercollegiate activity and/or competition
- A chronic or recurrent injury, which was, sustained prior to or outside of participation in athletics at Illinois
- Any degenerative or overuse problem as diagnosed by a physician
- Any sickness or illness (prescriptions will be covered if needed)

The DIA does not assume any financial responsibility for any bills. The student-athlete and/or student-athlete's family are ultimately responsible for payment pending the insurance company's decision. However, if the proper referral and insurance procedures are followed, DIA will pay the remaining amounts generated from the care of an athletic injury and thus minimize the out-of-pocket expenses to the student-athlete. If student-athletes receive any bills, they should forward the bills to the sports medicine department as quickly as possible so that bills may be processed in a timely manner. DIA will not be responsible for the payment of any medical bills or outside medical treatment incurred 52 weeks after the date of the initial injury unless a specific extension request by the student-athlete is initiated and approved by the team physician, head trainer and director of athletics.

Athletic Training Facilities

The Main Training Room is located in the northeast tower of Memorial Stadium. Huff Hall Athletic Training Room is located in the northeast corner of the basement. Other satellite athletic training rooms are available at the various practice facilities.

Treatment of athletic injuries prescribed by the team physician will be done daily. Treatment times will be scheduled by the team's athletic trainer. It is the student-athlete's responsibility to be present at the scheduled time, unless arrangements are made in advance.

All student-athletes must participate in practice and games except when declared unable to participate by the head athletic trainer or his/her designated representative or the team physician.

All student-athletes must follow all instructions of the head athletic trainer or his/her designated representative in all matters regarding the care and prevention of athletic injuries. In case of a serious injury or disability, the team physician will make the final decision as to whether or not an individual is able to participate.

If emergency treatment is required when a student-athlete is injured during scheduled practice or competition when the training room is closed, the sports medicine staff must be contacted. If a member of the sports medicine staff cannot be reached, the student-athlete should go immediately to the student health center or local emergency room.

If a life-threatening situation exists, call 911 or 9-911 from an on-campus phone and then call a member of the sports medicine staff.

Student-Athlete Pregnancy Policy and Guidelines

DIA will not discriminate against or punish a female student-athlete who becomes pregnant. Pregnancy places unique challenges on student-athletes. DIA has instituted this policy and guidelines for the protection of the student-athlete and her developing fetus.

What to Do if Student-Athletes Become Pregnant:

Pregnant student-athletes are encouraged to be forthright about their circumstances and to seek counsel and medical care. As soon as a student-athlete learns that she is pregnant, she should notify her coach, head athletic trainer, sport administrator or the director of athletics as well as her personal physician/OBGYN, family or others who are important to her. This notification is necessary so that appropriate medical and emotional support can be made available. The coach, athletic trainer, and others who are informed are encouraged to maintain confidentiality.

Training and Competition:

DIA reserves the right to restrict a student-athlete's continued participation in competitive sports, based on consultation with the student-athlete, the coach, medical personnel and others. Assessing the risk of strenuous activity in pregnancy is difficult.

When making such decisions, these individuals shall use the following guidelines:

- The safety to participate in each sport must be dictated by the movements and physical demands required to compete in the sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. Athletic activities associated with a high risk of falling should be avoided during pregnancy.

- Women who have medical conditions that place their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician. The student-athlete should be aware of the warning signs to terminate exercise while pregnant: vaginal bleeding, shortness of breath prior to exercise, dizziness, headaches, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage and muscle weakness.

Counseling and discussion involving the pregnant student-athlete and a certified physician, written consent from the student-athlete's physician, and consultation with our certified head athletic trainer and director of athletics or designee must all occur before a determination is made whether to permit the student-athlete's participation in practice and/or competition during pregnancy.

Status on the Team and Athletic Grant-In-Aid:

The pregnant student-athlete's athletic grant-in-aid, team membership status, benefits, or responsibilities will not be withdrawn during the period of the award because of pregnancy. The student-athlete's physician and head athletic trainer will determine whether or not the student-athlete is cleared to return to participation following pregnancy. NCAA rules permit a one-year extension of the five-year period of eligibility for female student-athletes for reasons of pregnancy. If the student-athlete chooses not to continue participating, it will be considered a voluntary withdrawal from the program and athletic aid will not be renewed for the following academic year.

Confidential Counseling:

It is important for the student-athlete to have appropriate counseling regarding her medical condition and risk of injury to themselves and to the fetus. The team physician will provide counseling referrals for student-athletes who are pregnant. Such referrals could be through the McKinley Health Center, the University Counseling Center or other health care professionals as deemed necessary by the team physician.

Medical Expenses:

DIA is not obligated to cover any medical expenses associated with the student-athlete's pregnancy. All medical expenses that are a result of pregnancy are the responsibility of the student-athlete. It is recommended that if a student-athlete becomes pregnant she should refer to the "Student Injury and Sickness Insurance Plan" brochure published by the University Student Insurance Office.

COMPLIANCE

While enrolled at the University, student-athletes must always be alert to possible situations that may affect their eligibility. Understanding the appropriate application of NCAA rules to real-life situations is not always easy. However, student-athletes must be able to recognize when they are involved in a situation where NCAA rules might apply and must remember to contact the appropriate coach or the compliance office for assistance. Student-athletes who lack this sort of awareness or who fail to seek guidance from the appropriate person, are destined to encounter problems.

The information presented in this section addresses some general rules and situations. For questions regarding NCAA or Big Ten rules, always contact the compliance office directly. The compliance office is counting on everyone to do their part to uphold the integrity of the varsity teams, DIA, and the University.

Amateurism

Student-athletes must maintain their amateur status to be eligible to compete in intercollegiate athletics. Therefore, student-athletes may not accept payment of any kind, directly or indirectly, for participating in their sport. Student-athletes may, however, receive actual and necessary expenses for practice and/or competition from the University. In rare situations, they may also receive money from their respective sport's national governing body or an amateur sports club, depending upon the type of competition and the circumstances related to each competition. Student-athletes and their parents should check with their head coach or the compliance office before accepting such assistance.

Student-athletes cannot be compensated for the value that they may bring to an employment opportunity because they are a recognizable University student-athlete. This includes all employment arrangements such as summer jobs, internships, and sport camps operated by the University, high schools, or other private entities. It is also not permissible for student-athletes to make appearances that may imply endorsement of a commercial enterprise or product. Examples include an appearance at a grand opening of a sporting goods store, or referring to an advertiser during a radio interview. Modeling that a student-athlete may have done prior to collegiate enrollment may be continued with certain restrictions, but must be cleared with the compliance office.

Employment

NCAA rules provide specific criteria that must be met regarding student-athletes' employment during the academic year, which is defined as the **entire** time period beginning on the first day of fall semester classes and ending on the last day of spring semester classes or the day of a student-athlete's last final exam (whichever occurs later). In order to ensure compliance with the NCAA rules in this area, student-athletes must receive written permission to work from the compliance office **PRIOR TO** commencing any kind of employment at any time during the academic year. Forms that student-athletes can use to initiate the process of securing written approval are available from the compliance office. If the request is approved, a compliance office representative will meet with the student-athlete to provide a written description of how NCAA rules apply to the student-athlete's specific employment arrangement.

Extra Benefits

It is not permissible for student-athletes, or their relatives and friends, to receive any kind of "extra benefit" or "preferential treatment" that is not made available and provided to the general public or the general student body under the same terms and conditions in which it is made available and provided to student-athletes or their relatives and friends.

It is not permissible to accept such "extra benefits" or "preferential treatment" from staff members, representatives of the institution's athletics interests (i.e., "boosters"), business owners, or other individuals.

Specifically, the NCAA defines an extra benefit as "any special arrangement by an institutional employee or a representative of the institution's athletics interests to provide a student-athlete or the student-athlete's rela-

tive or friend a benefit not expressly authorized by NCAA legislation". Preferential treatment is receiving a benefit, discount or service based on an individual's athletic reputation or skill or pay-back potential as a professional athlete.

Receipt of a benefit by student-athletes or their relatives or friends is not a violation of NCAA legislation if it is demonstrated that the same benefit is generally available to the institution's students or their relatives or friends or to a particular segment of the student body (e.g., foreign students, minority students) determined on a basis unrelated to athletic ability.

Examples of Extra Benefits

The NCAA Manual specifically identifies several types of "extra benefits" that are not permitted. An all-inclusive list is not provided here, or in the NCAA Manual, but some examples include:

Discounts and Credits

Student-athletes and their relatives and friends may not receive a special discount, payment arrangement or credit on a purchase (e.g., greens fees, court time, airline ticket, clothing, rent, food) or a service (e.g., laundry, haircut, dry cleaning) unless it is offered and made available to the general public or the general student body under the same terms and conditions in which it is made available and provided to the student-athlete and their relatives and friends. Discounts or credits provided to student-athletes and their relatives and friends that are based upon the student-athlete's participation in athletics, athletic ability, or notoriety achieved as a result of athletics are not permissible.

Free or Reduced-Cost Services

An athletics representative may not provide a student-athlete or their relatives and friends with professional services (for which a fee normally would be charged) without charge or at a reduced cost except as permitted by a specific NCAA rule. Professional services provided at less than the normal rate or at no expense to student-athletes and their relatives and friends are considered an extra benefit unless they are available on the same basis to the general student body.

Services provided to enrolled student-athletes such as the availability of tutors at no cost, academic counseling, and the availability of private computer labs in the Irwin Academic Center are examples of benefits that are permitted by NCAA rules.

Student-Athletes Selling Items Received for Participation in Intercollegiate Athletics

Student-athletes shall not sell any item received for intercollegiate athletics participation or exchange or assign such an item for another item of value, even if the student-athletes' name or picture does not appear on the item received for intercollegiate athletics participation.

Telephone and Credit Cards

Student-athletes and their relatives and friends cannot use a telephone or credit card for personal reasons without charge or at a reduced cost.

Entertainment Services

Student-athletes and their relatives and friends cannot receive services (e.g., movie tickets, dinners, use of car) from commercial agencies (e.g., movie theaters, restaurants, car dealers) without charge or at reduced rates, or free or reduced-cost admission to professional athletics contests from professional sports organizations, unless such services also are available to the student body in general.

With regard to "preferential treatment", NCAA rules state that student-athletes and their relatives and friends cannot receive "preferential treatment, benefits or services because of the student-athlete's athletics reputation or skill or pay-back potential as a professional athlete, unless such treatment, benefits or services are specifically permitted under NCAA legislation."

It is important to understand that if student-athletes or their relatives and friends receive an “extra benefit” or “preferential treatment” as defined by the NCAA, the student-athlete’s eligibility will be adversely affected. In all cases, the value of the extra benefit, or what was received as a result of preferential treatment, must be repaid if it is found that a violation of NCAA rules occurred. In many cases, the student-athlete will also be suspended and withheld from one or more future competitions.

Representatives of Athletic Interests

Student-athletes and their relatives may come into contact with representatives of the institution’s athletics interests. These individuals are often referred to as “boosters”. The NCAA defines a “Representative of Athletics Interests” or a “booster” as anyone who has, at any time:

1. Been a member of a sports booster club, such as the “Rebounders” or “Quarterback Club”;
2. Made a donation to any of the University men’s or women’s athletic programs;
3. Assisted in the recruitment of prospective student-athletes;
4. Arranged for or provided summer employment for enrolled student-athletes;
5. Assisted in providing any benefit to enrolled student-athletes or their families;
6. Been involved in promoting the University athletic program;
7. Purchased season tickets for University athletic events.

These representatives’ activities and their interaction with student-athletes and student-athletes’ relatives and friends are strictly regulated by NCAA rules.

Practice and Competition Time

Student-athletes’ participation in mandatory countable athletically-related activities is limited to a maximum of four (4) hours per day and twenty (20) hours per week when the student-athletes’ sport is “in season”. Examples of countable athletically-related activities include: practice; competition; mandatory strength training or conditioning; individual workouts required or supervised by a coach; captain’s practices; and mandatory or supervised film or videotape reviews.

Examples of activities that are not countable include: training table; physical rehabilitation; dressing; taping; academic study hall; compliance meetings; academic tutoring sessions; travel to and from practice and competition; medical exams or treatments; and voluntary workouts supervised only by strength and conditioning staff members.

During the declared playing season, student-athletes must be given a minimum of one day off per week on which no countable athletically-related activities can occur. A day of competition counts as three hours, regardless of the actual duration of the competition and the “pre-and post-game” activities. Practice may not be conducted following a competition on the same day that the competition occurs and may not occur between midnight and 5 am.

Student-athletes’ participation in countable athletically-related activities that occur during their sport’s “off-season” during the academic year is limited to eight hours per week. Such participation is limited to mandatory strength training and conditioning. Two of the eight hours per week may be spent on individual skill instruction in all sports. This skill instruction can involve no more than four team members at any one time at any location, prior to September 15 and after April 15. While such skill instruction is not permitted in football during the off-season, eligible football student-athletes can watch video with their coaches for up to two of the eight hours permitted each week during the off-season during the academic year.

During the academic year outside the declared season, student-athletes must be given a minimum of two days off per week on which no countable athletically-related activities may occur. No athletic activity may be required during a vacation period outside a student-athletes’ sport’s season.

NCAA rules prohibit a student-athlete from missing class for the purpose of participation in any practice activities, except when a team is traveling to an away-from-home contest and the practice is in conjunction with the contest. These rules apply whether or not the class instructor monitors attendance or approves of the missed class time.

Team Travel

When a student-athlete makes the team's travel squad, his or her transportation, lodging, and meals will be provided when traveling to away-from-home competitions. Student-athletes will be responsible for personal hotel charges on team trips, such as long distance calls or room service. **Personal hotel charges must be paid at the front desk before the team checks out of the hotel.**

Ticket Policy

In sports for which the University charges a fee for admission, each eligible student-athlete in that sport may reserve complimentary admission for a maximum of four (4) guests through the athletics ticket office website (www.playerguest.com). A guest may not be designated by more than one student-athlete to receive a complimentary admission for any one game. Instructions on how to access and navigate this website are located in all of the student-athlete computer labs.

Student-athletes may **not** go to a coach, manager, or staff member to receive an admission under any circumstances. In addition, a coach, manager, or staff member may **not** ask to use any of the student-athlete's complimentary admissions.

All guests of student-athletes must present proper identification at the complimentary admission receiving area. Examples of proper identification include a student ID, a driver's license, a social security card, or a picture ID. If acceptable ID is not presented, admission will be denied.

Any potential guest appearing at the complimentary admission receiving area but not listed will be denied a complimentary admission and be required to purchase a ticket (if available).

Student-athletes may not sell or exchange a complimentary admission for any item of value. Any violation of these rules will jeopardize the student-athlete's eligibility with the NCAA. In addition, the University will impose a three-game suspension of privileges for the first offense. Any subsequent offense will result in the loss of complimentary admissions for the entire year.

All students are admitted free into all sports other than football, men's basketball, women's basketball and volleyball. Big Ten rules require every person, regardless of age, to have a ticket to enter football and men's basketball events. Complimentary admissions for these events are provided only for men's football and men's basketball student-athletes.

Involvement with Recruits

Student-athletes may write to prospects to encourage their enrollment at Illinois, but it may not be done at the direction and/or the expense of the University. Student-athletes may not telephone recruits, but may accept telephone calls made at the prospect's expense during the recruit's senior year.

Student-athletes are also prohibited from making any public statements about recruits. This includes, but is not limited to, statements to members of the media and postings on websites such as Twitter or Facebook about the recruit's athletic ability, or the likelihood that the recruit will attend the University.

Student-athletes may be asked by a coach to host a recruit who is on an official visit to our campus. While serving as a host, student-athletes may be given host money for the purpose of entertaining the recruit. Host money may be used for food, arcades, movies, theaters, bowling, and other activities, but **may not** be used to purchase souvenirs or apparel items (e.g., hats, t-shirts, etc.) for the recruit. **The use of alcohol, drugs, sex, gambling or any criminal activity should never be used as recruiting devices.** Student-athletes may transport the recruit to activities within a 30-mile radius of campus, but must not allow the recruit the use of a car. The University cannot provide the use of a car to student-athletes for the purpose of hosting a recruit. Student-athletes will receive a list of host instructions when given host money by the coach.

When hosting prospective student-athletes on-campus for recruiting visits, student-athletes are expected to abide by all University, Big Ten and NCAA rules as well as all local, state and federal laws. Participation in impermissible activities, either by the student hosts or the recruits, may result in the loss of athletic scholarship and/or termination from the team for the student hosts.

Agents and Advisors

The NCAA strictly regulates interaction with agents, advisors, and their representatives, or “runners” as they are commonly called. Student-athletes are permanently ineligible for participation in an intercollegiate sport if they have ever agreed (in writing or even just verbally) to be represented by an agent or advisor in the marketing of their athletic ability. Student-athletes and their relatives and friends are also prohibited from receiving any kind of benefit or expense, such as transportation or clothing, from agents, advisors and their representatives. The NCAA considers violations of these rules to be among the most serious. Such violations result in student-athletes being withheld from competitions and have often resulted in student-athletes being declared permanently ineligible for all further intercollegiate competition.

The involvement of agent and advisor representatives, or “runners”, is an ever-growing concern in sports that have professional leagues. These individuals will often not tell the student-athletes or the student-athletes’ relatives and friends that they are being paid and supported by an agent. The “runner” may offer gifts, benefits or services to student-athletes and their relatives and friends, then later attempt to steer student-athletes and the student-athletes’ family toward employing a certain agent or financial advisor.

“Runners” can be former college athletes, current or former professional athletes, or even apparent friends. But do not be fooled. These individuals are surreptitiously jeopardizing the student-athlete’s eligibility and unethically attempting to manipulate some financial decisions that are very important to the student-athlete and his or her family. They are essentially trying to enrich themselves at the student-athlete’s expense.

DIA attempts to ensure that student-athletes and their families have the opportunity to make sound and carefully considered decisions related to potential professional athletics careers. It is important that these decisions be made in a protected environment that is free from the many unscrupulous influences in the highly competitive field of athlete representation. This is accomplished by the enforcement of a departmental policy that applies to agents and advisors.

Prohibitions and Restrictions

DIA policy prohibits any kind of in-person, telephonic, and/or electronic communication between agents, financial advisors and/or their representatives and any student-athlete, their parents, legal guardians, and/or relatives until the student-athlete has exhausted his or her eligibility, without the express written authorization of the Illini Life Skills Coordinator employed in the Irwin Academic Center. Such authorization can be provided only by the Illini Life Skills Coordinator and is provided only for in-person on-campus communication and telephonic communication that must occur in the presence of the Illini Life Skills coordinator or the associate athletic director for compliance.

The policy also prohibits all direct correspondence and all other forms of written communication between agents, financial advisors and/or their representative with any student-athlete, their parents, legal guardians and/or relatives until the student-athlete has exhausted his or her eligibility. The Illini Life Skills Coordinator shall distribute correspondence and all other forms of written communication from agents, financial advisors and/or their representatives to any specified student-athlete, their parents, legal guardians and/or relatives prior to the time when the student-athlete exhausts his or her eligibility.

Student-athletes, their parents, legal guardians and/or their relatives must immediately report any in-person, telephonic, and/or electronic communication made by agents, financial advisors and/or their representatives if the communication is in violation of the policy. They must also immediately report the receipt of any correspondence and/or any other form of written communication from agents, financial advisors and/or

their representatives if the correspondence and/or written communication are received in violation of the policy. Such reporting must be made to the student-athlete's head coach, academic counselor, the compliance office, or directly to the Illini Life Skills Coordinator.

If a student-athlete or the student-athlete's family member wishes to communicate with an agent, financial advisor, or one of their representatives in any manner (e.g., in-person, via telephone, fax, letters, e-mail, etc.) the student-athlete must make the request to the Illini Life Skills Coordinator who will facilitate all related arrangements.

It should be noted that adherence to the policy does not result in a ban on communication with agents and financial advisors. Rather, the policy permits communication with agents and advisors *if* the communication occurs under specified conditions.

Transfer Rules

If a student-athlete decides to transfer to another school after attending the University, there are some important things to take into consideration. The following is a summary, but should not be considered a substitute for the actual wording of the transfer rules that are found in the NCAA and conference manuals. It is important for student-athletes to consult DIA's compliance office and the compliance office at the school to which they intend to transfer, to discuss all applicable NCAA and conference rules that may affect eligibility.

- Coaches or staff members of another NCAA member institution may not make contact with any student-athlete until they have received a written letter from the University giving them permission to do so.
- If a student-athlete has signed a National Letter of Intent to attend the University, transferring before the completion of one academic year here could result in the loss of one year of intercollegiate eligibility.
- Big Ten rules may affect a student-athlete's eligibility to compete and/or receive athletic aid when transferring from one Big Ten institution to another.

NCAA transfer rules require a student-athlete transferring to another four-year school to fulfill a residence requirement of one full academic year at the next institution before becoming eligible for competition. However, there are exceptions that allow a student-athlete to be immediately eligible at the next institution. The most common of these is the "one-time transfer exception." If transferring to another NCAA Division I institution, a student-athlete must be eligible upon departing University to receive athletically related financial aid at the new institution.

The one-time transfer exception can be used only if the student-athlete has not already transferred from a four-year school to the University of Illinois or to any other four-year school.

The one-time transfer exception cannot be used if the student-athlete transferring will participate in Division I baseball, basketball or Division I (FBS) football.

To receive this "one-time transfer exception," a student-athlete must maintain good academic standing and meet all satisfactory progress requirements. DIA must be able to certify that student-athletes transferring to another school would have been eligible under NCAA and Big Ten rules had they remained enrolled at the University. In addition, DIA must consent to the application of the transfer exception. Such consent is granted at the discretion of the head coach and the director.

If student-athletes need summer school hours to meet progress-toward-degree requirements to ensure their academic eligibility, prior approval of the University academic officials is required if these summer school courses will be taken at another institution.

If student-athletes transfer from Illinois to another NCAA member school at midyear, and has already competed for their team here during the sport's traditional season, they are not eligible to compete in that same sport at the next school attended during the traditional season of the same academic year.

In general, if student-athletes transfer from the University to a two-year college and enroll full-time there, the student-athletes must then graduate from the two-year college and earn at least 24 semester or 36 quarter

hours at the two-year college before competing for another four-year school. These hours must be transferable degree credit to the next four-year college the student-athletes attend and they must earn a cumulative minimum GPA of 2.0 if they wish to have the opportunity to then attend another four-year school and be immediately eligible to compete.

Transfer Grievances

Step 1: Student-athletes who have a complaint related to a transfer issue must first attempt to resolve the issue with their head coach.

Step 2: If a satisfactory outcome is not reached after Step 1, student-athletes may submit a written request to the director or the director's designee. All written requests must include a full explanation of the complaint and the specific action requested. All written requests must be addressed by the director or the director's designee and a decision to grant or deny the student-athletes' request must be communicated within five (5) University business days. If the complaint is resolved to the student-athlete's satisfaction through Step 2, a written statement that defines the agreement will be issued by the director to the student-athlete and head coach.

Step 3: If a satisfactory outcome is not reached after Step 2, the student-athlete may request a hearing. The request for a hearing must be made in writing to the director or the director's designee. The hearing must be conducted and written results of the hearing must be provided within fifteen (15) University business days from receipt of the written request and must be heard by the Transfer Athletic Review Panel (see below). The student-athlete requesting the hearing will be provided with the opportunity to actively participate in the hearing (e.g., in person, via telephone). The decision of the Transfer Athletic Review Panel will be final.

Transfer Athletic Review Panel

This panel hears cases related to transfer issues and is composed of personnel from outside the DIA. Members are appointed from the following offices and/or committees: Chair of the Athletic Board or designee; Faculty Athletics Representative; and an officer of the Student-Athlete Advisory Committee (SAAC).

FINANCIAL ASSISTANCE

Many student-athletes at the University will receive some form of financial assistance. The source of this assistance might be institutional (from the University itself) or non-institutional (from a source outside of the University). However, any financial assistance received by a student-athlete, regardless of the source, must comply with the rules and regulations of the NCAA, the Big Ten and the University. These rules and regulations govern: the amount of financial assistance that can be provided to student-athletes; the process of offering and accepting offers of financial assistance; and the length of time financial assistance may be offered to student-athletes.

The University, DIA and our student-athletes all share the responsibility of making sure that these rules and regulations are followed.

Types of Financial Assistance

Institutional Financial Aid

Institutional financial aid is considered all funds administered by the University or aid from government or private sources where the University is responsible for administering the funds. Examples of institutional financial aid include: scholarships, grants, tuition waivers, employee-dependent tuition waivers (e.g. lessened tuition when one of the student-athlete's parents work for the University) and loans.

Receiving financial assistance from DIA is a privilege that student-athletes must earn by participating to the best of their ability, not only on the playing field, but in the classroom as well. In order to maintain their athletic institutional aid, student-athletes must be responsible members of the team and responsible citizens of the University community.

Non-Institutional Financial Aid

Although student-athletes may receive financial aid that is not administered by the University, to remain eligible for competition, the non-institutional financial aid must meet certain criteria:

First, it might not be considered pay or promise of pay for athletic skills (a term defined by the NCAA).

Second, the funds can only be received from: (a) someone upon whom the student-athlete is naturally or legally dependent; (b) awarded solely for non-athletic ability reasons; or (c) awarded through an established and continuing program to aid students, so long as the recipient's choice of college or university is not restricted by the individual or group providing the financial aid and that donor has no direct connection to the University.

NOTE: NCAA rules limit the types of scholarships received from any source outside of the University. To comply with these rules, such scholarships should always be awarded through the University. Either the awarding agency can forward the scholarship check directly to the Student Financial Aid Office (which is the preferred approach) or, if the awarding agency sends the scholarship check directly to the student-athlete, the student-athlete must deliver the check to the Student Financial Aid Office. Failing to comply with these steps is a violation of NCAA rules and can lead to a student-athlete being determined ineligible to compete.

Limits on Financial Assistance

With limited exceptions, the NCAA prohibits student-athletes from accepting financial aid beyond the value of the student-athlete's tuition and fees, room and board and required course-related books (the NCAA calls the total amount for all these expenses "a full-grant-in-aid"). **Student-athletes who receive more financial assistance than their full-grant-in-aid value and who do not meet one of the NCAA's exceptions will NOT be eligible to participate in intercollegiate athletics.**

Financial aid that must be considered when determining whether a student-athlete's financial aid exceeds the value of a full grant-in-aid, includes, but is not limited to, the following types of financial aid:

- All Institutional Financial Aid and scholarships, except for honorary academic awards or research grants;

- All government grants for educational purposes (i.e., Monetary Award Program Grant or other state grants), except for certain types of grants like: Pell Grant, Montgomery GI Bill, AmeriCorps Programs, Military Reserve Training Programs, U.S. Government Entitlement Programs, Vocational Rehabilitation for Service-Disabled Veterans Program, and State Grants for Disabled Veterans;
- All gifts given to a student-athlete following completion of eligibility in appreciation for, or in recognition of the student athlete's athletic accomplishments;
- All stipends, bonuses or salary (no matter when received or contracted for) from a professional sports organization;
- All other income (no matter when received or contracted for) from participation in an athletic event;
- Any loans, except legitimate loans which are based upon a regular repayment schedule, available to all students and administered on the same basis for all students, such as Federal Direct Subsidized or Unsubsidized loans, Perkins loans, and University of Illinois Long Term Loans.

Questions Regarding Non-Institutional Financial Aid

Student-athletes are responsible for ensuring that they do not jeopardize their eligibility by accepting unauthorized financial aid. If coaches or student-athletes have *any question* as to whether accepting any non-institutional financial aid or funding would be allowed under the rules established by the NCAA, they must contact the compliance office for clarification *before accepting such an award* as the consequences can be severe. Student-athletes, who receive non-permissible aid, may have their eligibility be suspended until the aid is either returned or is re-routed through the Office of Student Financial Aid.

Student-athletes who are uncertain as to the legitimacy of financial aid should consult the grant-in-aid specialist in the Academic Services Office or Office of Student Financial Aid.

Monitoring Financial Aid

To ensure compliance with all NCAA and Big Ten financial aid requirements, all financial aid received by a student-athlete must be monitored by the institution and included in the individual's grant-in-aid limitation calculation. One way DIA monitors such financial aid issues is by requiring student-athletes to complete the Big Ten Statement of Financial Support, on which they will list financial aid received from outside sources and compensation received from summer and school-year employment. This form is completed during the compliance "check-in" meeting for each individual team.

Incoming Freshmen Eligibility for Financial Aid and Assistance

Incoming freshmen with no previous full-time college attendance must meet certain NCAA grade point average, test score and high school course requirements to be eligible for athletically-based institutional aid. Individuals who do not meet these NCAA academic requirements can only receive non-athletic institutional financial aid based solely on their financial need.

Offers (Tenders) of Institutional Financial Assistance

Initial Tender and National Letter of Intent

- a. A coach shall request a tender by completing an Initial Tender Request Form which is available from Academic Services.
- b. The coach shall complete the form entirely and accurately.
- c. If a prospect is a transfer student, it must be indicated if the prospect has or has not signed a National Letter of Intent at the previous institution.
- d. If a dollar amount is being applied for a partial scholarship, the amount for the year and the semester shall be communicated by the coach to the Grant-In-Aid Specialist in Academic Services.
- e. Before a tender can be processed, the signature of the Head Coach must be obtained.

- f. The tender and National Letter of Intent will be returned to Academic Services unless otherwise indicated.
- g. An initial tender which has been issued to an incoming student-athlete shall not be amended or modified, except as noted below, and may not be modified during the first year of the award. In the event a signed National Letter of Intent is declared null and void, an initial tender does not automatically become invalid and may not be modified upon re-issuance.

Note: An institution may modify only the date of issuance if a tender must be re-issued (e.g., because of non-receipt of the original tender). A tender modified by the date of issuance shall be so noted.

Terms of Awards

Most awards of institutional athletic financial aid will be awarded for a length of time not to exceed a student-athlete's five-year period of eligibility. However, individual coaches can receive permission from their Sports' Administrators to offer their teams' institutional financial aid awards on one-year basis.

Institutional Financial Aid Renewal and Non-Renewal Procedures

Returning student-athletes whose financial aid period is one academic year and who have eligibility remaining in the sport in which their financial aid was awarded will be notified in writing by July 1 if their athletic aid is to be renewed, reduced, or not renewed for the following year. Notification of athletic financial aid renewals will be made by Academic Services, and reductions and non-renewals will be made by the Office of Student Financial Aid.

Reasons for Reducing or Failing to Renew a Student-Athlete's Institutional Financial Aid

If there is a reason to believe that a student-athlete is failing to meet any of the responsibilities placed upon him or her, it is within the authority of the student-athlete's head coach and/or the director to authorize the cancellation of a grant-in-aid or the adjustment of the amount of aid provided. The head coach of the sport providing the grant-in-aid must initiate non-renewal or tender adjustment action.

Student-athletes who have been diagnosed by a medical staff member as unable to participate due to injury, illness or physical or mental condition need not continue to compete to earn renewal of their grant-in-aid. However, students cannot hope to keep an athletic grant-in-aid if they voluntarily withdraw from the athletic program or their absenteeism and uncooperative attitude abdicates their responsibilities.

Renewal Tender and Change of Aid Status

- a. Per NCAA Bylaws, the renewal of institutional financial aid for the fall semester shall be made on or before July 1 prior to the academic year in which it is to be effective. The associate director for academic services shall notify each head coach of this guideline prior to July 1 and shall ask each head coach to indicate whether a student-athlete's financial aid is to be renewed, reduced, increased, or not renewed.
- b. The associate director for academic services shall send a list of all student-athletes who received any form of athletic aid for the previous academic year to each head coach in the spring. If the degree of aid is to remain the same for the upcoming academic year, the head coach will simply initial the student-athlete's name approving the renewal.
- c. If the head coach wishes to make a change to the aid, the coach is required to fill out the Renewal Tender Request Form, a form that asks what aid should be offered and what period of time the change should be activated. A head coach may also put a "hold" on the scholarship in order to make a change at a later date.
- d. The head coach must sign the renewal scholarship before returning it to Academic Services.
- e. The same renewal procedure shall be used for scholarship renewals for the spring semester only for those 6th year student-athletes that have signed a semester by semester scholarship.

Voluntary Withdrawal from a Team

If a student-athlete voluntarily withdraws from participation in a sport for personal reasons, the student's grant-in-aid will be canceled at the conclusion of the semester in which the student ended his/her participation.

Outside Aid

Any financial aid that is not permitted by NCAA legislation may be deducted from the athletic grant-in-aid or could render the student-athlete ineligible for intercollegiate athletics participation.

Each year during the compliance "check-in" meeting for each individual team, student-athletes will complete the Outside Scholarship Form. This form shall be one method by which non-institutional aid is monitored.

Summer School and Fifth-Year Aid

DIA is committed to facilitating and supporting the educational pursuits of all of its student-athletes and may provide grant-in-aid for selected student-athletes who complete degree requirements during the University's summer session or during their fifth-year of enrollment. Guidelines for receipt of summer term or fifth-year aid are as follows:

Summer School for Current Student-Athletes

Athletic aid will only be awarded with the approval of the head coach and director (or the director's designee). Aid will be provided only to those student-athletes who meet NCAA and Big Ten requirements. Student-athletes who require summer school attendance in order to meet eligibility standards must have given their full cooperation to the college, department, and DIA personnel in all matters during the academic year.

Student-athletes receiving summer athletic aid must enroll in and carry to completion a minimum of three semester hours during Summer Session I and six semester hours during Summer Session II. Further, the credits must be countable toward the student-athlete's degree.

Student-athletes who wish to attend summer school must discuss an academic plan of study for their degree pursuit with their athletic academic counselor. Student-athletes who wish to attend summer school because of scheduling conflicts, or to earn additional credit hours to meet graduation requirements, must submit their request in writing. To apply for financial aid for the summer, student-athletes must complete the Summer Athletic Aid Application, upon which they will list the courses they wish to take and the reasons they wish to take these courses. After completing the form, student-athletes should obtain the signatures of their coach and athletic academic counselor on the form. The form, with the signatures, should be delivered to the associate athletic director for academic services, Irwin Academic Services Bldg., 402 E. Armory, Champaign, IL 61820. All requests for summer attendance must be made in writing.

Student athletes who received an athletic scholarship for the preceding academic year must also have a signed athletic scholarship for each summer session before the first day of classes. These will be available to student-athletes for signature after their application for either, or both, Session I and Session II, has been approved by their head coach, their academic counselor, and the associate athletic director for academic services.

Subsequent to initial full-time enrollment, student-athletes may not receive athletic aid for attendance during a summer session unless they received such athletic aid during the previous academic year. Further, such aid may only be awarded in proportion to the amount of athletic aid received during the previous academic year.

An exception applies to the awarding of athletically related financial aid to a prospective student-athlete to attend an institution in the summer prior to the prospective student's initial, full-time enrollment at the certifying institution.

The Division of Intercollegiate Athletics reserves the right to have any or all requests for Summer School Grant-in-Aid reviewed by a committee appointed by the Director of Athletics.

Summer School for Incoming Student-Athletes

- a. A coach shall request a summer tender by completing an Initial Summer Tender Request Form, which is available from Academic Services.
- b. The coach shall complete the form entirely and accurately.
- c. If a prospect is a transfer student, it must be indicated if the prospect has or has not signed a National Letter of Intent.
- d. The student and the parents' signatures must be obtained on the tender prior to the first day of summer session.
- e. Aid will only be awarded with the approval of the head coach and athletic director or designee.
- f. Aid will only be provided to student-athletes who meet NCAA and Big Ten requirements.
- g. Incoming Student-Athletes will only be allowed to take Summer II term.
Student-athletes receiving Grants-In-Aid from DIA must enroll in and carry to completion six semester hours for Summer School, which counts toward the athlete's degree.

Fifth Year Aid

DIA is committed to the educational pursuits of all student-athletes and will assist selected student-athletes in completing degree requirements in their fifth-year. However, fifth-year athletic aid is not automatic and will be awarded on a case-by-case basis. To receive fifth-year aid, a student-athlete must submit in writing a request for continuation of aid. This request must be submitted to, and supported by, the student-athlete's head coach. Final approval will be made by the director (or the director's designee). Fifth-year aid will only be approved for student-athletes who meet NCAA and Big Ten requirements for such aid. Further, fifth-year student-athletes who have exhausted eligibility must complete degree requirements in the shortest period of time possible. Before fifth-year athletic aid is awarded, a letter must be submitted to the Academic Services Office from the student-athlete's college, which lists the remaining courses required for graduation as well as the college's course requirements for graduation. Student-athletes who are exempt for medical reasons will be awarded fifth-year aid when extenuating circumstances prevent the student-athlete from completing degree requirements within a four-year period. Fifth-year aid for student-athletes who have exhausted their eligibility and/or who are exempt for medical reasons will only be awarded aid on a semester-by-semester basis. These student-athletes are also required to submit a letter from their respective colleges listing their course requirements each year.

Financial Aid Grievances

Student-athletes shall be provided written notice of any termination, reduction or change in their grant-in-aid. If student-athletes wish to appeal a termination, reduction or change to a grant-in-aid award, they must use the following procedure:

- a. First, the student-athlete must request, in writing, a meeting with the head coach within five days from the date of mailing of the notice of change. The coach shall grant a hearing to the student-athlete within 5 days from the date of mailing of the student-athlete's request. After the hearing, the coach shall provide the student-athlete with his or her decision, in writing, within two days of the hearing.
- b. If the student-athlete disagrees with the coach's decision, the student-athlete may submit a written request for a hearing to the director. The request should be delivered to the director within five days of the date of mailing of the coach's decision. An in-person hearing with the director, or the director's designee, will be held within seven days of the date of mailing of such request. The director or the director's designee shall, within five days after such hearing, provide to the student-athlete a written notice of the director's decision.
- c. If the student-athlete disagrees with the director's decision, the student-athlete may request a hearing before the Financial Aid Review Committee. Notice of the student-athlete's request for such a hearing must be mailed within ten days from the date the director's decision was mailed to the student-athlete. Within fifteen days from the date of mailing of such request, the Financial Aid Review Committee shall

provide to the student-athlete a written notice of the time and place of such hearing, which shall be conducted by said Committee in an informal manner. The Committee shall mail to the student-athlete a notice of its decision within fifteen days after the date of the hearing.

- d. The decision of the Financial Aid Review Committee shall be final and binding upon the Division of Intercollegiate Athletics, the student-athlete and all others.
- e. Each of the requests or decisions required under the foregoing procedure shall be in writing. Notice to the coach, the director of athletics, or the Financial Aid Review Committee shall be e-mailed directly or mailed to the Bielfeldt Athletic Administration Building, 1700 South Fourth Street, Champaign, Illinois 61820. Notice to the student-athlete shall be directly e-mailed and/or sent to the mailing address designated on the grant-in-aid acceptance, or any address subsequently filed by the student-athlete in writing with the director of athletics.

Other Financial Aid Matters

Book Policy

Each term, coaches will receive instructions outlining the distribution of books for student-athletes who receive books as a part of their athletic scholarship. Each student-athlete receiving books will need to fill out an authorization form providing DIA permission to pull their schedules and order their books.

At the time of book pick-up, student-athletes must check the each bag of books they receive for accuracy and sign a form verifying receipt of all the correct textbooks and materials. **Student-athletes are responsible for returning all the books listed on the form. Assuring the accuracy of this list when the books are delivered to them ensures student-athletes will not be responsible for returning books that they never actually received!**

A book slip is required to obtain any required texts, readings, or materials that are not included in the bag of books received at the beginning of the semester. Student-athletes can obtain book slips by bringing copies of their schedule and class syllabi to Irwin 207b. After student-athletes receive a book slip for the extra materials, the book slip must be taken to the bookstore where the additional materials will be provided to them. Student-athletes **are also responsible for returning all books/materials you have signed for, been reimbursed for, and/or charged using a book slip.** ALL purchased texts, study guides, packets, CDs, workbooks, recorders, calculators, etc. must be returned to the Irwin Academic Services Center by 4pm on the last day of finals. Student-athletes may keep books only under the following circumstances: (a) the books are needed for an extension or a course through the Office of Continuing Education; (b) the books will be re-used by the student-athlete in a class the following session; or (c) the student-athletes buy the book for one-half the cost of the purchase (the student-athlete will be charged on their student account). ARRANGEMENTS FOR THESE CIRCUMSTANCES MUST BE MADE IN ADVANCE.

If books are not returned by the deadline listed in the previous paragraph, the student-athlete's student account will be charged for one-half of the purchase price of the text(s).

Additional Sources of Aid

NCAA Special Assistance Fund

The NCAA Student Assistance Fund has been established from monies provided by the NCAA and is administered by the Big Ten Conference to all conference institutions

All student-athletes, including walk-ons and medical non-counters, who are Pell Grant recipients may apply for this fund. Applications are available at the Irwin Academic Center in Room 207b.

The NCAA has previously approved the following requests for funds:

- \$500 a year to be used for clothing or other essential expenses (not entertainment);
- Medical and dental costs not covered by another insurance program: hearing aids, vision checks and contacts or eyeglasses, off-campus psychological counseling, dental checks and expenses;

- Cost of expendable academic course supplies, rental of non-expendable materials (e.g. computer equipment, cameras, field expenses) and
- Cost of documented expense for travel related to a family emergency.

Student-Athlete Opportunity Fund (SAOF)

The Student Assistance Fund is also available to provide other direct benefits to student-athletes or their families. As a guiding principle, the fund is used to assist student-athletes meet financial needs that arise in conjunction with participation in intercollegiate athletics or enrollment in an academic curriculum. Some examples of past uses for this Fund include travel home from campus, purchase of winter coat for needy students, parking expenses, and support for financial emergencies outside a student-athlete's control. All student-athletes, including walk-ons and medicals, are eligible for support under this fund, subject to approval by the Student Assistance Fund Committee. For more information about NCAA Student Assistance Funds, approved and prohibited uses, and the process for requesting funding, please see the grant-in-aid specialist located in the Academic Services Center.

STUDENT-ATHLETE AWARDS

Varsity Awards

Varsity awards shall be awarded each academic year by the Award Committee as a mark of athletic distinction in varsity sports.

Varsity awards are given as follows:

- First year (of participation) Wool Letter Jacket
- Second year (of participation) Letter Blanket
- Third year (of participation) Watch
- Fourth year (of participation) Varsity Ring or Framed Jersey

Student-athletes shall not receive more than one major award per academic year. A certificate(s) shall be presented to multi-sport student-athletes earning more than one award per academic year. General requirements pertaining for receiving athletic awards:

- The student-athletes must represent themselves, their sport, DIA and the University in a credible and complimentary manner;
- Student-athletes must adhere to all University, program and team rules and regulations;
- Student-athletes must demonstrate a genuine interest in and dedication to amateur athletics and the sport in which they are participating;
- Student-athletes must maintain academic eligibility throughout the semester(s) of their regular competitive season; and
- Student-athletes must be making normal progress toward a degree.

Process for recommending and awarding varsity awards:

All final recommendations for varsity awards shall be made through the director, based on the following guidelines:

- The initial recommendation for award consideration must be made by the head coach of the given sport in which the student-athlete has engaged.
- The head coach may recommend a first-year award be granted to a student-athlete with at least three years of competition whose cumulative record of achievements and services to the particular sport warrant such consideration. The head coach must supply supporting evidence with the recommendation.
- A coach may recommend an award be granted to a student-athlete whose potential for outstanding performance has been interrupted for reasons of injury or illness. Such a recommendation by a coach will have to be accompanied by strong supportive evidence.
- The head coach shall submit a list of all those student-athletes who in the coach's opinion meet DIA's requirements to receive such awards (listed above). If a head coach recommends that a student-athlete has not met the requirements for an athletic award, that coach should submit the reasons substantiating this decision.

Student-Athlete Celebration Awards

Every year a reception will be held to honor all graduating University student-athletes. Awards presented at the banquet include:

- Fighting Illini Newcomer Award
- Fighting Illini Spirit Award
- Outstanding Scholar-Athlete Award
- Outstanding Team GPA Award
- Dike Eddleman Athlete of the Year Award
- Big Ten Medal of Honor Awards

- Illini Life Skills Team Competition Award
- Illini Leadership Academy- Leader of Distinction Award
- Illini Leadership Academy-Leader of Merit Award

Scholar-Athlete of the Week Award

DIA Academic Services presents this award to student-athletes who have a minimum of a 3.0 cumulative GPA or higher and who have had a noteworthy athletic performance in their respective sport.

Big Ten Awards

Wayne Duke Postgraduate Award

This award is given as an annual scholarship of \$5000 recognizing one male and one female Big Ten senior student-athlete pursuing a postgraduate degree for achievements in academics, athletics, civic service, and leadership. Each Big Ten institution may nominate one male and one female student-athlete.

Big Ten Postgraduate Award

Each Big Ten institution will annually present two student-athletes (one male and one female) with one-time postgraduate scholarships of \$7,500 each. The applicants will be evaluated based primarily on their achievements in academics.

Academic All-Big Ten

Awarded each season to letter winners with a cumulative GPA of 3.0 or better who are in at least their second year of attendance at their institution.

National Awards

Chi Alpha Sigma

Juniors and seniors who have earned a varsity letter and have a 3.4 or higher cumulative GPA are eligible.

Arthur Ashe Junior Sports Scholars Award

Award recognizes contributions of student-athletes of color who have completed one full academic year, have a GPA of 3.2 or better, and are active in community service.

Division I Degree Completion Award

Student-athletes who have exhausted their eligibility for institutional financial aid (in five years), are within 30 semester hours of completing their degree requirements may apply. Full-time students receive grants equal to a full athletics grant at the institution; part-time students receive tuition and an allowance for books.

The Freedom Forum-NCAA Foundation Sports- Journalism Scholarship

Eight \$3,000 scholarships are awarded to college juniors pursuing careers in sports journalism and majoring in journalism, or who have experience in campus sports journalism. The scholarship is designed to foster freedoms of speech and press while promoting quality sports journalism education at the collegiate level.

GTE Academic All-American Teams

In order to be nominated, a student-athlete must be a starter or key reserve with at least a 3.20 GPA. Students are eligible only after reaching sophomore level in both athletic and academic standing. Junior college transfers are eligible after one academic year.

Jim McKay Scholarship

Annually awards a \$10,000 postgraduate scholarship to one male and one female student-athlete in recognition of their outstanding academic achievement and potential to contribute to the sports communications industry. Eligible recipients must have an overall undergraduate grade-point average of 3.5 or better.

NCAA Ethnic Minorities and Women Enhancement Post Graduate Scholarships for Careers In Athletics

Twenty-six \$6,000 scholarships (13 for ethnic minorities and 13 for women) are available annually to college graduates who will be entering the first semester of their initial post graduate studies.

NCAA Honors Program

- * The **Theodore Roosevelt Award** recognizes former varsity letter winners in college who have become citizens of national recognition and of outstanding accomplishment.
- * The **Today's Top VIII awards** honor eight outstanding senior student-athletes with a varsity letter.
- * The **Silver Anniversary Award** recognizes six distinguished former student-athletes on the 25th anniversary of their graduation.

NCAA Postgraduate Scholarship Program

The NCAA awards 174 postgraduate scholarships annually to student-athletes who have excelled academically and athletically and who are in their final year of athletic eligibility. Student-athletes are nominated by their institution.

NCAA Walter Byers Postgraduate Scholarship Award

This award recognizes and encourages excellence in academic performance by senior student-athletes. Recipients of the award must have a 3.5 grade-point average (4.0 scale), demonstrate evidence of superior character and leadership and show that participation in athletics has been a positive influence on their personal and intellectual development.

VARSITY "I" ASSOCIATION

Fighting Illini student-athletes will always be a part of the Illinois athletic family and the Varsity "I" Association is a very exclusive group that consists of all former Illini athletes and letter winners from across the decades. Student-athletes' time as an Illini student-athlete may only be a short few years, but they are an Illini for life. After leaving school, the Varsity "I" Association serves as a resource for former student-athletes, performing the following tasks:

- *Making Varsity "I" a family;*
- *Helping members network with other fellow Illini for jobs, moving-related questions, and general advice;*
- *Keeping student-athletes connected to their teammates and other Varsity "I" Association members through newsletters, reunions, tailgates and other activities;*
- *Keeping student-athletes connected to the Illinois athletic department; and*
- *Securing the future of the Varsity "I" family by supporting the current Illini student-athletes.*

Coaches and administrators come and go, but the bonds of friendship with a student-athlete's teammates and the Varsity "I" Association will always be there. As student-athletes leave school and move throughout their lives, they should make sure that Varsity "I" has their current contact information.

ATHLETIC ADMINISTRATION

(Area Code: 217)

DIRECTOR OF ATHLETICS	333-3631
BIELFELDT ADMINISTRATION BUILDING	333-3630
ACADEMIC SERVICES	333-2240
BUSINESS OFFICE	244-4286
COMMUNICATIONS/MEDIA SERVICES	244-6533
COMPLIANCE	333-5731
CORPORATE SPONSORSHIP	819-4717
DEVELOPMENT OFFICE	333-6595
EQUIPMENT	333-1498
EVENT MANAGEMENT	333-8839
EXTERNAL RELATIONS & LICENSING	333-2474
FACILITY MANAGEMENT	333-2303
IT SERVICES	244-1557
MARKETING AND PROMOTIONS	244-0016
NEW MEDIA & CREATIVE SERVICE	333-2320
SPORTS MEDICINE	265-8060
STRENGTH AND CONDITIONING	244-5989
TICKET OFFICE	333-3470
VARSITY ROOM	333-0117
VARSITY "I" ASSOCIATION	244-8484
VIDEO SERVICES	244-6766

ATHLETIC FACILITIES

ATKINSTENNIS CENTER	244-1467
DEMIRJIAN GOLF PRACTICE FACILITY	244-1142
MEMORIAL STADIUM	333-1400
STATE FARM CENTER	333-2923
UBBEN BASKETBALL COMPLEX	333-3400 (Men) & 333-6299 (Women)

FACULTY ATHLETICS REPRESENTATIVE

MATT WHEELER	333-2239
CHRISTOPHER SPAN	333-9865

SPORTS

BASEBALL	244-8144
BASKETBALL, MEN'S	333-3400
BASKETBALL, WOMEN'S	333-6299
FOOTBALL	333-1400
GOLF, MEN'S	333-8604
GOLF, WOMEN'S	333-8610
GYMNASTICS, MEN'S	333-7973
GYMNASTICS, WOMEN'S	333-7974
SOCCER	333-4783
SOFTBALL	265-8229

SWIMMING & DIVING	333-7670
TENNIS, MEN'S	333-7971
TENNIS, WOMEN'S	333-8622
TRACK & FIELD, MEN'S	333-2957
TRACK & FIELD, WOMEN'S	244-4528
VOLLEYBALL	333-8606
WRESTLING	333-5853

ATHLETICS TWITTER INDEX

Baseball.....	@IlliniBaseball
Basketball, Men's	@IlliniHoops
Basketball, Women's	@IlliniWBB
Football.....	@IlliniFootball
Golf, Men's	@IlliniGolf
Golf, Women's	@IlliniWGolf
Gymnastics, Men's	@illinimensgym
Gymnastics, Women's	@IlliniGym
Soccer.....	@IlliniSoccer
Softball.....	@IlliniSoftball
Swimming & Diving.....	@IlliniSwimming
Tennis, Men's	@IlliniTennis
Tennis, Women's	@IlliniWTennis
Track & Field, Men's	@IlliniTrackXC
Track & Field, Women's.....	@IlliniTrackXC
Volleyball	@IlliniVBall
Wrestling	@IlliniWrestling
Fighting Illini Athletics	@IlliniAthletics
Academics.....	@IlliniIrwin
Camps.....	@IlliniCamps
Cheerleading.....	@IlliniCheer
Compliance	@UofICompliance
IFund... ..	@Illini_IFund
IlliniProductions HD	@IPHD
Kids Club	@IlliniKidsClub
Premium Seating.....	@ILPremSeating
Sports Nutrition.	@IlliniFuel
Varsity I	@VarsityI

Find more social media links for Fighting Illini Facebook, Instagram, and Pinterest accounts, by visiting:
<http://www.fightingillini.com/socialmedia>

CAMPUS RESOURCES

Admissions (admissions.illinois.edu)	333-0302
Bus Service Information	384-8188
C.A.M.P.U.S.....	244-HELP
(Car Assistance Motorist Protection - A University Service)	
Campus Police (dps.illinois.edu).....	333-1216
Campus Recreation (campusrec.illinois.edu)	333-3806

Career Center (careercenter.illinois.edu).....	333-0820
Child Care Resource Service (ccrs.illinois.edu).....	333-3252
CITES Help Desk (cites.illinois.edu).....	244-7000

Campus Information Technologies & Educational Services

Counseling Center	333-3704
Counseling Center Crisis Line (After Hrs).....	359-4141
Daily Illini	337-8300
Dean of Students Office (www.odos.uiuc.edu).....	333-0050
Dial-A-Nurse 24 hrs a day	333-2700
Division of Rehabilitation Education Services (disability.uiuc.edu).....	333-1970
Emergency Dean (www.odos.illinois.edu/emergency/)	333-0050
Financial Aid (www.osfa.illinois.edu/).....	333-0100
Graduate Studies (grad@illinois.edu)	333-0035
Greek Affairs	333-7062
ID Card Office (icardhelp@uillinois.edu)	265-6464
Illini Union Bookstore (uofibookstore.illinois.edu)	333-2050
Illinois Student Senate (iss.uiuc.edu).....	333-6543
International Student Affairs (iss.illinois.edu)	333-1303
Krannert Center for the Performing Arts (krannertcenter.com).....	333-6280
McKinley Health Center (mckinley.illinois.edu)	333-2701
Minority Student Affairs (www.omsa.illinois.edu/)	333-0054
Parking and Transportation (parking.illinois.edu).....	333-3530
Residence Hall Information (housing@illinois.edu)	333-7111
SAFERIDES.....	265-7433
Safewalks	333-1216
Student Accounts (studentaccounts@illinois.edu).....	333-2180
Student Affairs (www.studentaffairs.illinois.edu).....	333-1300
Student Conflict Resolution (conflictresolution.illinois.edu)	333-3680
Student Insurance (si.uiuc.edu).....	333-0165
Student Legal Services (www.odos.illinois.edu/sls/).....	333-9053
Study Abroad (www.studyabroad.illinois.edu)	333-6322
Tenant Union (www.tenantunion.illinois.edu).....	333-0112
Undergraduate Records	333-0210
University Directory Assistance	333-1000
Volunteer Programs (www.union.illinois.edu/ovp)	333-7424
Writer's Workshop (www.cws.illinois.edu/workshop)	333-8796

UNDERGRADUATE COLLEGES & PROGRAMS

ACES (Agricultural, Consumer and Environmental Science)	333-0460
AHS (Applied Health Sciences)	333-2131
Architecture.....	333-1330
Art & Design.....	333-0855
Business	333-2747
Chemistry.....	333-5071
Chemical Sciences.....	333-5070
Education.....	333-0960
Engineering.....	333-2151
FAA (Fine and Applied Arts).....	333-6061
Labor and Employment Relations	333-1482

Law.....	333-0931
LAS (Liberal Arts and Sciences).....	333-1705
Transition Program.....	244-1588
Division of General Studies.....	333-4710
Life Sciences and Integrative Biology	333-3044
Medicine.....	333-5465
Media.....	333-2350
Music	333-2620
Nursing	333-2507
Social Work.....	333-2261
Veterinary Medicine.....	333-2760

WEB SITES

Athletics.....	www.fightingillini.com
Campus Recreation.....	www.campusrec.illinois.edu
Dining Services.....	www.housing.illinois.edu/dining
Division of Intercollegiate Athletics.....	www.fightingillini.com
Financial Aid	www.osfa.illinois.edu
Illinois Leadership.....	www.illinoisleadership.illinois.edu
Illini Union.....	www.union.illinois.edu
Illini Union Bookstore	www.uofibookstore.illinois.edu
Krannert Center for the Performing Arts	www.krannertcenter.com
Library.....	www.library.illinois.edu
Local Weather.....	www.atmos.uiuc.edu/weather
McKinley Health Center.....	www.mckinley.illinois.edu
Carmike Beverly Cinema.....	www.carmike.com
Savoy 16.....	www.savoy16.com
MTD	www.cumtd.com
CITES Express Email	www.cites.illinois.edu

EMERGENCY AND HEALTH NUMBERS

Police, Fire and Emergency (from campus phones 9-911).....	911
Campus Fire (non-emergency)	333-2428
Campus Police (non-emergency).....	333-1216
Champaign Fire	333-8911
Champaign Fire Department (non-emergency)	403-7200
Urbana (non-emergency)	384-2420
Champaign Police	351-4545
Champaign Police Department (non-emergency).....	351-8911
Urbana Fire Department	384-2421
Urbana Police Department.....	384-2320
Carle Hospital (General Information)	383-3311
Christie Clinic (General Information).....	366-1200
Presence Health (formerly Provena Hospital) – (General Information).....	337-2000
McKinley Dial-A-Nurse.....	333-2700
MTD Safe Rides.....	265-7433
Poison Control	800-222-1222
Student Emergencies.....	333-0050
24 hour Rape Crisis Hotline	355-5203
24 hour Crisis Line at Community Elements.....	359-4141

LOYALTY SONGS

Illinois Loyalty

We're loyal to you, Illinois,
We're Orange and Blue, Illinois,
We'll back you to stand 'gainst the best in the land,
For we know you have sand, Illinois, Rah! Rah!
So crack out that ball, Illinois,
We're backing you all, Illinois,
Our team is our fame protector,
On boys, for we expect a victory from you, Illinois!
Che-he! Che-ha! Che-ha-ha-ha! Go Illini, go!
Che-he! Che-ha! Che-ha-ha-ha! Go Illini, go!
Illinois! Illinois! Illinois!
Fling out that dear old flag of Orange and Blue,
Lead on our sons and daughters fighting for you,
Like men of old on giants placing reliance, shouting defiance,
Oskee-Wow-Wow!
Amid the broad green fields that nourish our land,
For honest labor and for learning we stand,
And unto thee we pledge our heart and hand,
Dear Alma Mater, Illinois

Hail to the Orange

Hail to the Orange,
Hail to the Blue,
Hail Alma Mater,
Ever so true!
We love no other
So let our motto be
Victory, Illinois! Varsity!

TAB 9

THE BIG TEN CONFERENCE
STANDARDS FOR SAFEGUARDING
INSTITUTIONAL GOVERNANCE OF
INTERCOLLEGIATE ATHLETICS

Introduction

The Big Ten Conference's history demonstrates that high-level athletic programs can be successfully maintained at top research universities and advance the mission of such universities. Incorporating athletic competition within the broader framework of higher education also presents challenges, however, particularly given the visibility of intercollegiate athletics and the passion it engenders. Good governance of athletics within the structure of each Big Ten Conference Member Institution is essential to manage these challenges. The public's trust in a Member Institution and the value of its intercollegiate athletics program are eroded when the Institution fails to implement sound governance principles applicable to its athletics programs, principles that are reflective of those applied to its academic programs and consistent with the values of higher education.

While not alone in this regard, Big Ten Member Institutions have experienced lapses in achieving sound governance of their athletic programs. All Member Institutions are affected when any Member Institution fails to maintain proper control over its intercollegiate athletics programs. Recognizing this, the Big Ten Council of Presidents/Chancellors (COPC) directed the Conference "to initiate an immediate review of the fundamental issues and systems affecting intercollegiate athletics, including the serious issues relating to control of athletics."

Institutions that affiliate in an athletics conference should have common values and common objectives. The Conference's attention to maintaining institutional integrity and earning public trust predates the activities of the NCAA, which did not begin in earnest until the 1960's. Members of the Big Ten Conference have traditionally come together to deal with important matters of common concern. For example, in 1972, the Conference formed an Advisory Commission on the Integration of African-American Athletes to advance their opportunities for participation in intercollegiate athletics at Member Institutions. In 1992, the Conference was a national leader in adopting measures and making concerted efforts to advance gender equity of student-athletes at the Member Institutions. The Conference has had a long history of establishing academic standards governing eligibility of student-athletes, and the Conference office and the Member Institutions have regularly interacted in a constructive manner to improve practices at Member Institutions, especially those involving academic and compliance matters. Conference attention to the integrity of the governance of athletic programs is clearly consistent with this tradition.

The Risks Associated with Failure to Implement Good Governance Policies

To be successful in their objectives, Member Institutions depend in large measure on public trust and confidence. The failure effectively to govern any part or program of the Institution, including athletics, undermines public trust and confidence in the Institution.

Because of the high level of public interest in Big Ten sports, the risks of departures from good governance procedures in athletics are significant, and the impact of such departures on public trust and confidence may prove to be severe.

The loss of public trust in a Member Institution because of governance problems affecting its athletics programs has many negative consequences:

- the reputations of the individual Member Institution and all other Member Institutions in the Conference are damaged;
- injury to reputation reduces support for athletics and other programs among the Member Institution's various constituencies (faculty, staff, students, alumni, donors, fans, legislators, and the general public);
- lack of public confidence invites outside intervention in the Member Institution's affairs;
- student-athletes may lose opportunities for lessons in teamwork, effort, fair play, and the pursuit of excellence because of program-related sanctions;
- the Member Institution may suffer financial losses and additional costs when it is difficult for the Institution to absorb them.

The visibility, competitiveness, and passion associated with intercollegiate athletics combine to create a high-risk, high-reward environment which places great pressures on good governance procedures. At Member Institutions, athletics departments are expected to produce revenue streams through successful sports programs that will be sufficient to fund broad-based athletic programs without additional institutional support. Fans and boosters have high expectations and higher hopes, coaches and administrators seek the job security winning programs provide, the extraordinary popularity of athletics grows every year, and the financial consequences of success and failure are very high, both individually and institutionally. Fans or boosters, in pursuit of personal agendas or through a misplaced desire to "help" their favorite programs, are drawn to interact with coaches and student-athletes in ways that may circumvent ordinary procedures or violate the rules governing athletics. Some participants, by their celebrity status, obtain concentrated power far beyond that held by other employees or students. Successful coaches, major donors, and other persons of influence can seek to circumvent normal lines of authority and to exercise undue and improper influence over the actual responsible or accountable decision-makers. All of these problems are exacerbated if authority over athletic decision-making is unclear or is not formalized in official institutional policies.

For all of these reasons, the COPC proposes to address collectively the issues of integrity in intercollegiate athletics by encouraging the adoption by Member Institutions of clearer governance standards and to engage the Conference office to assist Member Institutions in implementing these standards.

Basic Principles

The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics (Conference Standards) conform to the following basic principles:

1. Conference policies for governance of athletics should reflect a common commitment to integrity and good governance practice while recognizing the autonomy of the Member Institutions in fashioning their own organizational structures and allocating authority, responsibility, and accountability to their own officials.
2. Each Member Institution should have a set of governance standards that clearly define the authority over, and responsibility and accountability for, the governance of its athletic programs. Each Member Institution should be expected to comply fully with its own standards.
3. Intercollegiate athletics is an integral part of each Member Institution. Accordingly, athletic governance should be consistent with, and not independent from, the governance applicable to other university units and programs. For example, each Member Institution in the Big Ten provides that the President or Chancellor of the Institution is the chief executive officer and is responsible and accountable for the general administration of the Institution, subject to the general oversight of a Governing Board or a Systems Administration or both. Absent specific policies to the contrary, the President or Chancellor should, therefore, be the responsible and accountable officer for decisions made with respect to athletics.

Organizational Governance Standards

Each Member Institution shall have written standards relating to the allocation of authority, responsibility, and accountability for intercollegiate athletics at its Institution. These standards shall prescribe the governance structure for athletics at the Member Institution. It is anticipated that, at a minimum, the standards shall:

1.
 - a. Provide, expressly or by general description, that the President or Chancellor, subject to the general oversight of the Governing Board or Systems Administration or both, and working within the constructs of the principles of shared governance held by each Member Institution, has ultimate authority, responsibility, and accountability for the administration of intercollegiate athletics, and
 - b. State any exceptions to this authority, responsibility, or accountability.
2.
 - a. Provide, expressly or by general description, that the President or Chancellor has delegated authority, responsibility, and accountability for the administration of the Athletics Department to the Athletics Director, and
 - b. State any exceptions to that delegation.

3. State the role and responsibility of any other institutional officer, board, or committee with responsibility for issues relating to intercollegiate athletics, including those officers, boards, or committees who or which play an advisory role to the Athletics Director or to the President or Chancellor relating to intercollegiate athletics.
4. Establish procedures to implement the expectation that those with authority and responsibility to govern the athletic programs of the Member Institution do so without improper influence from others within or outside the Institution.

Operational Standards for Athletics

The integrity of the governance of a Member Institution's intercollegiate athletics program is threatened when improper influence is brought to bear on Member Institution officials to make a decision that is not in the best interest of the Institution or, in more egregious cases, that violates the Institution's, the Conference's, or the NCAA's rules. Certainly, the line between providing advice or appropriate advocacy on the one hand and undue or improper influence on the other is not a bright one, but, at one time or another, that line has been crossed at various Member Institutions. Operational standards that address the exercise of improper influence on important decision-making affecting athletic programs at each Member Institution should reduce the risk that such situations will recur.

Each Member Institution shall, therefore, have written standards with respect to the operation of its Athletics Department and units within the Institution that interact with its Athletics Department. The purpose of these operational standards shall, at a minimum, be to:

1. Assure that the unit that provides academic support services for student-athletes operates without undue influence by Athletics Department staff, including coaching staff. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from: (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the academic support staff, and (ii) attempting to influence inappropriately any member of the academic support staff or any faculty member in order to obtain or maintain the academic eligibility of a student-athlete.
 - b. Detect and prevent (i) academic fraud and misconduct, and (ii) abusive use of independent study or clustering of student-athletes in particular courses or majors.
 - c. Provide student-athletes with academic support and counseling that is adequate and appropriate for their progress toward a degree and graduation.
 - d. Route communications between Athletics Department staff and faculty regarding student-athletes' performance in classes through the Director of Academic Support Services or his/her designee(s) or through the FAR.

In addition, good practice suggests that the Director of Academic Support Services should report to an academic administrator outside the Athletics Department, such as the Provost or FAR, either exclusively or as a dual report to that administrator and the Athletics Director.

2. Assure that the units that enforce compliance with the rules and regulations of the Member Institution, Conference, and NCAA have sufficient independence from athletics staff to meet their responsibilities. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the athletics compliance staff, and (ii) attempting to influence inappropriately any member of the athletics compliance staff.
 - b. Detect and prevent breaches of the Institution's, the Conference's, and the NCAA's rules.
 - c. Provide adequate and appropriate athletics compliance staffing for the Institution.

In addition, good practice suggests that, for oversight purposes, the Director of Compliance should report to an administrator outside the Athletics Department, such as the Campus Compliance/Integrity Officer, General Counsel, or FAR, either exclusively or as a dual report to that administrator and the Athletics Director.

3. Assure that the admission process for student-athletes is essentially the same as that for other applicants with special talents. Each Institution's operational standards shall, therefore, be designed to:
 - a. Place final decision-making authority for the admission of student-athletes in the same office that admits other undergraduate applicants to the Member Institution.
 - b. Route all communications regarding prospective student-athletes between Athletics Department staff and the admissions office through the Athletics Director or his/her designee(s).

In addition, good practice suggests that the Director of Admissions should notify the President or Chancellor or his/her designee(s) of any inappropriate communication relating to the admission of a prospective student-athlete received from any booster or official of the Member Institution or from any staff member in the Athletics Department.

4. Assure that student-athletes are subject to general disciplinary rules and codes of conduct applicable to other students at the Member Institution. Each Institution's operational standards shall, therefore, be designed to:
 - a. Apply such rules and codes, including the same procedures and sanctions, as well as any Athletics Department policies applicable specifically to student-athletes and any team rules, to student-athletes.
 - b. Route communications regarding student-athletes between Athletics Department staff and student disciplinary staff through the Athletics Director or

his/her designee(s).

In addition, good practice suggests that the Dean of Students or his/her designee should notify the President or Chancellor or his/her designee(s) of any inappropriate communication on behalf of a student-athlete in connection with a disciplinary decision, especially if that communication is from a booster or official of the Member Institution or from any staff member in the Athletics Department.

5. Assure that the medical and athletic training staff who provide medical services to student-athletes are able to exercise their best professional judgment in caring for student-athletes. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the medical or athletic training staff who works with the coach's own team, and (ii) attempting to influence inappropriately any member of the medical or athletic training staff regarding the medical treatment of a student-athlete.
 - b. Allow for effective implementation of and adherence to institutional policies, procedures, and/or protocols regarding student-athlete concussions.
 - c. Place priority on the student-athlete's health over other considerations.

In addition, good practice suggests that the Director of Sports Medicine Services should report to an academic or medical administrator outside the Athletics Department, either exclusively or as a dual report to the administrator and the Athletics Director.

6. Assure that the process for determining an institution's cost of attendance for student-athletes is essentially the same as that for all students, and that the unit that determines an institution's cost of attendance values for financial aid purposes operates without undue influence by Athletics Department staff, including coaching staff. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from attempting to influence inappropriately any member of the financial aid staff in order to adjust an institution's cost of attendance values to better serve recruiting or other athletically related interests.
 - b. Route all communications regarding financial aid between Athletics Department staff and the financial aid office through the Athletics Director or his/her designee(s).

In addition, good practice suggests that the Director of Financial Aid should notify the President or Chancellor or his/her designee(s) of any inappropriate communication relating to financial aid policy received from any booster or official of the Member Institution or from any staff member in the Athletics Department.

Enforcement of the Policies

The Member Institutions recognize that the integrity of the governance of intercollegiate athletics is important for the Conference as well as for intercollegiate athletics generally and that failures of one Member Institution affect the reputation of all Member Institutions. Accordingly, the Member Institutions agree to the following relating to enforcement of these Conference Standards:

1. **Annual Review - Members.** Each Member Institution will conduct an annual internal review of the effectiveness of the standards it has implemented in fulfillment of these Conference Standards.
2. **Reports to/by Conference.**
 - a. After conducting its internal review, each Member Institution will report annually to the Conference on how it is achieving compliance with these Conference Standards and taking action to avoid governance-related problems in athletics. It will attach to that report copies of the standards it has implemented in fulfillment of these Conference Standards. Each Member Institution will also submit copies of any revisions to its standards to the Conference within thirty (30) days after their adoption.
 - b. After reviewing the reports from the Member Institutions, the Conference will prepare a summary in which it will draw on the reports to provide information to the Member Institutions that will assist them in complying with these Conference Standards. The Conference will submit the summary to the COPC for review and discussion at a COPC meeting. The Conference summary may include recommendations for changes in the Conference Standards for consideration by the COPC.
3. **Compliance.**
 - a. Each Member Institution will comply with the standards it has implemented in fulfillment of these Conference Standards.
 - b. If the Conference receives a report or allegation that a Member Institution is not in compliance with these Conference Standards, (i) it shall so advise the Member Institution and require that it file a detailed response to the report or allegation, including means to achieve compliance if the Member Institution determines that the report or allegation is, in one or more respects, accurate; and (ii) it may conduct its own investigation of the report or allegation. The Member Institution will cooperate with the Conference's investigation.
 - c. Each Member Institution will report to the Conference any violation of the standards it has implemented in fulfillment of these Conference Standards.

4. Enforcement.

- a. Informal Actions. The purpose of these Conference Standards is to enhance the integrity of the governance of intercollegiate athletics among the Member Institutions. In the event a Member Institution does not achieve complete compliance with these Conference Standards, the initial response should be that the Conference and the Member Institution engage in constructive conversations whose goal is greater compliance with these Conference Standards by the Member Institution.
- b. Formal Actions. In cases where a Member Institution persistently fails to comply with these Conference Standards, the Commissioner may recommend corrective action to the COPC. The COPC may request information from the Member Institution, which the Member Institution will provide, and the Commissioner, may, if so instructed by the COPC, conduct a more formal hearing on the matter. The COPC may adopt the Commissioner's recommendation or any other corrective action designed to enhance the Member Institution's compliance with these Conference Standards. Such corrective action may include:
 - i. Financial penalties, including a reduction of Conference distributions.
 - ii. Probation, under terms that reasonably relate to correcting the failure to comply.
 - iii. Suspension from participation in a particular sport, or from membership in general, for a stated period of time.
 - iv. Expulsion from membership.

The Big Ten Conference is a voluntary association of Member Institutions. The Conference Bylaws provide that suspension of membership, expulsion from the Conference, or placement on probation each requires a vote of at least 70% of the Membership. It is extraordinarily unlikely that a Member Institution would be expelled unless the failure to comply with these standards was so persistent and serious that it indicated the Member Institution no longer subscribes to the common values and objectives of the Conference and the other Member Institutions.

5. Effective Date

These Conference Standards were approved by the COPC on June 1, 2014 effective for the Conference and all Member Institutions on August 1, 2015. Between the approval date and the effective date, the Conference will assist each Member Institution in preparing to comply fully with the Conference Standards as of the effective date.

TAB 10



2014-15 NCAA[®]

DIVISION I **MANUAL**

EFFECTIVE
AUGUST 1, 2014

Principles for Conduct of Intercollegiate Athletics

2.01 General Principle. [*]

Legislation enacted by the Association governing the conduct of intercollegiate athletics shall be designed to advance one or more basic principles, including the following, to which the members are committed. In some instances, a delicate balance of these principles is necessary to help achieve the objectives of the Association.

2.1 The Principle of Institutional Control and Responsibility. [*]

2.1.1 Responsibility for Control. [*] It is the responsibility of each member institution to control its intercollegiate athletics program in compliance with the rules and regulations of the Association. The institution's president or chancellor is responsible for the administration of all aspects of the athletics program, including approval of the budget and audit of all expenditures. *(Revised: 3/8/06)*

2.1.2 Scope of Responsibility. [*] The institution's responsibility for the conduct of its intercollegiate athletics program includes responsibility for the actions of its staff members and for the actions of any other individual or organization engaged in activities promoting the athletics interests of the institution.

2.2 The Principle of Student-Athlete Well-Being. [*]

Intercollegiate athletics programs shall be conducted in a manner designed to protect and enhance the physical and educational well-being of student-athletes. *(Revised: 11/21/05)*

2.2.1 Overall Educational Experience. [*] It is the responsibility of each member institution to establish and maintain an environment in which a student-athlete's activities are conducted as an integral part of the student-athlete's educational experience. *(Adopted: 1/10/95)*

2.2.2 Cultural Diversity and Gender Equity. [*] It is the responsibility of each member institution to establish and maintain an environment that values cultural diversity and gender equity among its student-athletes and intercollegiate athletics department staff. *(Adopted: 1/10/95)*

2.2.3 Health and Safety. [*] It is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes. *(Adopted: 1/10/95)*

2.2.4 Student-Athlete/Coach Relationship. [*] It is the responsibility of each member institution to establish and maintain an environment that fosters a positive relationship between the student-athlete and coach. *(Adopted: 1/10/95)*

2.2.5 Fairness, Openness and Honesty. [*] It is the responsibility of each member institution to ensure that coaches and administrators exhibit fairness, openness and honesty in their relationships with student-athletes. *(Adopted: 1/10/95)*

2.2.6 Student-Athlete Involvement. [*] It is the responsibility of each member institution to involve student-athletes in matters that affect their lives. *(Adopted: 1/10/95)*

2.3 The Principle of Gender Equity. [*]

2.3.1 Compliance With Federal and State Legislation. [*] It is the responsibility of each member institution to comply with federal and state laws regarding gender equity. *(Adopted: 1/11/94)*

2.3.2 NCAA Legislation. [*] The Association should not adopt legislation that would prevent member institutions from complying with applicable gender-equity laws, and should adopt legislation to enhance member institutions' compliance with applicable gender-equity laws. *(Adopted: 1/11/94)*

2.3.3 Gender Bias. [*] The activities of the Association should be conducted in a manner free of gender bias. *(Adopted: 1/11/94)*

2.4 The Principle of Sportsmanship and Ethical Conduct. [*]

For intercollegiate athletics to promote the character development of participants, to enhance the integrity of higher education and to promote civility in society, student-athletes, coaches, and all others associated with these athletics programs and events should adhere to such fundamental values as respect, fairness, civility, honesty and responsibility. These values should be manifest not only in athletics participation, but also in the broad spectrum of activities affecting the athletics program. It is the responsibility of each institution to: *(Adopted: 1/9/96)*

- (a) Establish policies for sportsmanship and ethical conduct in intercollegiate athletics consistent with the educational mission and goals of the institution; and
- (b) Educate, on a continuing basis, all constituencies about the policies in Constitution 2.4-(a).

2.5 The Principle of Sound Academic Standards. [*]

Intercollegiate athletics programs shall be maintained as a vital component of the educational program, and student-athletes shall be an integral part of the student body. The admission, academic standing and academic progress of student-athletes shall be consistent with the policies and standards adopted by the institution for the student body in general.

2.6 The Principle of Nondiscrimination. [*]

The Association shall promote an atmosphere of respect for and sensitivity to the dignity of every person. It is the policy of the Association to refrain from discrimination with respect to its governance policies, educational programs, activities and employment policies, including on the basis of age, color, disability, gender, national origin, race, religion, creed or sexual orientation. It is the responsibility of each member institution to determine independently its own policy regarding nondiscrimination. (*Adopted: 1/16/93, Revised: 1/16/00*)

2.7 The Principle of Diversity Within Governance Structures. [*]

The Association shall promote diversity of representation within its various divisional governance structures and substructures. Each divisional governing body must assure gender and ethnic diversity among the membership of the bodies in the division's administrative structure. (*Adopted: 1/9/96 effective 8/1/97*)

2.8 The Principle of Rules Compliance. [*]

2.8.1 Responsibility of Institution. [*] Each institution shall comply with all applicable rules and regulations of the Association in the conduct of its intercollegiate athletics programs. It shall monitor its programs to assure compliance and to identify and report to the Association instances in which compliance has not been achieved. In any such instance, the institution shall cooperate fully with the Association and shall take appropriate corrective actions. Members of an institution's staff, student-athletes, and other individuals and groups representing the institution's athletics interests shall comply with the applicable Association rules, and the member institution shall be responsible for such compliance.

2.8.2 Responsibility of Association. [*] The Association shall assist the institution in its efforts to achieve full compliance with all rules and regulations and shall afford the institution, its staff and student-athletes fair procedures in the consideration of an identified or alleged failure in compliance.

2.8.3 Penalty for Noncompliance. [*] An institution found to have violated the Association's rules shall be subject to such disciplinary and corrective actions as may be determined by the Association.

2.9 The Principle of Amateurism. [*]

Student-athletes shall be amateurs in an intercollegiate sport, and their participation should be motivated primarily by education and by the physical, mental and social benefits to be derived. Student participation in intercollegiate athletics is an avocation, and student-athletes should be protected from exploitation by professional and commercial enterprises.

2.10 The Principle of Competitive Equity. [*]

The structure and programs of the Association and the activities of its members shall promote opportunity for equity in competition to assure that individual student-athletes and institutions will not be prevented unfairly from achieving the benefits inherent in participation in intercollegiate athletics.

2.11 The Principle Governing Recruiting. [*]

The recruiting process involves a balancing of the interests of prospective student-athletes, their educational institutions and the Association's member institutions. Recruiting regulations shall be designed to promote equity among member institutions in their recruiting of prospective student-athletes and to shield them from undue pressures that may interfere with the scholastic or athletics interests of the prospective student-athletes or their educational institutions.

2.12 The Principle Governing Eligibility. [*]

Eligibility requirements shall be designed to assure proper emphasis on educational objectives, to promote competitive equity among institutions and to prevent exploitation of student-athletes.

2.13 The Principle Governing Financial Aid. [*]

A student-athlete may receive athletically related financial aid administered by the institution without violating the principle of amateurism, provided the amount does not exceed the cost of education authorized by the Association; however, such aid as defined by the Association shall not exceed the cost of attendance as published by each institution. Any other financial assistance, except that received from one upon whom the student-athlete is naturally or legally dependent, shall be prohibited unless specifically authorized by the Association.

2.14 The Principle Governing Playing and Practice Seasons. [*]

The time required of student-athletes for participation in intercollegiate athletics shall be regulated to minimize interference with their opportunities for acquiring a quality education in a manner consistent with that afforded the general student body.

2.15 The Principle Governing Postseason Competition and Contests Sponsored by Noncollegiate Organizations. [*]

The conditions under which postseason competition occurs shall be controlled to assure that the benefits inherent in such competition flow fairly to all participants, to prevent unjustified intrusion on the time student-athletes devote to their academic programs, and to protect student-athletes from exploitation by professional and commercial enterprises.

2.16 The Principle Governing the Economy of Athletics Program Operation. [*]

Intercollegiate athletics programs shall be administered in keeping with prudent management and fiscal practices to assure the financial stability necessary for providing student-athletes with adequate opportunities for athletics competition as an integral part of a quality educational experience.

NCAA Membership

3.01 General Principles.

3.01.1 Classes of Membership. Division I offers three classes of membership: active, conference and affiliated. Eligibility for and method of election to membership, obligations and conditions for continuing membership, voting rights and other membership privileges for each class are defined in this article. *(Revised: 1/11/94 effective 9/2/94, 1/15/11 effective 8/1/11)*

3.01.2 Division Membership. Active and conference members of the NCAA may be divided into divisions for purposes of legislation and competition in NCAA championships. Criteria for membership in these divisions are defined in Bylaw 20.

3.01.3 Obligation to Meet Division Criteria. Division membership criteria constitute enforceable legislation. Each member institution shall comply with all applicable criteria of its division, and an institution that fails to do so shall be subject to the infractions process and to possible reclassification. *(Revised: 7/31/14)*

3.01.4 Termination or Suspension of Membership. All rights and privileges of a member shall cease immediately upon termination or suspension of its membership.

3.02 Definitions and Applications.

3.02.1 Competitive Body. A competitive body is an athletics conference that conducts competition among its member institutions and determines a conference champion in one or more sports.

3.02.2 Legislative Body. A legislative body is an athletics conference that develops and maintains rules and regulations governing the athletics programs and activities of its member institutions.

3.02.3 Membership Categories.

3.02.3.1 Active Member. An active member is a four-year college or university that is accredited by the appropriate regional accrediting agency and duly elected to active membership under the provisions of this article (see Constitution 3.2.3). Active members have the right to compete in NCAA championships, to vote on legislation and other issues before the Association, and to enjoy other privileges of membership designated in the constitution and bylaws of the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.02.3.1.1 Athletics Consortium. An athletics consortium consists of one member institution and neighboring member or nonmember institutions (but not more than one nonmember institution), recognized and approved by a two-thirds vote of the Administration Cabinet. The student-athletes of the combined institutions are permitted to compete on the NCAA member institution's athletics teams, provided they meet the eligibility requirements of the NCAA and the member institution (see Constitution 3.1.2). *(Revised: 11/1/07 effective 8/1/08)*

3.02.3.2 Member Conference. A member conference is a group of colleges and/or universities that conducts competition among its members and determines a conference champion in one or more sports (in which the NCAA conducts championships or for which it is responsible for providing playing rules for intercollegiate competition), duly elected to conference membership under the provisions of this article (see Constitution 3.3.3). A member conference is entitled to all of the privileges of active members except the right to compete in NCAA championships (see Constitution 3.3.2). Only those conferences that meet specific criteria as competitive and legislative bodies (see Constitution 3.02.1 and 3.02.2) and minimum standards related to size and division status are permitted to vote on legislation or other issues before the Association.

3.02.3.3 Affiliated Member. An affiliated member is a coaches or sports association whose function and purpose are directly related to one or more sports in which the NCAA conducts championships or an emerging sport for women, or an association that consists of college/university administrators and has a direct connection to either the NCAA or its member institutions, duly elected to affiliated membership under the provisions of this article (see Constitution 3.4.3). An affiliated member is entitled to be represented by one nonvoting delegate at any NCAA Convention and enjoys other privileges as designated in the bylaws of the Association (see Constitution 3.4.2). *(Revised: 1/11/97, 1/15/11 effective 8/1/11)*

3.1 Eligibility for Membership.

3.1.1 General. Membership is available to colleges, universities, athletics conferences or associations and other groups that are related to intercollegiate athletics; that are accredited by one of the six regional accrediting agencies; and that are located in the United States, its territories or possessions. Such institutions or organizations must accept and observe the principles set forth in the constitution and bylaws of the Association. *(Revised: 8/9/07, 11/1/07, 1/15/11 effective 8/1/11)*

3.1.2 Athletics Consortiums. The Administration Cabinet, by a two-thirds majority of its members present and voting, may approve an athletics consortium involving a member institution and neighboring member or nonmember institutions (but not more than one nonmember institution) to permit the student-athletes of the combined institutions to compete on the member institution's intercollegiate athletics teams, provided the student-athletes satisfy the eligibility requirements of the member institution and the NCAA. *(Revised: 11/1/07 effective 8/1/08, 7/30/10)*

3.1.2.1 General Policy. In general, a consortium shall be approved on the basis of existing academic considerations with the understanding that there shall be no change in the basic recruitment, enrollment or financial aid policies of the involved institutions as a result of such approval. *(Revised: 7/30/10)*

3.1.2.2 Combining Entire Athletics Programs. The institutions shall combine their entire athletics programs, and the consortium shall not be formed on a sport-by-sport basis. *(Revised: 7/30/10)*

3.1.2.3 Conference Approval. An institution that belongs to an NCAA member conference first shall receive approval of its conference prior to instituting a consortium for its intercollegiate athletics program. If more than one institution holds such conference membership, all such conferences shall approve the consortium. *(Revised: 7/30/10)*

3.1.2.4 Eligibility Requirements for Student-Athletes. Participating student-athletes shall meet all eligibility requirements of the member institution(s), the athletics conference(s) involved and the NCAA. The member institution(s) shall certify the eligibility of all student-athletes under those rules. *(Revised: 7/30/10)*

3.1.2.5 Financial Assistance to Student-Athletes. Within a consortium: *(Revised: 7/30/10)*

- (a) Each institution shall be responsible for the financial assistance awarded to its student-athletes. The financial arrangement between or among the institutions for the exchange of funds to cover the academic costs of student-athletes who take part in the exchange program shall apply to student-athletes in the same manner as it applies to those students not participating in the intercollegiate athletics program;
- (b) One institution may not provide a scholarship or any other form of financial aid to a student-athlete enrolled in another institution or transmit a scholarship or grant-in-aid to another institution to be used by one or more of its student-athletes; and
- (c) Financial aid limitations as set forth in Bylaw 15 shall be applicable to the consortium as one entity and shall include all countable student-athletes, regardless of the institution in which they are enrolled.

3.1.2.6 Length of Approval. NCAA approval shall be for a four-academic-year period, at the end of which the institutions shall submit a report on the program, setting forth its effect upon their academic and athletics operations. *(Revised: 8/4/89, 7/30/10)*

3.1.2.7 NCAA Division Membership. The institutions may be members of different NCAA divisions but shall select one division for legislative and competitive purposes. *(Revised: 7/30/10)*

3.1.2.8 NCAA Member Involvement. At least one of the institutions already shall be a member of the NCAA, and not more than one nonmember institution shall be included. *(Revised: 7/30/10)*

3.1.2.9 NCAA Membership Application. The institutions shall apply for NCAA membership as a consortium and shall be considered as one member of the Association, with their combined names included on the official NCAA membership list. *(Revised: 7/30/10)*

3.1.2.10 Prior Academic Consortium Relationship. The institutions shall have had a prior academic consortium relationship. *(Revised: 7/30/10)*

3.1.2.11 Recruitment. It is permissible for one institution to recruit prospective student-athletes with a view to their possible enrollment at another institution in the consortium, provided the individuals qualify for admission to that institution and the athletics interests of the member institution are not involved, directly or indirectly, in influencing the admission or award of financial assistance. *(Revised: 7/30/10)*

3.2 Active Membership.

3.2.1 Eligibility Requirements.

3.2.1.1 Types of Institutions. Active membership is available to four-year colleges and universities, accredited by the appropriate regional accrediting agency and pursuant to Executive Committee policy, and duly elected to active membership under the provisions of Constitution 3.2.3. *(Revised: 1/15/11 effective 8/1/11, 7/23/12)*

3.2.1.2 Compliance With Association Rules. The institution shall administer its athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.2.1.3 Standards. The institution's athletics programs shall reflect the establishment and maintenance of high standards of personal honor, eligibility and fair play.

3.2.2 Privileges.

3.2.2.1 Active Members. Active members shall be entitled to all of the privileges of membership under the constitution and bylaws of the Association and all privileges incidental thereto. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.2.2.2 Use of Association's Registered Marks. Active members may use the registered marks of the Association (the Association's name, logo or other insignia) only in accordance with guidelines established by the Executive Committee.

3.2.3 Election Procedures.

3.2.3.1 Completion of Reclassification Process. An institution desiring to become an active member of Division I shall complete a reclassification period (see Bylaw 20.5). After the Administration Cabinet has determined that the institution has met the requirements of reclassification, its request for active membership will be referred to the Board of Directors for election. *(Revised: 1/11/94 effective 9/2/94, 5/8/06, 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.2 Accreditation. After the Administration Cabinet has determined that the institution is accredited by one of the six regional accrediting agencies, the application shall be referred to the Board of Directors for consideration. *(Revised: 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.3 Election. A favorable vote by two-thirds of the Board of Directors members present and voting shall elect the applicant to membership effective the following August 1. When the vote of the Board of Directors has been completed, the applicant shall be notified. *(Revised: 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.4 Resignation and Re-election to Membership. If an institution resigns its Division I membership and subsequently applies to re-establish its Division I membership, the institution shall complete the reclassification process (see Bylaw 20.5) before becoming eligible for re-election as an active member. *(Revised: 1/11/94 effective 9/2/94, 1/26/07, 1/15/11 effective 8/1/11)*

3.2.4 Conditions and Obligations of Membership.

3.2.4.1 General. The active members of this Association agree to administer their athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.2.4.2 Obligation to Meet Division Criteria. Division membership criteria constitute enforceable legislation. Each member institution shall comply with all applicable criteria of its division, and an institution that fails to do so shall be subject to the infractions process and to possible reclassification. *(Revised: 7/31/14)*

3.2.4.3 Certification of Eligibility/Declaration of Ineligibility. An active member is responsible for certifying the eligibility of student-athletes under the terms of the constitution, bylaws or other legislation of the Association before permitting a student-athlete to represent the institution in intercollegiate competition. Procedures for eligibility certification shall be approved by the president or chancellor, who may designate an individual on the institution's staff to administer proper certification of eligibility. The institution shall be obligated immediately to apply all applicable rules and withhold ineligible student-athletes from all intercollegiate competition (see Bylaw 12.11). See Bylaw 12.12 for procedures regarding restoration of eligibility. *(Revised: 3/8/06)*

3.2.4.4 Academic Performance Program. Each active member is responsible for annually submitting documentation demonstrating its compliance with the academic performance program, including the submission of data for the academic progress rate (APR), the academic performance census (APC) and the graduation success rate (GSR). The specific requirements of the academic performance program are set forth in Bylaw 14.8. *(Adopted: 4/29/04)*

3.2.4.5 Application of Rules to All Recognized Varsity Sports. The constitution, bylaws and other legislation of this Association, unless otherwise specified therein, shall apply to all teams in sports recognized by the member institution as varsity intercollegiate sports and that involve all-male teams, mixed teams of males and females, and all-female teams. To be recognized as a varsity sport, the following conditions must be met: *(Revised: 1/11/89, 1/11/94, 1/10/95, 3/8/06, 1/15/11 effective 8/1/11)*

- (a) The sport shall be one in which the Association conducts championships, except as provided in Bylaw 20.9.6.1.1 or an emerging sport for women per Bylaw 20.02.4;
- (b) The sport officially shall have been accorded varsity status by the institution's president or chancellor or committee responsible for intercollegiate athletics;
- (c) The sport is administered by the department of intercollegiate athletics;
- (d) The eligibility of student-athletes participating in the sport shall be reviewed and certified by a staff member designated by the institution's president or chancellor or committee responsible for intercollegiate athletics policy; and
- (e) Qualified participants in the sport shall receive the institution's official varsity awards.

3.2.4.5.1 Intent to Sponsor a Varsity Sport. Once an institution evidences an intent or commitment to sponsor a sport on a varsity level (e.g., official announcement that competition will be conducted on a varsity basis, employment of individuals to coach the varsity team), the institution must begin applying NCAA recruiting regulations to the applicable sport. *(Adopted: 1/14/97)*

3.2.4.6 Student-Athlete Statement. An active member shall administer annually, on a form prescribed by the Legislative Council, a signed statement for each student-athlete that provides information prescribed in Bylaw 14.1.3. *(Revised: 4/24/03, 11/1/07 effective 8/1/08)*

3.2.4.7 Drug-Testing Program and Consent Form. An active member shall administer annually, a drug-testing consent form for each student-athlete (per Bylaw 12.02.12) pursuant to Bylaw 12.7.3 and shall ensure compliance with the following elements of the NCAA Drug-Testing Program: **[D]** (*Adopted: 1/10/92 effective 8/1/92, Revised: 4/24/03, 11/1/07 effective 8/1/08, 7/30/10, 1/15/11 effective 8/1/11*)

- (a) Complete and forward the drug-testing availability calendars to The National Center for Drug Free Sport by the date specified by the organization;
- (b) Respond to the initial drug-testing notification from The National Center for Drug Free Sport by the date specified by the organization;
- (c) Complete and forward to The National Center for Drug Free Sport a current and accurate institutional squad list (see Bylaw 15.5.11) by the date specified by the organization;
- (d) Provide adequate and secure drug-testing facilities as specified by The National Center for Drug Free Sport;
- (e) Notify student-athletes who have been randomly selected for drug testing according to the timeline specified by The National Center for Drug Free Sport;
- (f) Respond to additional requests for assistance in administering the NCAA drug-testing program as specified by The National Center for Drug Free Sport;
- (g) Designate an individual (or individuals) as the athletics department resource for questions related to NCAA banned drugs and the use of nutritional supplements; and
- (h) Educate athletics department staff members who have regular interaction with student-athletes that:
 - (1) The NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA website;
 - (2) Any nutritional supplement use may present risks to a student-athlete's health and eligibility; and
 - (3) Questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated athletics department resource individual (or individuals).

3.2.4.8 Certification of Insurance Coverage. An active member institution must certify insurance coverage for medical expenses resulting from athletically related injuries sustained by the following individuals while participating in a covered event: **[D]** (*Adopted: 4/28/05 effective 8/1/05*)

- (a) A student-athlete participating in a covered event in an intercollegiate sport as recognized by the participating institution; and
- (b) A prospective student-athlete participating in a covered event who has graduated from high school and signed a National Letter of Intent or an institution's written offer of admission and/or financial aid to participate in an intercollegiate sport at a participating institution.

3.2.4.8.1 Amount of Coverage Insurance. Such insurance coverage must be of equal or greater value than the deductible of the NCAA catastrophic injury insurance program and may be provided through the following sources: **[D]** (*Adopted: 4/28/05 effective 8/1/05*)

- (a) Parents' or guardians' insurance coverage;
- (b) Participant's personal insurance coverage; or
- (c) Institution's insurance program.

3.2.4.8.2 Athletically Related Injuries. For purposes of this bylaw, athletically related injuries are injuries that are a direct result of participation in a covered event. (*Adopted: 4/28/05 effective 8/1/05*)

3.2.4.8.3 Covered Event. A covered event includes the following: (*Adopted: 4/28/05 effective 8/1/05*)

- (a) Any intercollegiate sports activity, including team travel, competition, practices and conditioning sessions during the playing season (as defined in Bylaw 17.1.1);
- (b) An NCAA-sanctioned competition in which the insured person is an official competitor; or
- (c) Practice and conditioning sessions that are authorized, organized or directly supervised by athletics department personnel at the member institution other than during the playing season. Such sessions must occur on campus or at approved off-campus facilities as part of an intercollegiate athletics activity. For insured student-athletes or prospective student-athletes who compete in individual sports, off-campus intercollegiate athletics activities must be authorized by athletics department personnel at the participating school and take place at approved locations.

3.2.4.9 Student-Athlete Health Insurance Portability and Accountability Act (HIPAA) Authorization/Buckley Amendment Consent Form—Disclosure of Protected Health Information. The active member institution shall administer annually a statement for each student-athlete to voluntarily sign that provides information prescribed in Bylaw 12.7.4. (*Adopted: 4/24/03 effective 8/1/03, Revised: 8/7/03 effective 8/1/04, 11/1/07 effective 8/1/08*)

3.2.4.10 Institutional Performance Program. To meet the provisions of the institutional performance program of the Association, member institutions shall complete, at least once every 10 years, an institutional

self-study, verified and evaluated through external peer review, in accordance with the Association's constitution and bylaws. A Division II or III institution that sponsors a sport in Division I is not required to participate in the institutional performance program. (See Bylaws 22 and 33.) (*Adopted: 1/16/93 effective 1/1/94, Revised: 1/14/97 effective 8/1/97, 4/28/11, 4/26/12, 1/19/13*)

3.2.4.11 Discipline of Members. Pursuant to directions of the Board of Directors or the annual Convention, active members shall refrain from athletics competition with designated institutions as required under the provisions of the Association's infractions process (see Bylaw 19). (*Revised: 11/1/07 effective 8/1/08, 7/31/14*)

3.2.4.12 Standards. Active members agree to establish and maintain high standards of personal honor, eligibility and fair play.

3.2.4.13 Publication of Progress-Toward-Degree Requirements. Active members are obligated to publish their progress-toward-degree requirements for student-athletes (see Bylaw 14.4.1).

3.2.4.14 Missed Class-Time Policies. Active members are obligated to establish policies in all sports concerning student-athletes' missed class time due to participation in intercollegiate athletics and in athletics competition scheduled during final examination periods. In men's basketball, an institution's athletics participation schedule, which shall include the anticipated amount of missed class time due to athletics participation, shall be approved by the institution's faculty athletics representative or faculty oversight committee prior to the beginning of each regular academic term. (*Adopted: 4/29/10 effective 8/1/10*)

3.2.4.15 Compliance-Related Forms. A member institution shall not be eligible to enter a team or individual competitors in an NCAA championship unless its president or chancellor makes an annual institutional eligibility certification [see Bylaw 18.4.2.1-(d)] attesting that the conditions specified have been satisfied. (*Adopted: 1/10/95, Revised: 3/8/06*)

3.2.4.16 Operating and Capital Financial Data Report. An institution shall submit financial data detailing operating revenues, expenses and capital related to its intercollegiate athletics program to the NCAA on an annual basis in accordance with the financial reporting policies and procedures. The required data shall include, but is not limited to, the following: (*Adopted: 1/17/09 effective 8/1/09*)

- (a) All expenses and revenues for or on behalf of an institution's intercollegiate athletics program, including those by any affiliated or outside organization, agency or group of individuals;
- (b) Salary and benefits data for all athletics positions. The data shall include base salary, bonuses, endorsements, media fees, camp or clinic income, deferred income and other income contractually guaranteed by the institution;
- (c) Capital expenditures (to be reported in aggregate for athletics facilities), including capitalized additions and deletions to facilities during the reporting period, total estimated book value of athletically related plant and equipment net of depreciation, total annual debt service on athletics and university facilities and total debt outstanding on athletics and university facilities;
- (d) Value of endowments at fiscal year-end that are dedicated to the sole support of athletics;
- (e) Value of all pledges at fiscal year-end that support athletics; and
- (f) The athletics department fiscal year-end fund balance.

3.2.4.16.1 Verification and Certification. The report shall be subject to annual agreed-on verification procedures approved by the membership (in addition to any regular financial reporting policies and procedures of the institution) and conducted by a qualified independent accountant who is not a staff member of the institution and who is selected by the institution's chancellor or president or by an institutional administrator from outside the athletics department designated by the chancellor or president. The independent accountant shall verify the accuracy and completeness of the data prior to submission to the institution's chancellor or president and the NCAA. The institution's chancellor or president shall certify the financial report prior to submission to the NCAA. (*Adopted: 1/17/09 effective 8/1/09*)

3.2.4.17 Designation of Team Physician. An active member institution shall designate a team physician for all or each of its intercollegiate teams. The team physician shall be a doctor of medicine (MD) or doctor of osteopathic medicine (DO) with a current license in good standing to practice medicine in the state in which the institution is located. The team physician shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athlete's participation in intercollegiate athletics. (*Adopted: 1/18/14 effective 8/1/14*)

3.2.4.18 Concussion Management Plan. An active member institution shall have a concussion management plan for its student-athletes. The plan shall include, but is not limited to, the following: (*Adopted: 8/12/10*)

- (a) An annual process that ensures student-athletes are educated about the signs and symptoms of concussions. Student-athletes must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion-related injuries and illnesses to a medical staff member;
- (b) A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities (e.g., competition, practice, conditioning sessions)

and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions;

- (c) A policy that precludes a student-athlete diagnosed with a concussion from returning to athletics activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (d) A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to the athletics activity (e.g., competition, practice, conditioning sessions) as determined by a physician (e.g., team physician) or the physician's designee.

3.2.4.19 Catastrophic Sport Injury Report. An active member institution shall submit data detailing student-athlete catastrophic fatalities, near fatalities and catastrophic injuries (e.g., injuries and illnesses related to head, neck, spine, cardiac, pulmonary, heat, sickle cell trait, eyes) to the NCAA on an annual basis pursuant to policies and procedures that govern such data as determined by the Committee on Competitive Safeguards and Medical Aspects of Sports. *(Adopted: 1/18/14 effective 8/1/14)*

3.2.4.20 Use of a Student-Athlete's Name or Likeness.

3.2.4.20.1 Contracts and Commercial Agreements. For agreements that may involve the use of a student-athlete's name or likeness, an institution shall include language in all licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that outlines the commercial entity's obligation to comply with relevant NCAA legislation, interpretations and policies on the use of a student-athlete's name or likeness. *(Adopted: 1/15/11 effective 8/1/11)*

3.2.4.20.2 Written Policies. An institution shall maintain written policies for its licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that may involve the use of a student-athlete's name or likeness. Such policies shall be made available for examination on request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 1/15/11 effective 8/1/11)*

3.2.5 Loss of Active Membership.

3.2.5.1 Termination or Suspension. The membership of any active member failing to maintain the academic or athletics standards required for such membership or failing to meet the conditions and obligations of membership may be suspended, terminated or otherwise disciplined by a vote of two-thirds of the delegates present and voting at an annual Convention. Membership shall not be suspended or terminated unless: *(Revised: 3/8/06)*

- (a) A notice of intention to suspend or terminate membership, stating the grounds on which such a motion will be based, is given in writing to the chair of the Board of Directors and to the president or chancellor of the member institution on or before the first day of November prior to the Convention;
- (b) The Board of Directors approves the notification of intention to move for suspension or termination; and
- (c) Such notice is included in the Official Notice of the annual Convention.

3.2.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the member shall cease upon any termination or suspension of active membership.

3.2.5.2 Removal of Accreditation. If an active member's accreditation is removed by its regional accrediting agency, it shall immediately forfeit its membership in the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.2.5.3 Failure to Pay Dues. If an active member fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.2.5.4 Failure to Satisfy the Academic Performance Program. A member institution may be placed in a restricted membership category if the institution or its sports team(s) has failed to comply with the established requirements of the academic performance program. (See Bylaw 14.8.) *(Adopted: 4/29/04 effective 8/1/04, Revised: 1/15/11 effective 8/1/11, 10/27/11; applicable to penalties assessed for the 2012-13 academic year and beyond)*

3.2.5.5 Failure to Address Institutional Performance Program Problems. The Committee on Institutional Performance may place a member institution in a restricted membership category if it concludes that the institution has not addressed properly the problems identified pursuant to the institutional performance program of the Association. *(Adopted: 1/16/93 effective 1/1/94, Revised: 1/15/11 effective 8/1/11, 1/19/13)*

3.2.5.6 Reinstatement of Terminated Member. Any active member whose membership has been terminated (see Constitution 3.2.5.1) may have it reinstated by a two-thirds vote of the members present and voting at any annual Convention.

3.2.5.7 Reinstatement of Suspended Member. Any active member whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Board of Directors or by vote of the majority of the members present and voting at any annual Convention.

3.2.6 Discipline of Active Members. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.2.6.1 Restoration of Good Standing. Disciplined members shall resume good standing in accordance with the terms of the disciplinary action taken, or may be restored to good standing at any time by a majority

vote of the members of the Committee on Infractions present and voting. If fewer than eight members are present, any committee action requires a favorable vote of at least four committee members. Disciplined members also may be restored to good standing at the annual Convention, by vote of a majority of the members present and voting.

3.3 Member Conference.

3.3.1 Eligibility.

3.3.1.1 Competitive and Legislative Body. A member conference shall be both a competitive and a legislative body on the conference level (see Constitution 3.02.1 and 3.02.2). *(Revised: 1/15/11 effective 8/1/11)*

3.3.1.2 Conference Competition Requirement. Conference membership is available to duly elected athletics conferences of colleges and universities that conduct conference competition and determine a champion in one or more sports in which the Association conducts championships or for which it is responsible for providing playing rules for intercollegiate competition.

3.3.1.3 Composition of Conference. All of the members of the conference shall be active members of Division I or be engaged in the reclassification process pursuant to Bylaw 20.5. *(Revised: 1/11/94 effective 9/2/94, 1/15/11 effective 8/1/11)*

3.3.2 Privileges.

3.3.2.1 Privileges of Member Conferences. Member conferences shall be entitled to all of the privileges of active members except the right to compete as such in NCAA championships. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.3.2.2 Voting Rights. Only those member conferences that meet the criteria of Bylaw 20.02.5 shall be permitted to vote on issues before the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.3.2.2.1 Football Issues. Conference championship competition shall be conducted in football in order for the conference to vote on issues pertaining only to football. *(Revised: 1/15/11 effective 8/1/11)*

3.3.2.3 Use of Association's Registered Marks. Member conferences may use the registered marks of the Association (the Association's name, logo or other insignia) only in accordance with guidelines established by the Executive Committee.

3.3.3 Election Procedures.

3.3.3.1 Application. An athletics conference desiring to become a member conference shall make application on a form available from the national office by June 1 for membership effective August 1 of the following academic year. A check in the appropriate amount for annual dues (see Constitution 3.7.2) shall accompany the application. Should the applicant fail election, the dues paid shall be refunded. *(Revised: 4/25/02, 1/15/11 effective 8/1/11)*

3.3.3.2 Election. Athletics conferences may be elected as member conferences by a majority vote of the delegates present and voting at an annual Convention or by a majority vote of the Board of Directors, effective the following August 1. *(Revised: 4/25/02, 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.3.4 Conditions and Obligations of Membership.

3.3.4.1 General. The member conferences of this Association agree to administer their athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.3.4.2 Institutional Performance Program. Member conferences shall facilitate the institutional performance program of the Association in accordance with the Association's constitution and bylaws. *(Adopted: 1/16/93 effective 1/1/94, Revised: 1/19/13)*

3.3.4.3 Conference Competition. Member conferences shall conduct conference competition and determine a champion in one or more sports in which the Association conducts championships or for which it is responsible for providing playing rules for intercollegiate competition.

3.3.4.4 Officiating. A multisport conference shall provide oversight of the officiating programs for selecting, training and assigning officials for its men's and women's basketball programs. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.5 Compliance Program. A multisport conference shall have a comprehensive compliance program. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.6 Conference Student-Athlete Advisory Committee. Each conference shall establish a student-athlete advisory committee for its member institutions' student-athletes. The composition and duties of the committee shall be determined by the conference. *(Adopted: 10/27/98 effective 8/1/99)*

3.3.4.7 Use of a Student-Athlete's Name or Likeness.

3.3.4.7.1 Contracts and Commercial Agreements. For agreements that may involve the use of a student-athlete's name or likeness, a conference shall include language in all licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that outline the commercial entity's obligation to

comply with relevant NCAA legislation, interpretations and policies on the use of a student-athlete's name or likeness. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.7.2 Written Policies. A conference shall maintain written policies for its licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that may involve the use of a student-athlete's name or likeness. Such policies shall be made available for examination on request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.8 Academic Performance Program. A conference shall maintain a written policy regarding teams that are subject to a postseason restriction pursuant to the academic performance program (see Bylaw 14.12) with respect to the conference's automatic qualification for postseason/championships and revenue distribution. The policy shall be made available for examination upon request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 10/27/11 effective 8/1/12; applicable to postseason competition occurring on or after 8/1/12)*

3.3.5 Loss of Member—Conference Status.

3.3.5.1 Termination or Suspension. The membership of any member conference failing to maintain the academic or athletics standards required for membership or failing to meet the conditions and obligations of membership may be suspended or terminated or the member conference otherwise disciplined by a vote of two-thirds of the delegates present and voting at an annual Convention. Membership shall not be suspended or terminated unless: *(Revised: 3/8/06)*

- (a) Notice of intention to suspend or terminate membership, stating the grounds on which such motion will be based, is given in writing to the secretary of this Association and to the president or chancellor of the member conference on or before the first day of November prior to the Convention;
- (b) The Board of Directors approves the notification of intention to move for suspension or termination; and
- (c) Such notice is included in the Official Notice of the annual Convention.

3.3.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the member shall cease upon any termination or suspension of conference membership.

3.3.5.2 Failure to Pay Dues. If a member conference fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.3.5.3 Reinstatement of Terminated Member. Any member conference whose membership has been terminated (see Constitution 3.3.5.1) may have it reinstated by a two-thirds vote of the members present and voting at any annual Convention.

3.3.5.4 Reinstatement of Suspended Member. Any member conference whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Board of Directors or by vote of the majority of the members present and voting at any annual Convention.

3.3.6 Discipline of Member Conferences. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.3.6.1 Restoration of Good Standing. Disciplined members shall resume good standing under the terms of disciplinary action taken or, at the annual Convention, by majority vote of the members present and voting. *(Revised: 10/30/12 effective 8/1/13)*

3.4 Affiliated Membership.

3.4.1 Eligibility. Affiliated membership is available to a duly elected coaches or sports association whose function and purpose are directly related to one or more sports in which the NCAA conducts championships or an emerging sport for women. Affiliated membership is also available to an association that consists of college/university administrators and has a direct connection to either the NCAA or its member institutions. *(Revised: 1/11/97, 1/15/11 effective 8/1/11)*

3.4.2 Privileges.

3.4.2.1 Privileges and Voting Rights. An affiliated member shall be entitled to be represented by one non-voting delegate at any Convention of the Association and shall have such other privileges as may be accorded to affiliated members by the bylaws of the Association. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.4.2.2 Use of Association's Registered Marks. An affiliated member may use the registered marks of the Association (the Association's name, logo or other insignia) only if such use is approved by the NCAA staff in accordance with guidelines established by the Executive Committee. *(Revised: 1/11/97)*

3.4.3 Election Procedures.

3.4.3.1 Application. A group or association desiring to become an affiliated member shall make application on a form available from the national office. A check in the appropriate amount for annual dues (see Constitution 3.7.2) shall accompany the application. Should the applicant fail election, the dues paid shall be refunded.

3.4.3.2 Election. Groups or associations may be granted affiliated membership by the NCAA staff in accordance with guidelines established by the NCAA president. *(Revised: 11/1/00 effective 8/1/01, 1/15/11 effective 8/1/11)*

3.4.4 Conditions and Obligations of Membership.

3.4.4.1 General. An affiliated member is responsible for observing the principles set forth in the constitution and bylaws of the Association.

3.4.4.2 Function and Purpose. The function and purpose of the affiliated member must be directly related to one or more sports in which the Association conducts championships or an emerging sport for women, or must be directly related to either the NCAA or its member institutions. *(Revised: 1/15/11 effective 8/1/11)*

3.4.5 Loss of Membership.

3.4.5.1 Termination or Suspension. The membership of any affiliated member failing to meet the conditions and obligations of membership or failing to support and adhere to the purposes and policies of the Association (see Constitution 1) may be suspended or terminated or the affiliated member otherwise disciplined through the following procedure: *(Adopted: 1/11/89)*

- (a) The Executive Committee by a two-thirds majority of its members present and voting, may take such action on its own initiative; or
- (b) The Committee on Infractions, by majority vote, may recommend such action to the Executive Committee, which may adopt the recommendation by a two-thirds majority of its members present and voting; and
- (c) The affiliated member shall be advised of the proposed action at least 30 days prior to any Committee on Infractions or Executive Committee meeting in which such action is considered and shall be provided the opportunity to appear at any such meeting.

3.4.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the affiliated member shall cease upon any termination or suspension of affiliated membership.

3.4.5.2 Failure to Pay Dues. If an affiliated member fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.4.5.3 Reinstatement of Terminated Member. Any affiliated member whose membership has been terminated may have it reinstated by a two-thirds vote of the Executive Committee.

3.4.5.4 Reinstatement of Suspended Member. Any affiliated member whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Executive Committee or by vote of the majority of the members present and voting at any annual Convention.

3.4.6 Discipline of Affiliated Members. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.4.6.1 Restoration of Good Standing. Disciplined members shall resume good standing in accordance with the terms of disciplinary action taken, or may be restored to good standing at any time by a vote of at least three members of the Executive Committee present and voting or, at the annual Convention, by vote of a majority of the members present and voting.

3.7 Dues of Members.

3.7.1 Determination of Dues. The annual dues of the various classes of membership shall be recommended to the membership by the Executive Committee. *(Revised: 1/10/90, 12/5/06)*

3.7.2 Current Annual Dues. The annual dues for various classes of membership shall be: *(Revised: 12/5/06, 1/15/11 effective 8/1/11)*

Active Members	\$ 1,800.00
Member Conferences	\$ 900.00
Affiliated Members	\$500.00

3.7.3 Payment Deadline. Dues are payable September 1 of each year. A member shall not be permitted to vote at a Convention of the Association if its dues are not paid for that year. To be eligible to compete in NCAA championships, dues shall be paid in accordance with Bylaw 31.2.1.2. Membership is terminated if a member fails to pay dues for one year (see Constitution 3.2.5.3, 3.3.5.2 and 3.4.5.2).

TAB 11



University of Illinois Football Injury Report

Date: 10/21/13

Full			
Name	DOI	Injury	Comments

Non-Contact			

Out of Practice - Coach Hillmann			
Name	DOI	Injury	Comments

Out of Practice - No Participation			

TBA			

Today's Weather

High:	52°
Low:	31°
Feels Like:	51°
Humidity:	59%
Wind:	WNW @ 13 mph
5 Day Forecast:	Today: 20% Rain, Tues: 50% Rain, Wed: 20% Rain, Thur: 10% Rain, Fri: 0% Rain
10/26 vs. MSU	High of 54°/Low of 33°, 0% Chance of Rain, Winds WSW @ 10 MPH

TAB 12

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

Ron Courson, ATC, PT, NREMT-I, CSCS (Chair)*; Michael Goldenberg, MS, ATC (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‡‡; Charlie Thompson, MS, ATC*; Gary Turbak, DHSc, ATC§§**

***National Athletic Trainers’ Association; †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**

Introduction

Although significant advances have occurred within the last few decades, the field of athletic training and sports medicine can be traced back to the ancient Greek civilization and the establishment of the Olympic Games.¹ Today, there are more than 900 different sports world wide, however, not all of them have a physical component.² In the United States alone, there are over 7.6 million students participating in organized secondary school athletics, while in 2012, over 420,000 student-athletes represented their colleges in athletic play.^{3,4} Athletics are part of the educational process and add to the growth of an adolescent and young adult. Secondary school students involved in athletics with proper coaching demonstrate better academic success, miss less school, and learn lifelong lessons for success.⁵

It is estimated that over 1.4 million injuries occur yearly to athletes playing at the secondary school level and approximately 209,000 yearly at the collegiate level across 25 NCAA sports.^{6,7} These statistics take into account injuries that occur in both practice and game situations. In addition, an unknown number of injuries occur in non-scholastic sports, primarily as a result of overuse, either alone or resulting from the cumulative effects of non-scholastic or scholastic sports participation. As the concerns grow over musculoskeletal injuries, as well as life threatening conditions and traumatic brain injuries such as concussions, more secondary schools and colleges are being forced to evaluate the medical services that they are providing their athletes. Secondary schools with proper medical teams that include an athletic trainer have seen a lower incidence of injuries both acute and re-occurring than schools without athletic trainers. These schools also see more diagnosed concussions, demonstrating better identification of athletes with a concussion.⁸ According to the American Medical Association, “the athletic medicine unit should be composed of an allopathic [MD] or osteopathic [DO] physician director with unlimited license to practice

medicine, an athletic health coordinator (preferably an athletic trainer certified by the Board of Certification, Inc. (BOC)), and other necessary personnel.”⁹ This document on Best Practice in Sports Medicine Management brings together resources and views from eleven different associations that have an invested interest in the health and well-being of the student-athlete.

Modern athletic training is a young, fast growing, healthcare profession,¹⁰ thus many physicians and administrators are still developing the proper working relationship and expectations for the athletic trainer. There is a wide variance in the administration of the sports medicine program, in the chain of command, and in the selection and evaluation of the sports medicine team. Further, different athletic training settings (e.g., secondary school, small college, large college) see a wide variance in terms of staffing, available resources and budgets.

This consensus paper is written to help guide superintendents of schools, secondary school athletic directors, college/university athletic department administrators, athletic trainers and team/school physicians by presenting the best practices in sports medicine management in the secondary and collegiate settings. This document outlines important considerations regarding: (1) duties and responsibilities of the athletic trainer and team physician; (2) supervisory relationships and the chain of command within the sports medicine team members; (3) decision-making authority relating to approval for participation of student-athletes, as well as injury management and return to sport participation status following injury/illness; (4) administrative authority for the selection, renewal, and dismissal of related medical personnel; and (5) performance appraisal tools for the sports medicine team. To date, these recommendations have been endorsed by the American College Health Association, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, College Athletic Trainers’ Society, National Association of Collegiate Directors of Athletics, National Association of Intercollegiate Athletics, National Athletic Trainers’ Association, and National Federation of State High School Associations.

Athlete-Centered Medicine

The term “patient-centered care” refers to the delivery of healthcare services that are focused on the individual patient’s needs and concerns. This same concept, or “athlete-centered care,” is highly applicable and desired in sports medicine.¹¹ Sports medicine physicians and athletic trainers are often presented with an ethical dilemma that arises whenever an individual athlete’s best medical interests conflict with the performance expectations of authority figures (e.g., coaches, parents). In almost every circumstance involving the provision of medical care, the legal responsibility for the decision to allow an injured athlete to return to sports participation ultimately belongs to a licensed physician.¹² In many situations, a physician who is a sports medicine specialist will authorize an athletic trainer to guide the rate at which an injured athlete is exposed to progressively increasing physical demands, but the physician is still ultimately responsible for the athletic trainer’s clinical practice decisions.¹³

Appendix 1 provides a set of 10 principles to guide institutions and organizations in assessment of existing administrative policies, procedures, and professional service relationships. Many of these principles correspond to concepts addressed by the BOC Standards of Professional Practice,¹⁴ the Code of Ethics of the National Athletic Trainers’ Association,¹⁵ and state medical practice regulations.

Duties and Responsibilities of the Athletic Trainer and Team Physician

All stakeholders who have as their primary focus the immediate and long-term health and wellbeing of the individual athlete should be involved in the creation of the specific institution's job descriptions and expectations for all sports medicine providers. This section outlines duties and responsibilities of the athletic trainers, as well as the team physician who has ultimate responsibility for care provided by the sports medicine team.

The athletic trainer's principal responsibility is to provide for the wellbeing of individual athletes, allowing them to achieve their maximum potential. To accomplish this, athletic trainers work under the direction of the team physician or school medical director, and generally are responsible for or actively involved with:

- Development and implementation of a comprehensive emergency action plan.
- Injury prevention, recognition, diagnosis, referral, treatment and rehabilitation.
- Establishment of criteria for safe return to practice and play and implementation of the return to play process.
- Establishment and operation of treatment facilities for both practice and game situations that follow national and local standards of healthcare facilities.
- Determination of which venues and activity settings require the on-site presence of the athletic trainer and team physician and which require that they be available.
- Guidelines for the selection, fit, function and maintenance of all athletic equipment.
- Maintenance of accurate medical records for each athlete.
- Reviewing the design and implementation of strength and conditioning programs for safety and appropriateness related to injury/illness prevention, and providing recommendations for change when indicated.
- Establishment of a safe practice and playing environment through monitoring environmental risk factors such as meteorological conditions.
- Communication with coaches of injured/ill athletes' condition and progress, in cooperation with the team physician (HIPAA/FERPA rules apply).
- Communication with parents/guardians and spouses when appropriate of injured/ill athlete's status, in cooperation with the team physician (HIPAA/FERPA rules apply).

Like all health care providers, the team physician's first obligation is to the wellbeing of the athletes that are under the care of the sports medicine team. The physician's judgment should be governed only by medical considerations. The team physician should actively integrate medical expertise with other healthcare providers, including medical specialists, athletic trainers, and allied health professionals.¹⁶ The team physician must have the ultimate authority for making medical decisions regarding the athletes' safe participation.

The team physician has ultimate responsibility for the following duties:

- Provision for proper preparation for safe return to participation after an illness or injury.
- Development of a chain of command with the team physician placed highest.
- Coordination of pre-participation screening, examination and evaluation.
- Management of on-the-field injuries.
- Provision for medical management of injury and illness.

- Coordination of rehabilitation and return to participation.
- Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and allied health professionals.
- Provision for appropriate education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse, and other medical issues that could affect the athlete.
- Provision for proper documentation and medical record keeping.
- Establishment and defining of the relationships of all involved parties.
- Education of athletes, parents/guardians, spouses, administrators, coaches and other necessary parties of concern regarding the athletes.
- Planning and training for emergencies during competition and practice.
- Addressing equipment and supply issues.
- Provision for proper event coverage.
- Assessment of environmental concerns and playing conditions.

Supervisory Relationships and Chain of Command within the Sports Medicine Team in the Secondary School and College/University Settings

A variety of models exist for sports medicine administration. Regardless of the model utilized, there should be a clear delineation of responsibilities, particularly in cases where the athletic trainer may have responsibilities other than medical care (administrative and academic). This delineation should also define the supervisory relationships for each area of responsibility so that potential role conflicts are minimized and medical care is not sacrificed. Those personnel charged with supervision of the athletic trainer’s various roles must be cognizant of the shared roles and responsibilities they have regarding the athletic trainer. Deliberate effort must be made to avoid providing conflicting directions to the athletic trainer. All involved should realize that quality medical care must supersede other responsibilities in times of conflict. Clear delineation of responsibilities and supervisory roles should be documented in advance of employment and shared routinely as part of the hiring and selection process with subsequent documentation as part of the employment contract. Table 1 outlines typical models of supervisory relationships in sports medicine along with advantages and disadvantages of each. It should be noted that some institutions may have models that vary from those listed below or utilize some combination of those presented. Regardless of the model utilized, in no case should there be a supervisory relationship where members of the sports medicine team report to a coach due to both perceived and real conflicts of interest. The athletic trainer should report to the team or school physician.

Table 1: Typical Models of Supervisory Relationships in Sports Medicine

<p>Athletic Trainer Employed by Athletic Department: Historically, the most common model provides for the athletic trainer being employed by the institution’s athletic department, while the team physician is employed externally and serves in a voluntary role or is contracted for service to the institution or school (athletics only or the institution as a whole) either through a retainer or a fee for service. A common occurrence in this model is for the athletic trainer to have split responsibilities between athletics and academics. In some cases, the split responsibilities are a part of the regular contract or employment agreement. In other cases, the athletic trainer is employed by athletics and is compensated additionally or has release time for service to academics. In this model a member of the athletic training staff may have responsibility for administrative oversight, including the financial, logistic and operational aspects of the sports medicine program.</p>
--

Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a closer relationship between the sports medicine personnel and the athletic department personnel. May also enhance communication between the medical staff and athletics. 	<ul style="list-style-type: none"> Potential conflict of interest may arise due to athletics having significant control over the athlete's medical care. Athletic trainer and/or team physician may be challenged in their medical decisions by pressure from athletics for inappropriate return to play, medical clearance and in making other medical decisions. Potential for role conflict where the athletic trainer may sacrifice patient medical care responsibilities in favor of athletic department administrative responsibilities and educational responsibilities.
<p>Athletic Trainer and Team Physician employed full time by the Athletic Department: This model may be found in larger institutions where the financial resources and volume of medical demands are greater. In this model a member of the athletic training staff may have responsibility for administrative oversight, including the financial, logistic and operational aspects of the sports medicine program.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a closer relationship between the sports medicine personnel with the athletic department personnel. May also enhance communication between the medical staff and athletics. Provides for a clearer delineation of responsibility for the team physician and a closer relationship between team physicians and athletic trainers. 	<ul style="list-style-type: none"> Potential conflict of interest may arise due to athletics having essentially total control over the athlete's medical care. Athletic trainer and/or team physician may be challenged in their medical decisions by pressure from athletics for inappropriate return to play, medical clearance and in making other medical decisions.
<p>Athletic Trainer employed by the Educational Program: More common in secondary schools than in college settings, this model provides for the athletic trainer being employed by the institution's educational program, while the team physician is employed externally and serves in a voluntary role or is contracted for service to the institution (athletics only or the institution as a whole) either through a retainer or a fee for service. A variation of this model may include the team physician also being employed by the educational program. A common occurrence in this model is for the athletic trainer to have primary responsibilities in academics as an instructor and/or preceptor with a defined role in athletics. In some cases, the split responsibilities are a part of the regular contract. In other cases the athletic trainer is employed by academics and compensated additionally or has release time for service to athletics.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a reduced or minimal conflict of interest in making medical decisions based solely upon the athlete's medical needs. This model may provide professional advancement opportunities for the athletic trainer through academic promotions, longevity and enhanced credentials. Potential conflict between clinical practices taught in the classroom and carried out in the clinical setting is reduced thereby increasing consistency and clarity of instruction to the athletic training students. Increased expectation and monitoring of continuing education by the educational department may encourage the athletic trainer to stay abreast of the most current and evidence-based clinical practices thereby leading to improved quality of care for the athlete. 	<ul style="list-style-type: none"> Athletics may perceive a lack of commitment toward its personnel and there may be greater communication challenges between the medical staff and athletics. Potential for the athletic trainer to experience role conflict and possibly sacrifice the athlete's medical care in favor of educational demands and responsibilities.
<p>Athletic Trainer and/or team physician employed by the University Health Center or School Health Services: In this model, the</p>	

University Health Center is responsible for providing all healthcare services to the students, including those involved in athletics. This model requires a well-thought out communication plan so that the relationship is seamless, and information is provided to athletic personnel in a timely fashion.

Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for minimal conflict of interest in making medical decisions based solely upon the athlete's medical needs. Athletic trainer is considered a medical provider, and is afforded all the rights and privileges as such. Typically, salaries are comparable to other medical professionals. Typically, separate staff members are assigned to various administrative tasks, freeing up the athletic trainer for clinical care and allowing a better work/life balance. Provision of medical services and related activities such as billing/reimbursement management are under the supervision of staff with the most expertise in these areas. Medical records, referrals, and other related services are managed in one place without duplication or division of efforts. Comprehensive care for the student-athlete is facilitated as both participation-related and other health care can be delivered through the Health Service. 	<ul style="list-style-type: none"> Athletics may perceive a lack of commitment toward its personnel and there may be greater communication challenges between the medical staff and athletics. The athletic department will no longer have control over the healthcare of athletes or the employment of athletic trainers, and will no longer receive insurance reimbursements from sports medicine services (when applicable). It is critical that the staff of the Health Service understand the intricacies and demands of an athletic program; it may become necessary to teach present and new staff intricacies either at the outset or as new personnel are hired. Student health services may not employ the most expert sports medicine specialists in the area.
<p>Medical care is contracted with an outside hospital or private group: In this model the institution contracts out to a separate entity, usually a hospital, for provision of all medical services. The awarding of these contracts may be based upon bids.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> Significantly reduces the athletic department's responsibility for and control over medical decisions and should allow for more unity among the members of the medical team. Can provide for more seamless continuity of care between the medical providers. 	<ul style="list-style-type: none"> Due to lack of medical expertise, the institution may be challenged in evaluating the competitive bids regarding the best medical care provider versus the best financial package. Some outside groups may be lacking in appropriate personnel for every medical situation or the specialty needs that may arise. There may be greater communication challenges between athletics and medical personnel. Difficulty may exist in determining the appropriate needs for equipment, expendable supplies, and staffing, and how this may be reconciled between the parties.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the College/University Setting

The potential for conflict of interest is omnipresent in sports medicine. When sports medicine team members provide care to the athlete but are employees or appointees of the institution, the potential exists for medical decisions to be made outside of the athlete's best interest. Irrespective of level of play, there is immense pressure toward medical clearance for sport participation. Owing an obligation to athlete welfare, the institution must establish a clear line of unchallengeable authority to the team physician and athletic trainer.¹⁷⁻¹⁹

Line of authority affords sports medicine providers freedom from personal and professional bias in their ethical and medicolegal obligation to the athlete's health.^{20,21} The ability to act unencumbered fosters perceptual, if not actual, best interest medical decisions for and by athletes.

Institution ownership of athlete health and welfare can be demonstrated by including the athletic trainer or team physician in senior level athletic administration. This may be accomplished irrespective of the individual's appointment, whether through athletics, academics, university health services, or private practice. Freedom in their professional practice is garnered as neither the team physician or athletic trainer, then, has a coach as their primary supervisor nor shall a coach have authority over appointment or employment of sports medicine providers.^{3,7}

Shared responsibility for sports safety involves not just the sports medicine providers, but the athletic administration, coaches, participants, and all associated with the athletic program.⁷ Medical decisions made in the athletes' best interests are ultimately serving the team's best interests and thereby providing for the institution's well-being. The healthcare provider's primary responsibility is for the health and safety of the student-athlete; however, an additional responsibility is to protect their institution from liability. Shared responsibility means that roles and authorities must be distinct, defined, and *not* shared as each entity performs duty unique to their discipline.

The team physician as the final authority for medical clearance is well established in the literature and as a medicolegal principle.^{6,22} When return to play decisions are delegated to an athletic trainer, by a team physician, the team physician is still ultimately responsible. The institution must affirm, in policy and protocol, that sports medicine providers are empowered to make best-interest decisions regarding the athlete at all times and in all settings, and those decisions are authoritative and not to be ignored. This organizational principle must be clearly communicated throughout, from the top-down, both in policy and in actual practice.

Communication is essential among athlete, team physician, athletic trainer, coaches, strength coaches, parents/guardians, spouse, and administration regarding the approval for participation and injury and illness management. Sports medicine providers bound by HIPAA and FERPA must adhere to mandated guidelines. All communications must be legally compliant, accurate, and consistent. Communication policies should outline specific information that will be reported, by whom, to whom, and in what manner.

Athletes bear responsibility to report injury/illness, whether related or unrelated to sport. The athletic trainer informs the team physician, with serial communication as warranted. The athletic trainer communicates participation status to all coaches, including indicated activity limits. Coaches should notify the athletic trainer as they suspect an athlete has suffered injury, illness or other adverse condition or is having a performance or conditioning issue.

Return to play decisions in the midst of the emotion of competition should be made in an objective and unbiased fashion. Participation decisions should be based on best available evidence in balance with the sports medicine provider's experience and judgment, utilizing specialty medical expertise, as warranted.

Using objective criteria, athletes are allowed participation based on medical history, clinical evaluation and symptoms. Progressive return to play with conditioning followed by sports specific activity, limited practice, and full practice prior to competition can allow for an individualized approach as athletes advance at different rates given varying conditions and severity.²³

The athlete must be an active participant in medical decisions. Parents/guardians and spouse may be involved whether the athlete is a minor or emancipated. All sports medicine providers must clearly

communicate the short-term and long-term risks associated with continued athletic participation.²⁴ Points for discussion, as indicated, are: 1) operative and non-operative, with outcomes as known; 2) options that may delay return to play but further the athlete's best medical interests; 3) options that may hasten return to play but are not in the athlete's best medical interests. The information must be in plain and simple language so the athlete can understand any potential adverse consequences, inclusive of catastrophic consequences, and make a responsible decision.²⁵ Sports medicine providers should assess the athlete's understanding of the provided information and capacity to make the necessary decision, and assure the athlete has the freedom to choose among the medical alternatives without coercion or manipulation.

Economics has to be considered in the question of medical clearance for participation. Team physicians and athletic trainers must recognize the value of competitive athletics to the athlete. "Value" may be measured in money. At all levels, the athlete, his/her family, and interested others may weigh dreams and finances along with the short- and long-term prognosis differently than the sports medicine provider, even to the point of rejection of the athlete's best medical option.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the Secondary School Setting

Athletic trainers in the secondary school setting work in conjunction with team physicians. The team physician should be actively involved in the athletic healthcare program, across all teams, throughout the year. Athletic trainers need to develop a close working relationship with their team physician so that competent decision making occurs through a collaborative process. Additionally, the relationship must be one of mutual trust and confidence. This relationship facilitates open communication, and shared understanding of expectations of both parties. It allows the athletic trainer to truly be an extension of the team physician, operating under standing orders and following written policies and procedures, to provide the best possible care for the athletes. The team physician should be willing to communicate with the athletic trainer at any time, and make athlete evaluation and follow-up care a priority.

Students wishing to participate in sports must undergo a comprehensive physical examination.²⁶⁻³⁰ The purpose of this exam is to search for conditions which might predispose an athlete to sudden death, catastrophic injury, or significant exacerbation of a preexisting injury/illness without appropriate management or rehabilitation while participating in sports.⁰ Athletic trainers or other school personnel should hold from participation any athlete who has not provided the school with documentation verifying successful completion of the examination.

All athletic trainers should have in place written policies and procedures regarding injury management and return to play decision-making criteria. These documents may be developed jointly by the athletic trainer and team physician with the final written document approved by the team physician and with the support of the school administration. Additionally, all schools should have written emergency action plans which are practiced and followed in the event of serious injury or illness. The policies and procedures should include specific return to play protocols for concussions and other injury/illness situations. They should also indicate that the team physician and, by extension, the collaborating athletic trainer have the final and unquestionable authority regarding return to play decisions. While parents/guardians, coaches and family physicians can exclude an athlete from participation, none can overrule the exclusion decision of the team physician working with the athletic trainer. While the athletic trainer's administrative supervisor may be the athletic director,

medical supervision should rest with the team physician. Since the athletic trainer represents the interests of the school, he/she should be supported in his/her medical decisions by the athletic director and other school administrators, provided he/she follows the adopted policies and procedures.

Athletes should be encouraged to report their injuries rather than hide them. If in the opinion of the athletic trainer, an injury/illness warrants removal from part or all of the practice or competition, the athletic trainer should have the authority to do so. Communication with the coach, the athlete's parents/guardians, and in some cases the athletic director, is advised. However, communicating the injury situation with those individuals should not be misconstrued as seeking their approval to hold the athlete out of competition or practice. Parents/guardians and coaches also have the ability to hold an athlete from participation, but are not allowed to override the athletic trainer's decision to remove or hold an athlete from participation due to injury/illness.

When athletes seek medical attention outside the school's designated sports medicine providers, it is advisable for the outside provider to contact the athletic trainer. Formal methods of communication (communication forms) should be developed to facilitate this communication and the expectations of the outside medical provider. Doing so creates a dialogue between the outside provider and the school sports medicine providers, and serves to facilitate agreement regarding the rehabilitation process and return to play decisions. When the outside provider deems the athlete medically able to return to participation, it is the responsibility of the athletic trainer to further determine functional (or sport-specific) readiness to return to full participation. Athletic trainers should work cooperatively with the treating physicians and communicate frequently throughout the athlete's recovery.

Athletic trainers should recognize that physicians are the higher medical authority. The athletic trainer has an ethical obligation both to maximize the well-being of the athlete and to minimize the liability exposure of the school. Therefore, when the athletic trainer is able to document evidence of functional levels insufficient to ensure the athlete's safety, the athletic trainer should express his/her concerns both to the treating physician and to the team physician. Whether or not the treating physician agrees, authority for the final decision on the athlete's return to play should remain with the team physician. The team physician should be willing to overrule the treating physician if he/she agrees with the athletic trainer that it is necessary to restrict the athlete's participation status.

It is recommended that:

- Athletic trainers work under the direction of a team physician based on their state practice act and professional standards.
- Athletic trainers have policies and procedures which are written in conjunction with the team physician and supported by the school administration.
- Athletic trainers communicate return to play concerns with the team physician, with whom the final return to play authority rests.
- All athletes undergo a comprehensive pre-participation physical examination, and that no athlete is allowed to practice or compete until providing documentation of the examination.
- All schools with athletic programs have Emergency Action Plans that are written, posted, and practiced by all who have responsibility for the acute management of athlete's injuries/illnesses.
- All schools have an appointed or designated team physician.

- All schools with athletic programs provide an appropriate number of sports medicine providers, specifically and most appropriately athletic trainers, based on the number of athletic teams and athletes.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the College/University Setting

The sports medicine staff should have final unchallengeable authority for the health and welfare of the athletes. The athletic trainer should be appointed as a senior athletic administrator to provide for the health, safety and welfare of all athletes as well as having input into administrative areas such as budget, risk management, institutional liability, quality assurance and athlete satisfaction. This sends a clear message by the athletic director of the value and esteem for athlete welfare. As a senior administrative appointment, the athletic director shall not cede authority over sports medicine or sports medicine providers to a coach. The institution and all applicable employees should be aware of and adhere to all state regulations regarding the credentialing of all sports medicine providers.

The athletic trainer should be directed and supervised in regard to administrative tasks, by the athletic director; in regard to medical competence, by the team physician; and in regard to academic competence, by the academic department chair or dean. A coach should never be the direct supervisor of an athletic trainer due to conflict of interest issues. All institutional employment protocols and procedures for selection, evaluation, renewal, and dismissal should be followed. A clear, complete outline of the specific job expectations should be provided and understood before the employment agreement is finalized. When an athletic trainer is responsible to more than one department, a clear delineation of reporting lines, percent duty expectations, and performance appraisal weighting should be established.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the Secondary School Setting

Selection of an Athletic Trainer

If there is a head athletic trainer on staff, this individual should have significant responsibility in the hiring process within the school's policies and procedures. This includes developing the position vacancy notice, reviewing applications, checking references and confirming appropriate credentials/licenses of the candidates, as well as selecting the top applicants to begin the interview process. In the absence of a head athletic trainer, the athletic director and principal should be responsible for the hiring process, as well as the school's HR department, if applicable.

All aspects of the athletic trainer position should be addressed in the interview.³¹ These would include, but are not limited to, supervision, direction, evaluation, authority, budget, policies, protocols and applicable district, state and national laws/rules/analysis of liability and malpractice coverage. It should be noted during the interview that unquestionable final authority for rendering medical decisions should rest with the team physician or his/her designee, who could be the athletic trainer.

Retention of an Athletic Trainer

Renewal of the athletic trainer's employment should be based on a comprehensive, fair and equitable evaluation process involving all aspects of the job performance and duties. The evaluation process should be

performed by the team physician, athletic director, and principal, each evaluating competence in their areas of responsibility as outlined by Table 2.

Table 2

Team Physician	Athletic Director	Principal
Athletic training services* Education Customer service Communication skills Quality of work Job knowledge Professional conduct	Education Administrative duties Budgeting and finance** Equipment Parent/guardian and coaching education Customer services Communication skills Attendance and punctuality Professional conduct	Customer service Communication skills Attendance and punctuality Professional conduct

**possibly including involvement of the school nurse, depending on his/her level of interaction with the athletic program*

***including input from the school's business manager*

The team physician should evaluate athletic training services, and review of all non-medical duties associated with functioning as an athletic trainer should be completed by the team physician, the athletic director and/or principal or designee. In some areas of the review, the athletic director and team physician may ask for a coach's input. The coach's voice should not be the only one heard in the review process but could serve as a start of communication and dialogue. This way, conflicts of personality and lack of understanding of the athletic trainer's responsibilities will not come into play during the review process. Just as the coach would not want the athletic trainer to evaluate their ability to coach, select starting line ups or play selection, the athletic trainer does not want a coach to evaluate how an athletic trainer evaluates, manages and treats an athlete's knee injury. Situations where the athletic director is also a coach may present a potential conflict of interest. In these cases, the performance review of the athletic trainer should be the responsibility of the team physician and a suitable alternate or designee (i.e. assistant athletic director or principal).

Dismissal of an Athletic Trainer:

The periodic performance appraisal process holds employees accountable for competent performance in the following areas:¹

- Technical standards – derived from the job description
- Behavioral standards – derived from the district handbook
- Mandatory standards – applicable to all individuals
- Goals and objectives – as mutually agreed upon at the beginning of service
- Competencies – developed in accordance with the individual's job and in compliance with governing agencies that set required standards

In addition, the periodic performance appraisal process should include the following:

- Needs assessment for future educational programming
- Career development for future career aspirations
- Physical demands checklist to determine the physical requirements of each job
- Education record
- Personal note section for documentation of accomplishments/anecdotes
- Performance log for documentation of corrective action in a specified time period

An employee may appeal the review/dismissal decision to the appropriate school/medical administration within a specified time period if his/her overall performance appraisal score or any individual score is viewed as unsatisfactory.

Performance Appraisal Tools for Athletic Trainers in the Secondary School and College/University Settings

Performance Appraisal

Performance appraisals for athletic trainers in the athletic setting are an important assessment component for establishing an effective Quality Improvement Program for the sports medicine team. The goal of this section is to provide a framework and resources that enable an administrator to effectively and efficiently evaluate the performance of sports medicine staff in a manner that enhances the selection, evaluation, retention, and support required to facilitate a successful and adequate sports medicine program protecting the athletes' well-being. These program-specific tools should be in addition to the institution or school's normal human resources policies and practices.

The performance appraisal tools should be built upon established goals and job objectives for each athletic trainer and serve as a two-way document providing an open, ongoing active review process throughout the year. The appraisals should be goal-oriented, focusing not just on past performance but also on future improvement and professional development. Performance appraisals should include two main areas:

1. Individual Staff Performance
2. Athletic Training Services Metrics

Program Evaluation

Institutions/schools should have clearly written organizational charts that outline healthcare services reporting and supervision plans. All members of the sports medicine team should have clear written job descriptions that serve as a platform for developing yearly goals, benchmarks, and day-to-day job duties. These should be developed and reviewed at the beginning of the year so that staff can plan and perform their jobs effectively. Supervisors should provide timely feedback and periodic review throughout the year avoiding the one-time end of the year assessment. This written and planned process allows for open and transparent communications between staff and supervisors. Written goals and benchmarks provide a clear understanding for job success and movement toward promotion. Written job objectives can help demonstrate day-to-day workloads and priorities to athletic administrators and human resources departments.

Individual Staff Performance

Individual staff performance is best evaluated using tools available for both announced and unannounced evaluations. These tools should be designed for the specific setting (e.g. athletics, clinic, health center, hospital, academics) so that athletic directors as well as healthcare administrators feel comfortable with conducting the evaluation and interpreting the results.

The performance process should include not only tools, but also a description of the process and the roles for all of the team members—team physician, athletic director, coaches, athletes, faculty, and peer athletic trainers.

Institutions/schools should distinguish between the roles of the athletic director and the team physician in the evaluation process. There should be options for allowing athletes the opportunity to provide feedback such as through an athlete committee, a standard survey, a per-visit feedback form, or an exit interview. The goal is to allow coaches or athletes to provide valuable feedback in a manner that can lead to improvements in care and service.

Staff members should be encouraged to provide a self-assessment of their performance toward accomplishing their set goals and job objectives. This helps with the two-way communication model described above as perceptions and expectations may differ between employee and supervisors.

A supervisor should be encouraged to set one-on-one meetings with each employee to discuss the employee's goals, his/her accomplishments, continuing education, and areas for improvement. As noted throughout this section, the review process should be goal-oriented and should take place throughout the year rather than singularly at the end.

Teaching

An important component to some sports medicine programs is the education and clinical supervision of young professionals in accredited programs, in the secondary school setting or teaching related classes. Staff workloads should account for the teaching/clinical education responsibilities as well as medical care responsibilities. Many staff members within sports medicine have a faculty teaching, adjunct instructor or clinical instructor role that should be accounted for in the initial goal setting stage and in individual job objectives at the beginning of the year and should be tied directly to the instructor evaluations. These academic/clinical evaluations should be used as part of a staff member's overall performance appraisal and captured within the promotion and remediation planning and workload modifications.

Promotion and Remediation Plans

Formal performance appraisals can be used in discussions on raises, promotion, and workload modifications. Performance appraisals should include a formal remediation plan with an established timeline that is individually based for each sports medicine team member in order to correct unsatisfactory actions and seek professional development opportunities.

Athletic Training Service Metrics

It is important to consider the evaluation of the overall sports medicine program in addition to the individual staff performance measurement. Outcomes from tracking specific metrics for the medical care of

athletes provided in the sports medicine setting can provide data for administrators about the overall assessment of whether the program works and can identify adjustments that may improve the service. The results are often used to support resource allocation and other policy decisions to improve service delivery and program effectiveness. Tracking metrics could be as simple as tracking the number of visits to the facility, injury evaluations and treatment performed each year, or insurance claims processed. An example of a more complex program evaluation tool is the Recommendations and Guidelines for Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA).³² An alternative service model tool that can help demonstrate the value and performance of a sports medicine program includes the new College-University Value Model and upcoming Secondary School Value Model.³³

Self-assessment tools can be used to determine whether staff are following best practices and program policies as well as assess the adequacy of the healthcare facility. A walk-through checklist for facilities and programs can be used to evaluate and serve as a guide. Athletic trainers transitioning into a new job or job setting can benefit from this type of checklist to search for gaps in the program that should be addressed. The BOC Facility Principles checklist³⁴ or an emergency plan checklist for all athletic staff are two good examples of evaluation tools measuring program compliance and identifying areas for improvement. The Secondary School Student Athletes Bill of Rights also lists key components of a safe and effective athletic program.³⁵

Any gaps or expansions in service should follow a formal remediation plan for correcting the problems or realigning to the mission. These redirections in the program should involve a plan, timeline and process for accomplishing the new goals.

Repository for Forms

In support for all of these aspects, the NATA has created a repository of example forms, so that athletic trainers coming into a new setting will not have to start from scratch. This repository is expected to grow and will serve to provide resources for membership access and provide consistency in evaluating athletic trainers across schools and institutions.

DISCLAIMER

The National Athletic Trainers' Association (NATA) and the Inter-Association Workgroup advise individuals, schools, athletic training facilities, and institutions to carefully and independently consider the recommendations. The information contained in the document is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Workgroup advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's other statements. The NATA and the Inter-Association Workgroup reserve the right to rescind or modify their statements at any time.

Appendix 1

10 Principles to Guide Administration of Sports Medicine-Athletic Training Services¹³

1. The physical and psychosocial welfare of the individual athlete must always be the highest priority of the athletic trainer and the team physician.
2. Any program that delivers athletic training services, including "outreach" services provided to secondary schools or other athletic organizations, 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 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 an 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 athlete's injury management or sports participation status, all aspects of the care process and changes in the 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-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 healthcare expertise, particularly in the context of hiring, promotion, and termination decisions.
10. Universities, colleges, and secondary schools should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflict of interests that could adversely affect the health and well-being of athletes.

¹ Klafs CE, Arnheim DD. The science of sports injury prevention and management: Modern principles of athletic training. St. Louis MO: The C.V. Mosby Company; 1977.

² Top End Sports: The Sport and Science Resource. List of Every Sport. <http://www.topendsports.com/sport/sports-all.htm>. Accessed March 3, 2013.

³ National Federation of State High School Associations. 2011-12 high school athletics participation survey. <http://www.nfhs.org>. Accessed April 15, 2013.

⁴ Statistic Brain. NCAA College Athletics Statistics. <http://www.statisticbrain.com/ncaa-college-athletics-statistics>. Accessed April 28, 2013.

⁵ National Federation of State High School Associations. The case for high school activities. <https://www.nchsaa.org/intranet/downloadManagerControl.php?mode=getFile&elementID=7680&type=5&atomID=9981>. Accessed March 1, 2013.

⁶ Centers for Disease Control and Prevention (CDC). Sports-related injuries among high school athletes - United States, 2005-06 school year. *MMWR Morbidity and Mortality Weekly Report* 2006;55(38):1037-1040.

⁷ Datalys Center for Sports Injury Research and Prevention, pers. comm., April 15.

⁸ LaBella C, et al "A comparative analysis of injury rates and patterns among girls' soccer and basketball players at schools with and without athletic trainers from 2006/07-2008/09" AAP 2012.

⁹ American Medical Association. Policy H-470.995 Athletic (Sports) Medicine. <https://ssl3.ama-assn.org/apps/ecom/PolicyFinderForm.pl?site=www.ama->

assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-470.995.HTM. Updated November 2012. Accessed April 10, 2013.

¹⁰ United States Department of Labor. Bureau of Labor Statistics: Occupational Outlook Handbook.

<http://www.bls.gov/ooh/healthcare/athletic-trainers.htm>. Accessed March 3, 2013.

¹¹ Bardes CL. Defining patient-centered medicine. *N Eng J Med*. 2012; 366:782-783.

¹² Creighton DW, Shrier I, Shultz R, Meeuwisse WH, Matheson GO. Return-to-play in sport: a decision-based model. *Clin J Sport Med*. 2010; 20:379-385.

¹³ Wilkerson G. Patient-centered care and conflict interests in sports medicine-athletic training. *International Journal of Athletic Therapy and Training* 2012;17(4):1-3.

¹⁴ Board of Certification, Inc. BOC Standards of Professional Practice.

http://www.bocatac.org/images/stories/multiple_references/standard-a-professionalpractice.pdf. Implemented January 1, 2006. Accessed April 6, 2012.

¹⁵ National Athletic Trainers' Association. NATA Code of Ethics. <http://www.nata.org/codeofethics>. Implemented September 28, 2005. Accessed April 6, 2012.

¹⁶ Team physician consensus statement. *Medicine and science in sports and exercise*. Apr 2000;32(4):877-878.

¹⁷ National Collegiate Athletic Association. 2012-13 NCAA Sports Medicine Handbook. Aug 2012.

¹⁸ National Collegiate Athletic Association. 2012-13 NCAA Division I. July 2012.

¹⁹ Matheson GO, Shultz R, Bido J, Mitten MJ, Meeuwisse WH, Shrier I. Return-to-play decisions: are they the team physician's responsibility? *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Jan 2011;21(1):25-30.

²⁰ Furrow BR. The problem of the sports doctor: Serving two (or is it three or four?) masters. *Saint Louis University Law Journal*. 2006;50.1:165-183.

²¹ Ross JR, Capozzi JD, Matava MJ. Discussing treatment options with a minor: the conflicts related to autonomy, beneficence, and paternalism. *The Journal of bone and joint surgery. American volume*. Jan 4 2012;94(1):e3(1-4).

²² The team physician and return-to-play issues: a consensus statement. *Medicine and science in sports and exercise*. Jul 2002;34(7):1212-1214.

²³ Brukner P. Return to play--a personal perspective. *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Nov 2005;15(6):459-460.

²⁴ Best TM, Brolinson PG. Return to play: the sideline dilemma. *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Nov 2005;15(6):403-404.

²⁵ Mitten MJ, Mitten RJ. Legal considerations in treating the injured athlete. *The Journal of orthopaedic and sports physical therapy*. Jan 1995;21(1):38-43.

²⁶ Almquist, J., McLeod, T., Cavanna, A., Jenkinson, D., Lincoln, A., Loud, K., et al. (2008). Summary Statement: Appropriate Care for the Secondary School-Aged Athlete. *Journal of Athletic Training*, 416-427.

²⁷ American Academy of Family Physicians; American Academy of Pediatrics; American College of Sports Medicine; Bernhardt, D; Roberts, W (Editors). (2010). *Pre-Participation Physical Evaluation, 4th Edition*. Elk Grove Village, IL: American Academy of Pediatrics.

²⁸ Casa, D. J., Guskiewicz, K. M., Anderson, S. A., Courson, R. W., Heck, J. F., Jimenez, C. C., et al. (2012). National Athletic Trainers Association Position Statement: Preventing Sudden Death in Sports. *Journal of Athletic Training*, 96-118.

²⁹ Drezner, J. A., Courson, R. W., Roberts, W. O., Moresso, V. N., Link, M. S., & Maron, B. J. (2007). Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement. *Journal of Athletic Training*, 143-158.

³⁰ Herring, S. A., Putukian, M., & Kibler, W. B. (2012). Sideline Preparedness for the Team Physician. *Medicine & Science in Sport & Exercise*, 2442-2445.

³¹ Ray, Richard. Management Strategies in Athletic Training. 3rd Ed. 2005. pp 72-85, 95-110, 301-302

³² National Athletic Trainers' Association. Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics. <http://www.nata.org/sites/default/files/AMCIARecsandGuides.pdf>. June 2007. Accessed April 10, 2013.

³³ National Athletic Trainers' Association. College-University Value Model. <http://www.nata.org/sites/default/files/College-Value-Model.pdf>. Accessed April 10, 2013.

³⁴ Board of Certification, Inc. BOC Facility Principles.

http://www.bocatac.org/images/stories/resources/boc_facility_safety_1305af.pdf. Published April 2013. Accessed July 3, 2013.

³⁵ Youth Sports Safety Alliance. Secondary School Student Athletes' Bill of Rights.

<http://www.youthsportssafetyalliance.org/docs/Athletes-Bill-of-Rights.pdf>. Accessed April 10, 2013.

TAB 13



**Sports Medicine Department
Concussion Management Protocol**

Baseline Testing and Education

1. Prior to on-field or on-court team activities, all student-athletes who participate in intercollegiate athletics and the cheerleading team at the University of Illinois will complete baseline assessment. The baseline assessment will consist of an ImPACT Baseline Test and Balance Error Scoring System (BESS) administered by a Certified Athletic Trainer (ATC).
 - a. A new baseline concussion assessment will be completed six months or beyond for any student-athlete with a documented concussion.
2. All student-athletes will receive the NCAA concussion fact sheet for student-athletes and brief education about concussion signs/symptoms and risks from an ATC during their annual pre-season team meeting. Athletes will then complete the acknowledgement form stating they accept responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussion.
 - a. See Appendix B: NCAA “Concussion: A Fact Sheet for Student Athletes”
 - b. See Appendix A: “Big Ten Injury and Illness Reporting Acknowledgment Form”
3. All coaches will receive the NCAA concussion fact sheet for coaches and brief education about concussion signs/symptoms and risks from an ATC annually. Coaches will then complete the acknowledgement form stating they accept responsibility for reporting any signs and symptoms of a concussion to the sports medicine staff.
 - a. See Appendix B: NCAA “Concussion: A Fact Sheet for Coaches”
 - b. See Appendix A: “Big Ten Coaches Concussion Acknowledgement Form”

Response to Signs and Symptoms of a Concussion

Any student-athlete with signs/symptoms/behaviors consistent with concussion:

1. Must be removed from practice or competition
2. Must be evaluated by ATC or team physician

****A student-athlete who is diagnosed with a concussion shall not return activity for at least the remainder of that calendar day.***

Any student-athlete diagnosed with a concussion will complete the following:

1. Initial Evaluation (See steps below)
2. Physician evaluation
3. Follow up ImPACT and BESS testing. (Follow ImPACT & BESS protocol)
4. Follow up with physician regularly or if symptoms increase until all symptoms resolve.
5. Return to Play – Follow “Return to Play Progression” listed below.

Initial Evaluation

1. Primary Survey: Evaluation of ABC's (care for any life threatening problems first).
2. Signs and Symptoms:

Symptoms	Signs
Headache	Loss of consciousness
Nausea	Poor balance
Vomiting	Slowed or slurred speech
Balance problems/dizziness	Poor concentration
Sensitivity to light/noise	Delayed response to questions
Ringing in ears (tinnitus)	Appears to be dazed or stunned
Tiredness	Forgets plays
Irritability	Unusual emotions, personality change and/or inappropriate behavior
Confusion, disorientation	

3. Orientation x3 (aware of time, date, place)
4. 3 word recall: immediate and 10 minutes after initial assessment
 - a. ex. Huskie, Orange, Chicago
5. BESS follow-up assessment
6. If symptoms not improving or increasing, consult with a physician to determine if student-athlete needs to see a physician for further evaluation.
7. Send written instructions home with a parent or roommate.
 - a. See Appendix C: "Head Injury Instructions"
8. Follow-up the next day with physician and/or athletic trainer.

Continuing Care through Recovery

1. Discuss class attendance and academic recommendations with physician at each visit.
 - a. Obtain written documentation from the physician for missing class or extra time allowance for completion of academic assignments.
2. Notify academic counselor of injury and provide with any required documentation for academic exceptions.
3. Complete "Post-Concussion Symptoms Scale" daily.
 - a. Best practice is to complete before attending class or completing daily tasks.
4. Instruct athlete on importance of rest.
 - a. Sleep at night.
 - b. No video games, TV, electronics, etc.
 - c. Limit computer usage to academic necessity.
5. Complete ImPACT Post-Injury test once all symptoms resolved – note hours of sleep, caffeine use, and external distractions per ImPACT recommendations for accurate testing.
 - a. Evaluate ImPact Post-Injury results with physician.
 - i. If within normal limits, follow return-to-play protocol.
 - ii. If outside of normal limits, repeat in 48 hours if asymptomatic.

Return to Learn Plan

1. Follow the Sports Medicine Department Concussion Management Protocol for appropriate referral to team physician for assessment.
 - a. If a S-A suffers a concussion, the team athletic trainer will contact the *academic counselor by phone* to notify him/her of the concussion – clarify if the team physician has or has not made recommendations for class accommodations.
 - i. Note: No specific information regarding the S-A's health should be left in a voicemail as voicemails are sent as electronic messages.
 - b. The academic counselor will contact the learning specialist to notify him/her of the concussion.
 - c. **If the team physician recommends accommodations should be made for class attendance or coursework**, the *team physician* will complete the form letter on letterhead noting the date the concussion occurred.
AT may complete letter(s) but MD must sign
 - i. The team athletic trainer will provide the initial letter(s) to the *academic counselor*.
 - ii. The academic counselor will notify the learning specialist of the recommendations.
 - iii. The learning specialist will work with the S-A to set-up an evaluation with DRES.
 - iv. Follow-up documentation, i.e. physician office visit notes, will be provided to the academic counselor/learning specialist upon request.

Graduated Return to Play Protocol

Step 1: No Activity – Complete physical and cognitive rest.

Step 2: Light Aerobic Activity – walking, swimming or stationary cycling, keeping intensity to <70% of maximum predicted heart rate; no resistance training.

Step 3: Sport Specific Exercise – skating drills in ice hockey, running drills in soccer; no head impact activities.

Step 4: Non-Contact Training – progression to more complex training drills, e.g. passing drills in football and ice hockey; may start progressive resistance training.

Follow-up with physician for final evaluation to return to full contact activity.

Step 5: Full-contact practice – participate in normal training activities.

Step 6: Return to play – normal game/competition play.

Note: The student-athlete should progress to the next step only if completely asymptomatic at the current step. If any post-concussion symptoms occur while in the stepwise program, the athlete should stop all activity and follow-up with a physician. After asymptomatic for 24-hours, the athlete should drop back to the previous asymptomatic step and try to progress.²

Reducing Exposure to Head Trauma exposure management plan

1. All student-athletes will receive the education about safe play incorporating the Safety first approach and taking the head out of contact as ways to limit head contact during both practice and competition. This educational training will be from the sports ATC during their annual pre-season team meeting.
2. All coaches will receive the education about safe play incorporating the Safety first approach and taking the head out of contact as ways to limit head contact during both practice and competition. This educational training will be from the sports ATC on an annual basis.

Appendix A

Big Ten Acknowledgment Forms

Appendix B

NCAA Concussion Fact Sheets



Reference to any c
as an endorsement



Appendix C

Take Home Head Injury Instructions

UNIVERSITY OF ILLINOIS SPORTS MEDICINE

HEAD INJURY INSTRUCTIONS

Athletes with suspected head injuries will follow the instructions listed below:

This sheet should be read by yourself and given to your roommate or family member who will be with you for the next 24 hours.

- A. Do NOT take any aspirin, ibuprofen or any other pain medication or any anti-inflammatory medication unless directed by the team physician.
- B. You are out of ALL activity; including no contact sports and no weight lifting, until cleared by the Sports Medicine Staff.
- C. If you experience any of the following conditions:
 - a. Persistent, intense headache or headache that worsens in intensity
 - b. Nausea and/or Vomiting
 - c. Ringing in the ears
 - d. Slurring of Speech
 - e. Blurred or double vision
 - f. Difficulty breathing
 - g. Memory loss
 - h. Confusion or irritability
 - i. Convulsions
 - j. Lack of coordination, difficulty walking
 - k. Unconsciousness or unresponsiveness

Please contact one of the athletic trainers or the physician at the phone numbers listed below, regarding any of the symptoms listed above or if any questions arise concerning your condition.

- D. If there is a true medical emergency, call for an ambulance by dialing 9-911 (campus) or 911 (off campus).
- E. Your normal follow-up care will include:
 - Report to the _____ Training Room
 - On: _____
 - At: _____ AM/PM

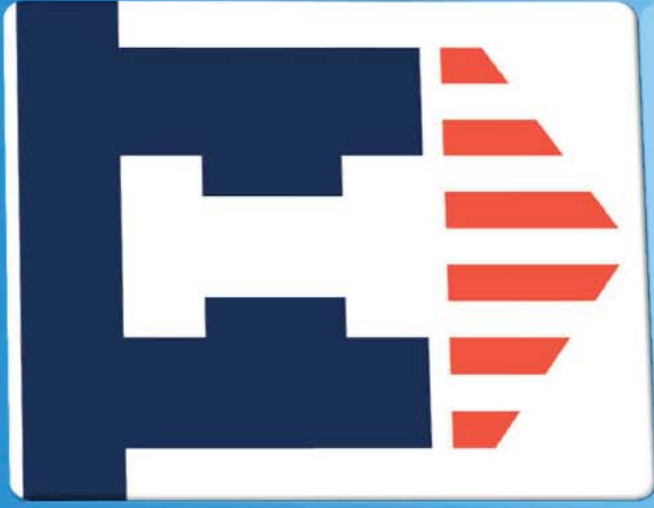
Phone numbers:

Athletic Trainer: _____

Training Room: _____

Emergency/Ambulance 9-911 (campus) 911 (off campus)

TAB 14



University of Illinois
Division of Intercollegiate Athletics
Sports Medicine Department

Sports Medicine Services Presentation 2014



Sports Medicine Department Mission

The University of Illinois's Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state-of-the-art health care and wellness services designed to protect and enhance the well-being of the student-athlete.

The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.



Sports Medicine Team

- * The Sports Medicine Team Consists of
 - * 18 Certified Athletic Trainers
 - * Sports Medicine Orthopedic Surgeons
 - * Sports Medicine Primary Care Physicians
 - * Registered Sports Dietitians
 - * Psychologists
 - * Other Allied Health Care Providers



Sports Medicine Team cont.

Athletic Training Staff

- * Paul Schmidt MS, ATC/L PES
- * Director of Sports Medicine/Head Athletic Trainer
- * Men's Basketball
- * Randy Ballard, Associate Athletic Trainer
- * Volleyball
- * Mary "Sam" Laingen, Associate Athletic Trainer
- * Women's Basketball

Football Athletic Training Staff

- * Jake Naas, Head Football Athletic Trainer
- * Chris Walker, Assistant Athletic Trainer
- * Eric Streeter, Assistant Athletic Trainer
- * Cole Hartwigsen, Graduate Assistant



Sports Medicine Team, cont.

Stadium Training Room Athletic Training Staff

- * Melissa Brungard, Assistant Athletic Trainer
 - * Men's Gymnastics
- * Shanti Calabrese, Assistant Athletic Trainer
 - * Softball, Cheerleading
- * Jim Halpin Assistant Athletic Trainer
 - * Baseball
- * Meaghan Naas, Assistant Athletic Trainer
 - * Men's/Women's Tennis
- * Rachel Rudy, Assistant Athletic Trainer
 - * Women's Gymnastics
- * Brittany Scott, Assistant Athletic Trainer
 - * Soccer, Women's golf
- * Meagan O'Grady, Graduate Assistant Athletic Trainer
 - * Swimming & Diving



Sports Medicine Team, cont.

Huff Sports Medicine Staff

- * Randy Ballard, Associate Athletic Trainer
 - * Volleyball
- * Jeff Jahnel, Assistant Athletic Trainer
 - * Wrestling
- * Kristen Streeter, Assistant Athletic Trainer
 - * Men's and Women's Track & Field
- * Kevin Moehn, Graduate Assistant
 - * Track & Field
- * Ann Schaafsma, Graduate Assistant
 - * Track & Field



Sports Medicine Team, cont.

Team Physicians

- * Dr. Robert Gurtler, MD – Orthopedic Surgeon
 - * Head Team Physician
- * Dr. Robert Bane MD – Orthopedic Surgeon
- * Dr. Jerrad Zimmerman MD, Primary Care Sports Med
- * **Dr. Amy MacDougall MD, Primary Care Sports Med**
- * Dr. Jeremy Henricks MD, Primary Care Sports Med



Sports Medicine Team, cont.

Nutrition Staff

- * Chelsea Burkart MS, RD, CSSD, LDN
 - * Director of Sports Nutrition
- * Katie McKinney RD, LD
 - * Team Sports Dietitian
- * Anna Turner RD, LD
 - * Sports Nutrition Assistant

Support Staff

- * Lori Stalter
 - * Insurance Specialist



Physical Examinations

- * All student-athletes will undergo an initial physical exam completed by one of the team physicians.
- * The team physician has final decision on medical clearance or disqualification.
- * Each subsequent year each student-athlete will fill out a follow up health history questionnaire.



What happens if I get hurt or feel sick?

- * Report ALL injuries and illnesses to your athletic trainer within three days of injury or start of your illness.
- * The athletic trainer will evaluate the injury or illness and provide the appropriate care and referral.



What happens if there is an emergency?

- * Call 911 or proceed to the CARLE Foundation Hospital emergency department (University and Lincoln Ave).
- * Inform the emergency that you are a student-athlete
- * Contact your team athletic trainer as soon as possible.



What if I want to see a doctor?

- * Your team AT will make an appointment for you to see the doctor.
- * You may request to see the team doctor for “confidential” matters.
- * Physicians are available in the mornings at the Northwest stadium athletic training room daily, but appointments must be scheduled by your team’s athletic trainer.



Who will know my medical history?

- * Only pertinent information concerning your ability to participate in you sport will be shared with your coach.
- * Per signed FERPA student-athlete release form
- * No personal information will be disclosed to anyone without your permission.



What if I want a second opinion?

- * Second Opinions
 - * If you want a second opinion - discuss with your team athletic trainer and assigned team physician.
 - * Second opinions must be approved by the Head Team Physician and Director of Sports Medicine prior to any appointments being scheduled.
 - * If you obtain a second opinion on your own without the knowledge of the Sports Medicine Team, you will assume full financial responsibility.



Dental Services

- * All dental injuries are to be reported to the athletic trainer assigned to your sport during that practice or immediately thereafter in the Athletic Training Room.
- * The DIA will be responsible for all dental problems caused by an injury while participating in an authorized, regularly scheduled practice or intercollegiate contest.
- * If you participate in a sport that requires you to wear a mouthpiece and you get hurt while not wearing it, the DIA will not pay for any bills.
- * Routine dental care such as routine examinations, cleaning, dental cavities, wisdom tooth extractions, etc., are the responsibility of each individual athlete.
- * We can help facilitate your care but will not be responsible for any bills



Vision

- * All athletic glasses must be safety glasses with shatterproof lenses and frames.
- * Contact lenses will be purchased for only those athletes who are in definite need of them for practice and competition.
- * Replacement of lost lenses by DIA occurs only if they are lost or damaged during practice or competition. If you lose or break your lenses, you must report it immediately.



Medical Bills

* Insurance Policies

- * DIA Athletics will pay for athletically related medical expenses.
- * DIA Policy is to use both -
 - * Parental Insurance – primary
 - * Student Insurance – secondary (United Health Care)
 - * **Mandatory – do not exempt**
 - * NCAA Catastrophic Injury Insurance
 - * \$90,000 deductible
 - * In excess of other valid & collectible insurance
- * The athletic department will pay any remaining balances after primary and student insurance coverage.



Medical Bills

- * Athletically related treatments/services are covered by the Athletic Department
- * Accounts are in student athlete's name
- * Give medical bills to your athletic trainer or mail them to Lori Stalter at:
 - 1402 South First Street
 - Champaign, IL 61820
- * An on-line account is created for UHC bills
 - * Use U of I user name and email
 - * Ask team athletic trainer for your password
 - * Forward any emails you receive to your team athletic trainer



I keep getting bills – What do I Do?

- * All Medical bills are in your name and may be sent directly to you or your parent's house.
- * Bring in all bills and Explanation of Benefits to your athletic trainer
- * DO NOT ASSUME that we get copies of your bills.
- * Failing to bring in bills to get processed will have YOUR bills ending up in collections. THIS WILL AFFECT YOUR CREDIT RATING and may prevent you from getting a loan in the future.



Drug Testing

- * University of Illinois drug testing
- * Big Ten drug testing
- * NCAA drug testing
 - * Year round
 - * Recreational drugs
 - * Performance enhancing drugs
 - * Anabolic steroids



Drug Testing

- * All samples collected by NCAA, Big Ten and the DIA will be observed.
- * Witnessed by an athletic trainer or collection professional.
- * All samples are sent to an independent lab for analysis.



Be Cautious of Supplements

- * Not Regulated by FDA
- * May contain banned supplements
 - * Several Student athletes have tested positive and lost a year of eligibility by the NCAA & Big Ten for taking a supplement that had a banned substance
- * Many have not been tested for long term side effects
- * Check all supplements with your team's nutritionist or athletic trainer



Concussions: What should I know?

- * What is a concussion?
- * A complex injury to the brain caused by a traumatic force resulting in many different signs and symptoms.



Concussions: What should I know?

- * Concussion Myths:
 - * 1. You have to be hit in the head to have a concussion
 - * False: A concussion can result from a large blow to the head, neck or body.
 - * 2. You should get a CT or MRI of your head for EVERY concussion.
 - * False: A concussion is a brain injury that results in no changes being seen on a CT or MRI of your brain. The studies may be helpful in ruling out other possible injuries when warranted.



Concussions: What should I know?

Concussion Symptoms

- * Headache
- * Feeling in a fog, sluggish or groggy
- * Increased emotions
- * Amnesia
- * Confusion
- * Nausea
- * Loss of consciousness
- * Balance problems
- * Dizziness
- * Blurred or double vision
- * Sensitivity to light/noise
- * Concentration/memory problems
- * Slowed reaction time
- * Change in sleep patterns



What should I do if I think I have a concussion?

- * Immediately inform/contact your athletic trainer or team physician.
- * If your AT or physician is not around, inform your coach.



Concussion Baseline Testing

- * All student athletes will undergo baseline neuropsychological testing using the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) computer based program as well as balance testing.
- * These tests will help the Sports Medicine team better care for you if you do suffer a concussion.



Iron and Vitamin D Testing

- * **Why do we test iron and vitamin D levels?**
- * Iron helps your red blood cells carry oxygen.
- * Athletes with low iron fatigue more quickly and recover slower between sets.
- * Vitamin D is vital for bone health and helps the body absorb calcium.
- * Athletes with low vitamin D are at greater risk for bone injury, muscle injury, get sick more often, and may have more inflammation (slower healing).



Iron and Vitamin D Testing

- * **How do I complete the testing?**
- * Athletic trainer will provide you with a lab request form for McKinley Health Center. (Repeat every 2 months)
- * Report to the McKinley Health Center with your form
- * Check-in at Medical Records on lower level.
 - * Inform the clerk you are a student-athlete and need to complete lab work.
 - * Sign waiver for your records to be sent to DIA Sports Medicine.
- * Proceed to the lab to have your blood drawn.

BE POLITE – YOU ARE REPRESENTING YOUR TEAM AND DIA



DIA Medical Services

- * Conclusion
 - * We are here to help.
 - * If you have any questions please contact your team's athletic trainer.
 - * All of the covered information is in your student-athlete handbook.
- * Website: Fighting Illini, Inside Illinois
 - * <http://www.fightingillini.com/genrel/sportsmedicine.html>



Thank You



TAB 15

Conduct Expectations for Coaches

Preamble:

Coaches employed by or volunteering to work for the Division of Intercollegiate Athletics (“DIA”) serve highly visible and public roles as representatives of the University of Illinois (“University”). Additionally, DIA coaches serve as role models and mentors for *all* DIA student-athletes, not just the student-athletes on their teams. Therefore, it is imperative that whenever coaches represent the University in any capacity, they must: exemplify the values of honesty, integrity, and respectfulness; promote the safety and well-being of DIA student-athletes; uphold the University’s and the DIA’s commitment to providing student-athletes with a quality education; comply with all relevant rules, regulations and policies; and promote their student-athletes’ compliance with all relevant rules, regulations and policies.

To that end, the DIA has established these Conduct Expectations for Coaches to provide fundamental professional guidelines for DIA coaches.

Scope:

As used in this policy, the term “Coaches” includes all coaches, including head coaches, associate head coaches, assistant coaches, volunteer coaches and any other individual designated as a coach by a DIA varsity team.

Policy:

General Requirements:

- 1) Whenever coaches are performing their work responsibilities for the University (e.g. athletic contests, team practices and interactions with student-athletes or staff) or are, in any other way, representing the University (e.g. public events and when engaging the media), coaches shall conduct themselves with dignity and respect consistent with the standards set forth in this policy.
- 2) Coaches shall avoid using excessive profane language or vulgar gestures.
- 3) Coaches shall not demean or belittle: University student-athletes, employees or representatives; employees or student-athletes of other universities or colleges; referees or other officials; fans; and members of the public.
- 4) Coaches shall model fair play and sportslike¹ behaviors for all student-athletes.
- 5) Coaches shall establish an ethical standard for their team which requires that all members of the team (including student-athletes and any employees reporting to the coaches, including other coaches) comply with both the letter and the intent of all applicable federal and state laws and all applicable NCAA, Big Ten, University and DIA rules, regulations and policies.
 - a) Coaches shall also set an ethical standard for all members of the team (including student-athletes and any employees reporting to the coaches, including other coaches) of immediately reporting any actual, perceived or potential violations of such laws, rules, regulations and policies through the appropriate reporting mechanisms.
- 6) Coaches shall fully cooperate with all NCAA, Big Ten, government (local, state or federal), law enforcement (local, state or federal), University and DIA investigations.

¹ The Big Ten adopted the term “sportslike behaviors” in Principle 9 of *The Big Ten Conference Statement of Guiding Principles*.

Treatment of student-athletes:

- 7) Coaches shall not discriminate against or harass any student-athlete because of that student-athlete's race, religion, age, disability, gender, sexual orientation or any other category protected by the federal government, the State of Illinois, or the University.
- 8) Coaches shall not engage in threatening, abusive, or demeaning physical or verbal conduct towards student-athletes.
- 9) Coaches shall only engage in physical contact with student-athletes when such contact is necessary for instructional purposes, or in occasional appropriate supportive or congratulatory situations.
- 10) Coaches shall not require student-athletes to perform physical acts that:
 - i) are not relevant to the student-athlete's sport but are, instead, intended to embarrass or degrade the student-athlete; or
 - ii) compromise the health and safety of the athlete or are in conflict with restrictions or guidelines established by the medical or training staff.
- 11) Coaches' verbal interactions with student-athletes shall be for instructional and motivational purposes. Coaches shall not:
 - i) excessively single out a student-athlete through negative interactions; or
 - ii) isolate a student-athlete by ignoring him or her.
- 12) Coaches shall not allow or support in any way, indirectly or directly, hazing as defined by law, or University and DIA policies. Further, coaches will support and promote the University's and the DIA's anti-hazing initiatives.

Managing student-athlete academic welfare:

- 13) Coaches shall promote and enforce policies that support their student-athletes' academic success and progress towards completion of their degrees.
- 14) Coaches shall not exert pressure on any University employee to give a student-athlete special consideration regarding any aspect of the student-athlete's admission standards or academic responsibilities or requirements.
 - a) Coaches must route all communication regarding the admission status of prospective student-athletes through the Associate Athletics Director, Academic Services or his/her designee.
 - b) Coaches must route all communication regarding the academic performance of student-athletes through the Associate Director of Athletics, Academic Services or his/her designee.

Managing student-athlete health and athletic welfare:

- 15) Coaches will collaborate with strength coaches and athletic trainers to create practice workouts that are efficient and adhere to sound safety, hygiene, conditioning, and hydration principles. Such practice workouts must also take into account weather and facility anomalies.
 - a) If a strength coach or athletic trainer disagrees with a coach on an issue related to an activity's impact on a student-athlete's health or safety, the activity must be suspended until the advice of a team physician can be obtained and considered.
 - b) In such cases of disagreement, the coach may request a meeting with the Athletic Director or the sports administrator (or both), the team physician, the strength Coach and/or the athletic trainer to determine an appropriate course of action.
 - i) The team physician shall have the final decision in such matters.
 - c) Coaches are prohibited from attempting to inappropriately or improperly influence any member of the medical or athletic training staff regarding the medical treatment or playing/practice status of a student-athlete.

- 16) Coaches who believe that a student-athlete is suffering physical harm during a physical activity, shall end the student-athlete's participation in the physical activity immediately and have the student-athlete seek medical attention either from the trainer or a doctor.
- 17) Coaches shall take an active role in preventing and addressing drug, alcohol and tobacco abuse by their student-athletes.

Managing student-athlete discipline:

- 18) Coaches shall apply DIA and team rules and regulations fairly to all student-athletes on the same team without preferential treatment of any student-athlete.
- 19) When disciplining student-athletes, coaches shall follow the discipline process outlined in the Student-Athlete Code of Conduct.
- 20) Student-athletes violating the University of Illinois Student Code are subject to discipline by the University. Any sanctions imposed against a student-athlete by the DIA for violations of the Student-Athlete Code of Conduct shall be in addition to any actions taken or sanctions imposed by the University.
- 21) Coaches shall not exert pressure on any University employee to give a student-athlete special consideration regarding any aspect of the disciplinary process for violations of the Student Code.
- 22) All communication between coaches (or any other DIA employee) and any University official involved with the investigatory or disciplinary processes concerning allegations of one or more student-athlete's violation of the student code shall be routed through the DIA Director (or his/her designee) except those occurring when:
 - a) At a student-athlete's request, a coach attends a disciplinary proceeding with the student-athlete as an advisor pursuant to the [Student Disciplinary Procedures](#)² as authored and authorized by the Senate Committee on Student Discipline; or
 - b) A University official directly contacts a coach in an investigation regarding whether a student-athlete has violated the Student Code.
- 23) Coaches who become aware of alleged violations of the Student Code by one or more DIA student-athletes shall promptly report such information to the Director of Athletics (or his/her designee) for referral to the appropriate University official.

Coaches with employment contracts:

- 24) Nothing in this policy shall limit or abrogate any term or condition in any employment contract between the University and any coach.

Issued: *August 1, 2015*

Revised: N/A

² http://www.conflictresolution.illinois.edu/student_discipline/default.asp

TAB 16



Published on Sports Management Resources
(<http://www.sportsmanagementresources.com>)

[Home](#) > [Library](#) > Sample Policy: Ethical and Professional Conduct of Athletic Department Employees

Sample Policy: Ethical and Professional Conduct of Athletic Department Employees

By Donna A. Lopiano
Created 11/22/2011 - 02:08

Ethics Personnel Issues

Note: The following sample policy is an excerpt from a prepublication manuscript: Lopiano, D.A. and Zotos, C. (Publication 2014) The Athletics Director's Desk Reference. Champaign, IL: Human Kinetics. Do not use this sample policy without customizing for your institution, and if necessary, having the document reviewed by institutional legal counsel or higher administration to ensure consistency with local, state, and federal laws and institutional policy.

1.0 General Institutional Rules and Regulations. Continued employment is conditioned on each athletics department employee conducting himself or herself in compliance with institutional and athletics department regulations related to ethical and professional conduct as explicitly defined in the University Handbook and Athletics Department Manual.

2.0 Confidentiality. The athletics department collects information on a variety of constituents as defined below and views this information to be confidential, whether pending, historical, or active. In addition, the department creates many proprietary documents. Discussing this information or copying, distributing, removing, or allowing access to this information by unauthorized persons inside or outside the department is strictly prohibited and may result in termination of employment. If unsure of whether or not information is considered confidential, the employee should ask his/her immediate supervisor. Information that must be protected is listed below.

- All employee personnel records.
- All academic, behavioral, financial, or medical records (both physical and mental) of prospective or current student-athletes, as well as issues that affect eligibility or personal issues revealed by student-athletes or others.
- All alumni, ticket purchaser and donor information including, but not limited to, data base contents (i.e., name, address, degrees conferred, credit card information, etc.), amount of money spent or donated, seat placement or awarding of benefits, history of purchases or giving, and the like.
- All vendor, corporate sponsorship, and media agreements.
- All internal budget and financial documents and decisions.
- Other information that would be deemed proprietary, such as grant applications, to the department or the institution.

There is information that is not deemed confidential and is categorized as public information under government statutes such as the annual Equity in Athletics Disclosure Act Report or the Open Records Act. However, distribution of that information is controlled through the Office of the Athletics Director. Therefore, requests for data or reports that are considered public information

must be forwarded to that office and may not be distributed by any other staff member. Failure to comply with these confidentiality policies may result in immediate termination of employment.

3.0 **Obligation to Comply With NCAA and Conference Rules.** Continued employment is conditioned on each athletics department employee conducting himself or herself in compliance with NCAA and conference rules as defined in NCAA and conference rules manuals, the athletics department policy manual, educational materials and rules updates distributed during the course of the year. Employees in violation of such rules and policies may be subject to disciplinary or corrective actions as appropriate under the applicable rules, regulations bylaws, and policies, including termination of employment. In addition, any employee who becomes aware, or has reasonable cause to believe, that violation(s) of such rules may have taken place by any employee, student-athlete or representative of athletics interests, shall report the same promptly to the Associate Athletics Director for Compliance. Failure to report shall be considered a serious violation of athletics department policy. The refusal of any employee to respond fully and accurately or to appear upon request during investigations of rules violations by the institution or governance associations of which the institution is a member shall also be considered a serious violation of athletics department policy.

4.0 **Sexual Harassment.** Under Title VII of the Civil Rights Act and Title IX of the Education Amendments Acts of 1972, sexual harassment (including all forms of sexual violence) is an illegal form of sex discrimination. Therefore, all employees are protected from sexual harassment by federal law and all employees are strictly prohibited from engaging in any form of sexual harassment affecting student-athletes or other employees.

4.1 **Cause for Termination.** Employees engaging in sexual harassment shall be subject to immediate termination of employment. Examples of behaviors that would constitute sexual harassment include sexually abusive jokes, physical contact, sexually graphic literature, sexual advances, demands for sexual favors, and any other behavior with sexual overtones that creates a hostile work environment. Sexual harassment also includes all forms of sexual violence such as sexual assault, sexual battery, rape, and sexual coercion.

4.2 **Zero Tolerance.** Sexual harassment will not be tolerated by any employee, supervisor, student-athlete, or any third party individual who is on-site at the institution. If observed, employees shall immediately act to stop such behavior and report such behavior to their respective supervisors.

4.3 **University Complaint Procedure.** The University complaint procedure for reporting sexual harassment, which includes multiple avenues to report cases of sexual harassment to neutral persons outside their department (i.e. human resource director, sexual harassment counselor, school psychologist, etc.) shall be used. No separate or additional procedure is conducted by the athletics department. The University complaint procedures also include the provision of information to the victims regarding resources for personal counseling.

4.4 **Confidentiality.** All sexual harassment complaints remain confidential and no punitive action will be taken against anyone who files a sexual harassment complaint.

5.0 **Professional Conduct and Inappropriate Relationships.** Employees, volunteers, or others who have authority over subordinates or who provide professional services to student-athletes must exhibit the highest standard of impartiality and professional treatment. Having a sexual, intimate, romantic, or similar close personal relationship with individuals over which a person has an instructional or service responsibility creates the appearance or actuality of favoritism and special treatment which is professionally unethical and unacceptable and is expressly prohibited. Examples of other professionally inappropriate behaviors expressly prohibited include:

- Staff performing back rubs or massage on a student-athlete (must be performed by a licensed allied health professional approved by the institution) or employee
- Kissing
- Frequent touching that is non-instructional, non-celebratory
- Commenting on student-athletes' or employees' bodies or appearance in a sexual manner
- Exchanging romantic gifts or communications
- Showing obscene or suggestive photos
- Videotaping or photographing student-athletes or employees in revealing or suggestive poses
- Discussing/writing about sexual topics unrelated to curriculum of student-athletes or work responsibilities of employees
- Making sexual jokes, sexual gestures, and innuendos or engaging in inappropriate sexually oriented banter with student-athletes or employees (e.g. discussion of dating behavior).
- Sharing the staff member's own sexual exploits or marital difficulties
- Intentionally invading the student-athlete's or employee's privacy during non-working hours or outside of regularly scheduled practice and competition
- Using e-mail, text-messaging, or instant messaging to discuss sexual topics with students or employees

Such unprofessional behaviors or sexual or romantic personal relationships undermine the trust in the supervisor and belief that the student-athlete or employee will be treated impartially. Employees engaging in such unethical conduct shall be subject to immediate termination of employment.

5.1 Relationships With Subordinates. Employees who have supervisory responsibilities may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with subordinates (including student managers, student trainers, student tutors, graduate coaching assistants, etc.), regardless of the age of the subordinate or even if the relationship is consensual.

5.2 Relationships with Student-Athletes. Employees who have direct service relationships with student-athletes (coaches, athletics trainers, allied health professionals, academic and student life program support program staff, including tutors, etc.) may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with student-athletes regardless of the age of the student or whether such relationship is consensual.

5.3 Student-to-Student Relationships. In situations in which students have authority or service relationships over other students (student coaches, student managers, student tutors, student trainers, etc.), such student workers may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with student-athletes regardless of the age of the student or whether such relationship is consensual. Student workers in these authority relationships should consult with their supervisor if such sexual or romantic relationships with other students exist to ensure that they are not assigned to have authority over or provide service to such student-athletes. This is an important lesson in removing conflict of interest and demonstrating professionalism that supervisors are required to discuss with students who may be in this situation.

6.0 Conflict of Interest. It is the policy of the University and the athletics department to conduct business in an ethical manner. All employees are obligated to avoid any actions that might result in or create the appearance of:

- using the association with the University for private gain;
- preferential treatment to any outside person or organization;
- impeding the efficiency or economy of the University;

- loss of independence or impartiality;
- affecting the public confidence in the integrity or the reputation of the University;
- endangering the life, health, or safety of anyone.

No person shall have direct or indirect interest in or relationship with any outside business, organization, or person that might affect (or that might reasonably be understood or misunderstood by others as affecting) the objectivity or independence of his or her judgment or conduct in carrying out the duties and responsibilities he or she has in connection with University activities.

6.1 Third Party Agent. Anything which could constitute a conflict of interest or unethical conduct on the part of any Person is also a conflict of interest if knowingly engaged in through a third party such as a spouse, a family member or other persons or organizations.

6.2 Circumstances. Circumstances in which a conflict of interest would arise include:

- material and direct personal involvement with vendors, suppliers, contractors, with whom the University does business;
- ownership of a material interest in such an entity;
- acceptance of material payments, services or loans from such an entity;
- ownership of property affected by University action or acquired as a result of confidential information;
- outside employment which might materially impact job performance or efficiency;
- outside activities in civic, professional or political organizations which might involve improper and unauthorized divulging of University or athletics department data.

6.3 No Knowledge. Nothing in this policy statement is intended to characterize a relationship or involvement as a conflict of interest or as unethical conduct on the part of any individual if the individual has no actual knowledge of such a relationship or involvement. Also, any individual whose sole relationship with the University or athletics department is membership on any advisory committee and who is not directly involved in negotiations with third parties on behalf of the University or the athletics department shall not be subject to the provisions of this policy.

6.4 Prohibited Use of Information. No employee should use for his or her personal gain information obtained through his or her association with the Institution, the athletics department, or other associated groups such as boosters, corporate sponsors, etc.

6.5 Disclosure. It is the responsibility of each employee, upon knowledge of any violation of the guidelines stated above or situation which could potentially be in violation of these guidelines, to report such situations to the Athletics Director.

6.6 Improper Use of Assets and Record Keeping. All employees are responsible for preventing the loss, damage, misuse or theft of property, records, funds or other assets belonging to the University. All assets of the University, including its facilities, are to be used exclusively for conducting University activities and are not otherwise to be sold, given away, used personally or disposed of.

6.7 Proper Use of Funds. Proper use of funds of the University is a fiduciary responsibility. No employee shall make any illegal or unethical payments (including bribes, kickbacks, graft, unauthorized commissions or finder's fee) from the assets or resources of the University, or otherwise.

6.8 Gifts and Gratuities. No employee shall encourage or accept gifts or gratuities for themselves, their families or friends from any outside person or organization having, or seeking to have, a relationship with the University. Notwithstanding such a basic policy, if any person should receive any unsolicited gifts or gratuities with the value in excess of \$100, such gifts shall be

construed to be a contribution to the University and shall be immediately turned over to the University through the Associate Athletics Director for Development as a contribution from the original source. Unsolicited gifts or gratuities of less than \$100 may be retained but shall be fully disclosed to the Athletics Director.

6.9 Entertainment and Favors. No employee shall encourage or accept entertainment or other unusual favors (loans, services, compensation, etc.) in excess of \$100 in any form for themselves, their families or friends, from any person or organization having, or seeking to have, a relationship with the University. However, minor business courtesies such as payment for normal meal costs are permitted when arising from business connected with the activities of the University. Entertainment with an individual valued in excess of \$100 shall be fully disclosed to the Athletics Director. No employee should give from the assets belonging to the University any gifts, gratuities or entertainment in excess of \$100 to outside persons or organizations unless approved by the Athletics Director according to University policies, procedures and disclosure requirements. However, minor business courtesies such as payment of normal meal costs are permitted when arising from business connected with the activities of the University. Entertainment with an individual value in excess of \$100 shall be fully disclosed to the Athletics Director. Accurate and complete records shall be maintained with respect to any gift, gratuity, or entertainment described above.

6.10 Political Contributions. Neither the University nor any employee shall allow its assets to be used or shall make any direct or indirect payments on behalf of the University or the employee to any federal, state or local political entities or individuals for the purpose of influencing or appearing to influence legislation, benefitting or appearing to benefit elected or appointed government officials, or governmental decisions or for the purpose of:

- aiding in the election or defeat of candidates for office;
- influencing any act or decision of an official in his or her official capacity, including failure to perform his or her official function;
- inducing an official to use his or her influence to affect or influence any act or decision of another official;
- any other illegal or improper political purpose.

6.11 Influencing University Decisions. No employee shall succumb to domestic and foreign political pressures or other forces, such as direct or indirect payments, from outside the University which are received with the purpose of influencing University decisions, actions or inactions in a manner other than in accordance with University authorization.

6.12 Acceptance of Honoraria and Other Forms of Outside Employment. Receipt of honoraria by any employee speaking on behalf of or representing the University or the athletics department shall be prohibited based on the belief that employees should not utilize the organization for private gain. Any honoraria received in the performance of such duties should be signed over to the University. However, if a University employee or other person is asked to give a presentation or perform consultant services based on the professional expertise of the individual as opposed to their position as a representative of the University, they may participate in such activities and receive expenses and/or honorarium or fee for such services from the sponsoring agency as long as the University employee: (1) utilizes a vacation day if such outside employment or activity occurs on a regular working day, and (2) receives prior approval from the University in order to establish that participation in such outside employment or activities is not related to his or her duties as a representative of the University.

7.0 Personal Conduct and Responsibility. Employees are to conduct their personal business so as not to bring discredit to themselves or to the University. The athletics department shall not act as a collection agency or be involved in determining the validity of contested debts on behalf of its

staff members. Members of the staff are expected to establish and maintain a standard of behavior which brings credit to themselves and to the athletics department. The following guidelines for personal conduct, while not all inclusive, have been established for staff members:

- Act with good judgment, discretion and integrity both on and off the job;
- Represent the University and the athletics program with dedication, enthusiasm and loyalty;
- Treat all persons with courtesy, friendliness and respect for their personal dignity;
- Do not discriminate against any individual by reason of race, gender, creed, color, national origin, age, handicap or sexual orientation;
- Dress appropriately in the office and on the field as specified by the athletics department Appearance Code; and
- Maintain scheduled office hours throughout the year, including off-season periods and student vacation breaks.

In the event of a conflict or disagreement with another department employee, the involved employees shall follow the department's conflict resolution policy and procedures

8.0 Well-Being of Student-Athlete. Coaches and other athletics department employees may have a direct impact on the behavior, personal development and quality of life of University students and student-athletes. Accordingly, coaches and staff should conduct themselves in a manner consistent with the University's philosophy to advance the education, interests, and well being of students and student-athletes. Although specific responsibilities are described in individual job descriptions, general responsibilities are as follows:

8.1 Recruiting. All coaches and other employees must adhere to NCAA and conference recruiting guidelines and are not permitted to recruit student-athletes under false or misleading pretenses, or by offering inducements that are violations of any governing authority's regulations.

8.2 Academic Affairs. The primary objective of the athletics program is to help each student-athlete complete a degree. Employees involved in the area of academic support must conform to guidelines that limit permissible forms of assistance to student-athletes in fulfilling their academic requirements.

8.3 Physical and Psychological Well-Being. Employees shall act in ways that support the physical and psychological well being of the student-athlete with regard to instructional methodology, the design of training and conditioning programs, and adherence to department policy regarding medical treatment, rehabilitation and decisions related to return to competition.

9.0 Supportive Staff/Coach Relationships. Coaches are not permitted to put pressure on support staff to behave in certain ways or to change a decision that creates ethical conflict, especially in the areas of rules compliance, academic support services, and sports medicine. These are areas where pressure and unethical decisions can bring about the greatest amount of risk to student-athletes, to the department, and to the institution. The athletics department will not tolerate any behavior that creates pressure on support staff or undermines their authority, their expertise, or their right to execute their responsibilities. More specifically, coaches are expected to:

- Demonstrate full support of decisions related to an athlete's eligibility to participate in practice or contests that are made by the sports medicine staff, the compliance staff, the academic support staff, or any other staff member who has the right and responsibility to execute such a decision.
- Report athletes injuries, physical or emotional illnesses, academic issues, possible rules violations, behavioral transgressions, and the like to the appropriate support staff or administrator even if the result makes the athlete ineligible to participate.

- Encourage rather than discourage athletes to work with support staff regarding injuries, illnesses, academic issues, possible rules violations and the like even if the result would make the athlete ineligible to participate.
- Refrain from criticizing support staff or administrators to athletes, parents, media, alumni and any other constituents when you disagree with a decision.

Failure to adhere to these policies may result in immediate termination.

10.0 Sportsmanlike Conduct. Coaches and all athletics department employees are expected to act as positive role models in demonstrating sportsmanlike conduct. The criticism of sports officials is considered unacceptable, before, during or after a contest. Established channels of communication and procedures for protesting an official's ruling are to be followed by all staff members. In addition, coaches and staff members are expected to formally instruct student-athletes on positive approaches to sportsmanlike conduct.

11.0 Gambling and Bribery. Employee involvement in illegal gambling and bribery, in accordance with NCAA guidelines, is strictly prohibited. The athletics department is committed to educating student-athletes, and all employees are expected to reinforce the following gambling and bribery education program elements:

- Counseling the student body and particularly student-athletes as to the seriousness of the gambling problem, including a review of applicable federal, state and local laws, as well as the posting of informational literature in residence halls and locker rooms;
- Informing students that they are required to report any solicitation to become a party to sports bribery or gambling activities, and that failure to do so, if determined after due process, may result in suspension or expulsion from the University; and
- Educating squad members as to the nature and prevalence of gambling and bribery in intercollegiate sports.

The athletics department shall implement security measures to prevent potential bribers or gamblers from contacting student-athletes on campus, especially before major competition and shall deny press credentials to representatives of any organization which regularly publishes or promotes the advertising of "tip sheets" or other materials used to encourage gambling on college athletic events;

Furthermore, staff members should not knowingly:

- Provide information to individuals involved in organized gambling activities concerning intercollegiate athletics competitions;
- Solicit a wager on any intercollegiate team (including participating in an office pool);
- Accept a bet on any team representing the University; or
- Participate in any gambling activity that involves intercollegiate athletics or professional athletics, through a bookmaker, a parlay card or any other method employed by organized gambling.

12.0 Tobacco and Other Forms of Substance Abuse. The athletics department enforces NCAA penalties in all sports applicable to game personnel (coaches, trainers, managers, game officials, etc.) who use tobacco products during practice or competition. The athletics department prohibits the use of tobacco products at any time while representing the university off campus at any event. The athletics department is a substance free and smoke free work place. Violations pertaining to alcohol distribution or consumption in the workplace or at athletics department functions may result in immediate termination. Illegal drug use or distribution is considered a felony and will result in immediate termination. More specifically, the following policies also apply to athletics department staff:

- Staff may not drink alcohol at any event that includes current or prospective student-athletes including, but not limited to, team trips, the athletics banquet, team fund raisers, department fund raisers, admissions events, and the like. This policy includes events, on or off campus, where alcohol is being served and consumed by other constituents.
- Staff may not drink alcohol at any time on team trips, even when they are not in the company of student-athletes. It is essential that all staff be non-impaired in the event of any student-athlete emergency.
- Student-athletes often carry prescription drugs for pain from injuries or other conditions. Staff may not take prescription drugs that they acquire from a student-athlete.
- With the exception of qualified medical personnel, staff may not encourage the use of or provide any over-the-counter or prescription drugs or supplements to student-athletes, including aspirin, vitamins, energy drinks or supplements of any kind. In general, staff should not give anything to student-athletes to ingest except water or electrolyte replenishment drinks provided by athletic trainers.
- The athletics department holds a visible and recognizable position in the University and surrounding community. Therefore, staff members' behavior may be scrutinized by others even during their own personal time. It is important that staff members demonstrate responsible social behavior as it relates to alcohol consumption.
- Smoking is strictly prohibited at all department related activities and during team trips.

13.0 Nepotism. It is the policy of the University not to discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital or familial status. Notwithstanding this policy, the athletics department retains the right to refuse to appoint a person to a position in the same department, division or facility, wherein his/her relationship to another employee has the potential for creating adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest such as bias or favoritism towards relatives and friends in the form of hiring preference, promotion, or compensation. In general, the Athletics Director shall not permit a supervisor-subordinate reporting structure involving family members. The Athletics Director has the authority and responsibility for determining if such a potential for adverse impact exists or does not exist and all such decisions are subject to the review of the University Office of Human Resources.

14.0 Background Checks. Given our responsibility to ensure a safe environment for our student-athletes and the conduct of camp, clinic and other activities for children, background checks are required of all athletic department employees as a condition of employment.

15.0 Reckless, Dangerous or Felonious Conduct. Employees engaging in any of the following activities are subject to immediate termination of employment:

- Arrests for or convictions of crimes committed at work or outside of work which reflect unfavorably upon a staff member's suitability for continued employment
- Violation of the civil or criminal laws on Institutional property or while on Institutional business
- The manufacture, possession, use, distribution, dispensation or sale of illegal drugs or alcohol on university time or premises
- Violation of safety rules or procedures
- Engaging in or threatening physical violence
- Possession of firearms, explosives, flammables or other weapons of any kind on university time or on university premises
- Carrying unauthorized persons in vehicles owned, leased or rented by the Institution

16.0 Prohibited Activities. An employee may not:

- Provide, or collaborate with a representative of athletics interest to provide, impermissible benefits to student-athletes or prospective student-athletes (cause for immediate termination of employment. Note: If an employee is not involved but has knowledge that such activity is taking place and does not report it to the Director of Athletics, such failure to report is similarly cause for immediate termination).
- Use institutional funds (including telephone, postage, stationary, etc) for personal use, to influence the outcome of any election, or to support any cause.
- Use department vehicles for personal recreation or for any non-work related activity.
- Accept other employment that would impair or interfere with the employee's duties
- Remove institutional property from campus without completing the appropriate request.
- Keep confidential information in any unlocked areas.
- Keep institutional cash, checks, or credit card receipts in any unlocked areas.
- Lend, loan or sell any institutional property or information to any outside individual or agency.
- Purchase tickets to athletics events and sell those tickets at an increased price (scalping).
- Use athletics facilities for use by an outside group without completing the facility use form, obtaining the required approvals, and submitting the standard fee.
- Accrue any vacation time unless they post their time reporting sheet at the end of each month.

17.0 Negligent Work Practices. Following is a non-inclusive compilation of behaviors considered negligent work practices that will subject the employee to immediate corrective action including termination of employment

- Falsification of or omissions from work, personnel or other university records.
- Failure to call in each day according to university and departmental policies when unable to report to work.
- Working under the influence of illegal drugs or alcohol.
- Incompetence.
- Inefficient or unproductive use of work time (including personal use of university communication, computing, or network resources, sleeping while on duty, unauthorized absence from assigned work areas, and the like).
- Working unauthorized overtime.
- Negligent, below standard or unsatisfactory job performance.
- Neglect of duty.
- Insubordination.
- Failure or refusal to perform assigned work or carry out management requests
- Dishonesty, including but not limited to plagiarism, falsification of academic credentials, gaining unauthorized access to or falsification of university reports or records, misappropriation or misapplication of university funds.
- Patterns of absenteeism, tardiness in reporting to work, and/or in returning from break and/or luncheon periods or leaving early.
- Rude or unprofessional conduct with students, faculty, staff, or the general public
- Any negligent act which might endanger one's own safety or life, the safety or lives of others, or which might result in damage to or destruction of university property (including driving university vehicles negligently, losing university property through negligence, etc.).
- Having unauthorized family members, friends or animals in the workplace.
- Misuse, abuse, unauthorized possession, removal or use of university property or unauthorized charges to university accounts.
- Discrimination against or harassment of staff members, faculty members, students, or other constituents.
- Conflicts of interest or the failure to resolve a conflict of interest.
- Disclosure of confidential institutional or departmental information to unauthorized persons.

18.0 Prohibition of Retaliation. Creating a culture of personal responsibility requires an assurance to employees and student-athletes that no retaliation will occur against those who report governance association rules violations or misconduct policy violations. Staff and student-athletes shall be annually informed of this policy by the Director of Athletics via staff and student-athlete meetings. Any individual is invited to utilize the institutional ombudsman to express any concern.

Need Assistance? Try the [FAQ](#) or [Contact Us](#)

©2008 Sports Management Resources

Source URL: <http://www.sportsmanagementresources.com/library/ethical-conduct-of-employees>

TAB 17

From: Beckman, Timothy D [tbeckman@illinois.edu]
Sent: Monday, April 23, 2012 8:12 AM
To: Martindale, Alan R; Thomas, Michael J; Lener, Jason A
Subject: Head Football Trainer
Attachments: [REDACTED]

AI

I have spoken with these three candidates over the phone and feel they would be a great asset to this football program and to the DIA:



As soon as we can get this position filled I feel would be in the best interest of our student-athletes. I have enclosed their resumes.

Thanks and look forward to your response.

Tim Beckman
Head Football Coach

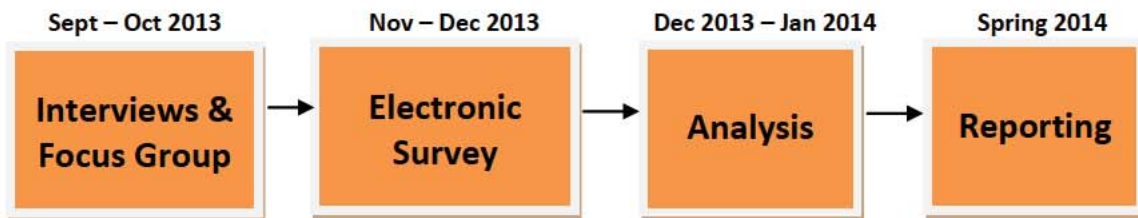
TAB 18

SUMMARY AND PURPOSE OF THE CULTURE ASSESSMENT

The Center for Training and Professional Development (the Training Center) at the University of Illinois was contracted to conduct an organization-wide assessment on culture that included a focus group, small group and one-on-one interviews, and an electronic survey to all DIA employees. Feedback was compiled and presented to DIA leadership and employees with trends, observations, and recommendations.

The entire DIA Culture Assessment is comprised of four distinct stages: Interviews and Focus Group, Electronic Survey, Analysis, and Reporting. The diagram below provides a program overview of the entire assessment:

Program Overview



KEY DEFINITIONS AND CORE BELIEFS ON INTEGRITY, INCLUSION & DIVERSITY

The Culture Survey advances a strategic plan goal to “further establish and enhance [DIA] culture of integrity and ethical behavior.” The Training Center developed an understanding of key tenets of DIA culture through review of strategic documents, discussion with key administrators and representatives from the DIA Compliance office, and input from staff interviews.

Integrity has a specific meaning in the context of DIA’s culture. In its most recent strategic plan, DIA outlines this meaning through its Clarifying Statement on Integrity:

The success we seek to achieve must be success that is earned by honest and ethical effort, and must be guided by our desire to achieve the highest level of integrity in all of our endeavors. Division of Intercollegiate Athletics administrators, staff, coaches, and student-athletes will communicate honestly and develop relationships that are built upon trust. The Division of Intercollegiate Athletics will continually monitor itself in an effort to maintain the highest level of integrity and to help ensure that all personnel and student-athletes conduct themselves in a manner consistent with institutional and departmental policies and procedures, as well as NCAA and Big Ten Conference rules.

When the word “diversity” is used, it is not restricted to include only race and gender issues. Diversity also refers to economic status, sexual orientation, education levels, familial status, cultural backgrounds, and much more. Diversity is defined as the collective strength of experiences, skills, talents, perspectives, and cultures that each employee brings to the organization. Diversity is a business issue and must be linked to business goals and strategies. Operationally in organizations, it is defined as the efforts to ensure fairness and equity in the workplace and to assure equal accessibility and compliance.

Inclusion, on the other hand, can be described as the process of ensuring a “sense of belonging” to each employee in the organization. It comprises efforts to make employees feel they are respected and valued for their uniqueness, and that the organization recognizes that employees are at their creative and productive best when they work in an inclusive work environment. Operationally in organizations, it is defined as those processes and efforts to build bridges between employees and leveraging the collective organizational synergy to increase productivity and problem solving.

SURVEY STATISTICS

Survey Invitations Sent:	278
Responses Collected:	217
Percent Return:	78%

Note: 178 surveys were fully completed by respondents.

STRENGTHS AS AN ORGANIZATION

Staff confirms that DIA has many positive workplace attributes. This is evident in the survey responses, focus group, and interviews. Many respondents—over half of open-ended survey comments—point to a friendly and positive work environment among the top two positive factors contributing to their sense of belonging at DIA early in their employment. More than one-third of open-ended comments about current positive factors indicate that friendly and positive workplace conditions continue to factor most into their sense of belonging at DIA today.

In addition, DIA is perceived as an organization that shows a high level of commitment to promoting and practicing integrity throughout its many workplace settings.

There is a high level of employee engagement at DIA, and staff members show a genuine desire to see DIA as an organization exhibit even more of the real-life actions and rewards of its stated good intentions.

TRAINING CENTER OBSERVATIONS

It is customary for culture assessments conducted by the Training Center to share general observations about process, trends, and notable staff features. Following these observations, the Training Center offers several recommendations for management consideration.

Overall, Training Center culture assessment project staff noted promising DIA staff openness. Throughout the assessment's introductory, interview and focus group, and electronic survey phase, staff exhibited a willingness to share constructive, authentic perceptions and impressions of DIA as an organization. Staff participation in interviews and focus groups was high, and the response rate to the electronic survey was exceptional. It is rare that the Training Center sees such a high level of response to this type of assessment.

In an overarching way, DIA staff exhibited a high level of dedication and outstanding personal and professional investments of time and talent to advancing DIA's mission, which was broadly embraced. The concept of being on the DIA team was heard and seen throughout the assessment process.

Within this environment of high dedication, there was also an uneven presence of distrust displayed among some staff. The amount of staff choosing not to disclose demographic and employment characteristics was surprising given confidentiality controls put in place by DIA and the Training Center as a third-party service provider.

A significant proportion of DIA staff expressed concern about relational reciprocity with the larger DIA organization. This occurred despite positive impressions and feelings of connection with local workplaces, coworkers, and managers. This was expressed in several areas of the assessment process, including survey questions that explored staff inclusion sentiment and loyalty to and from DIA. Negative sentiment about reciprocity emerged in several ways, and was most clearly expressed through constructive feedback about employee recognition and appreciation, communication throughout the organization, and compensation.

In addition to reciprocity concerns, there seemed to be internal vs. external, central vs. remote, and top of the org chart vs. bottom of the org chart cultural dynamics that weigh heavily on staff in various parts of the DIA organization.

Despite these challenging dynamics, middle managers seem to be a pivotal connection point for many staff. Their access to and sharing of information, positive staff inclusion behaviors, sound and fair management practices, and personal displays of and individual support for high integrity actions strongly influence their employees' feelings of inclusion and perception of DIA as a high integrity work culture. Highly visible DIA administrative leadership and compliance department staff also seems to play an important role in setting and maintaining the culture's tone of high integrity and broad inclusion, and staff members show an interest in the involvement of multiple levels of DIA leadership and other administration in this process.

TRAINING CENTER RECOMMENDATIONS

The Training Center offers five recommendations for consideration as DIA leadership studies possibilities for enhancing the organization's culture in support of its mission and guided by its values.

Administrator Programs

A central theme of DIA administrator efforts going forward could focus on building trust within the DIA organization. Employees care a lot about fair standards for all, equity, and transparent and integrity-based communication and employment practices. Outcomes of these efforts might include expanded contact between units and central administration and more space for managers throughout the DIA organization to highlight employee excellence—offering more visibility and broad recognition opportunities for all levels of staff.

To begin the process of scoping administrator initiatives, the Training Center recommends that DIA leaders brainstorm ideas, develop both short- and longer term plans, set reasonable goals, and implement selected actions.

Supervisor Training and Professional Development

The role of middle managers in supporting, informing, recognizing, and empowering their staff presents an opportunity for broad improvement of employee inclusion and satisfaction. Training to support supervisors could include the following: planning, coaching, and reviewing performance; setting goals and expectations; giving rewards and recognition; leading change and transition; and participating in the communication and maintenance of DIA's mission and guiding values.

Within training and facilitated discussion settings, managers could work together to identify workplace-appropriate mechanisms for executing DIA values-maintenance efforts.

Staff Training and Professional Development

Training for non-managers is also recommended. This might include more extensive onboarding programming for staff with short experience at DIA. Existing orientation efforts would be continued with emphasized focus on attracting not only new but also experienced staff.

Through these mechanisms, existing efforts can be extended to encourage more interdepartmental understanding, contact, and knowledge exchange. This training setting would also provide an additional opportunity to communicate central and big picture happenings and concepts throughout the staff structure.

Communication Planning

The Training Center recommends that DIA leadership consider explicitly developing a communication plan to support the above efforts and bring clarity and consistency—especially concerning the DIA mission and integrity as a guiding value.

The process of cultivating improved internal communication might involve a critique of the current meeting structure and recommendations for making adjustments.

Communication planning would also focus on assisting staff in understanding the DIA mission and other guiding values statements and their individual roles in upholding and promoting “the DIA team.”

Oversight and Execution Body for DIA Culture Improvement Efforts

Finally, the Training Center recommends that DIA leadership consider establishing an oversight and execution body for culture assessment follow-up efforts. Such a body might be comprised of specific task groups and champions from administration representing diverse perspectives throughout DIA.

This group would also be responsible for connecting culture assessment follow-up efforts to the broader work outlined and driven by the DIA Strategic Plan and other guiding texts and action plans. The DIA Culture Assessment is one directive amid a wide range of defined priorities established by the organization. In this context, the culture assessment can offer point-in-time data and insights and that can inform management activities as DIA moves forward.

APPENDIX: EMPLOYMENT CHARACTERISTICS AND DEMOGRAPHICS

Employment Characteristics

DIA Work Area

Consolidated Work Area	Response Percent (n)
Coaches	18.4% (40)
Event Management/Facilities Management/State Farm Center/Ticket Office	16.1% (35)
Athletic Administration (includes sport administrators, business office, compliance, IT services)	14.7% (32)
Media Relations/Sponsorships/Licensing/Illini Sport Properties/New Media and Creative Services/Marketing/Video Services	11.5% (25)
Support Staff (Administrative Assistants and Non-coaching staff with sport-specific responsibilities)	9.7% (21)
Equipment/Sports Medicine/Strength and Conditioning	8.3% (18)
Academic Services	6.5% (14)
Development	6.5% (14)
Other (please specify)	1.4% (3)
Prefer not to disclose	6.9% (15)
<i>answered question</i>	217
<i>skipped question</i>	0

Employment Category

Employment Category	Response Percent
Academic Professional	66.5% (123)
Civil Service	23.2% (43)
Graduate Assistant	5.4% (10)
Other (please specify)	4.9% (9)
<i>answered question</i>	185
<i>skipped question</i>	32

Total Years worked at DIA, including student work experience

Year Ranges	Response Percent (n)
1 to 4 years	35.9% (78)
5 to 10 years	24.9% (54)
11 to 15 years	18.4% (40)
more than 15 years	11.1% (24)
Less than 1 year	9.7% (21)
<i>answered question</i>	217
<i>skipped question</i>	0

Years worked at DIA in current position

Year Ranges	Response Percent (n)
Less than 1 year	14.3% (31)
1 to 4 years	40.6% (88)
5 to 10 years	26.3% (57)
11 to 15 years	13.8% (30)
more than 15 years	5.1% (11)
<i>answered question</i>	217
<i>skipped question</i>	0

Years worked in this industry

Year Ranges	Response Percent (n)
Less than 1 year	0.9% (2)
1 to 4 years	17.5% (38)
5 to 10 years	24.9% (54)
11 to 15 years	22.6% (49)
more than 15 years	34.1% (74)
<i>answered question</i>	217
<i>skipped question</i>	0

Demographics

The respondent group's demographic features pertaining to race/ethnic group(s), age, gender, and disability status have the following characteristics:

Gender

Gender Choices	Response Percent (n)
Male	49.7% (92)
Female	37.3% (69)
Prefer not to disclose	13% (24)
<i>answered question</i>	185
<i>skipped question</i>	32

Age

Age Ranges	Response Percent (n)
18 to 25	9.7% (18)
26 to 40	42.2% (78)
41 to 55	32.4% (60)
56 and over	3.8% (7)
Prefer not to disclose	11.9% (22)
<i>answered question</i>	185
<i>skipped question</i>	32

Race/Ethnicity

Highest affinity Ethnic/Racial Group(s)	Response Percent (n)
White, not of Hispanic origin (Persons having origins in any of the origins of Europe, North Africa, or the Middle East.)	77.8% (144)
Black, not of Hispanic origin (Persons having origins in any of the black racial groups of Africa.)	4.9% (9)
Other ethnic/racial groups: Asian or Pacific Islander, American Indian or Alaskan Native, Latino/a, Multicultural, and Other	4.2% (8)
Prefer not to disclose	16.8% (31)
<i>answered question</i>	185
<i>skipped question</i>	32

Disability Status

89.2% (165) of query respondents report they do not have a disability that substantially limits a major life activity. The remaining 10.8% (20) prefer not to disclose their disability status.

TAB 19



NR

BIG TEN TENDER OF FINANCIAL AID
SIGNED FOR ENROLLMENT IN ACADEMIC YEAR 2014-15

From University of Illinois Urbana-Champaign
(Institution)

Date June 24, 2014 Sport Football

To [REDACTED]
(Name)

Date of First Attendance: [REDACTED]

At this institution [REDACTED] At any institution [REDACTED]

[REDACTED]
(Street Address)

Period of Award [REDACTED]

[REDACTED]
(City, State, Zip)

(Please specify applicable academic years and/or terms)

Type of Award: ☐ Initial
☐ Initial w/ Letter of Intent
☒ Renewal
☐ Noncounter (Competition completed/
Medical Exemption)

CONDITIONS OF FINANCIAL AID

1. This Tender covers the following as checked:

- ☒ (A) Full Grant [includes tuition, fees, room, board and books (per NCAA legislation)]
☐ (B) The following items (per NCAA legislation):

- ☐ (1) Tuition
☐ (2) Fees
☐ (3) Board
☐ (4) Room
☐ (5) Books
☐ (6) Other-explanation of award: _____

2. This Tender is subject to your fulfillment of the admission requirements of this institution.
3. Your receipt of financial aid under this Tender is subject to your full compliance with the institution's policies and the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
4. This Tender, if for a period less than your full eligibility period at the institution, is not automatically renewed. Your eligibility for a renewal of this Tender in such event is subject to this institution's renewal policies at the end of its term.
5. This Tender is also subject to the additional conditions of financial aid, if any, that are established by the institution and set forth on Schedule A, a copy of which is attached hereto and incorporated herein.
6. This Tender applies to the receipt of financial aid on or after August 1, 2014, for the academic year 2014-15 and, if applicable, any such later academic year(s).
7. If this Tender is issued with a National Letter of Intent, it must be signed in accordance with the National Letter of Intent procedures, signing and filing dates.

If you wish to accept this Tender, return this form to the Financial Aid Office of this institution BY: July 1, 2014

SIGNED

[Signature] 6/25/14
Director of Athletics

SIGNED

[Signature]
Financial Aid Director

ACCEPTANCE *By signing this offer of financial aid and Schedule A, I understand and agree to the "Conditions of Financial Aid" set forth above and further that:*

1. I will become ineligible for intercollegiate athletics competition if I receive any financial assistance other than that authorized by the NCAA or exceed the financial aid limits stipulated under NCAA Bylaw 15 (Financial Aid).
2. I am ineligible to receive this Tender, and this Tender will be void, if I am under contract to or currently receiving compensation from a professional sports organization except as provided under NCAA Bylaw 12 (Amateurism) and NCAA Bylaw 15 (Financial Aid).
3. Any modification or cancellation of this Tender must be in compliance with institutional policies and with Big Ten Conference and NCAA rules, regulations, bylaws and other legislation.
4. My eligibility to receive financial aid under this Tender is subject to my full compliance with the institution's policies, including without limitation any of the conditions set forth on Schedule A attached hereto, and with the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
5. After signing this Tender, I may not represent any other Big Ten Conference institution in athletics competition until I have served one (1) year of residence (a "year of residence" is defined under NCAA Bylaw 14.02.13) at that Big Ten Conference institution. Further, upon my enrollment at any other Big Ten Conference institution, I will be charged with the loss of one (1) season of athletics eligibility in all sports.

SIGNED _____

Student's Signature

DATE _____

STUDENT ID # (optional) _____

SIGNED _____


Parent or Legal Guardian's Signature

DATE _____


SCHEDULE A TO TENDER OF FINANCIAL AID
DURING ACADEMIC YEAR(S) 2014-2015

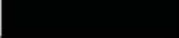
Pursuant to paragraph 5 of the "Conditions of Financial Aid" section and paragraph 4 of the "Acceptance" section of the Tender of Financial Aid, the following additional conditions of financial aid apply at this institution:

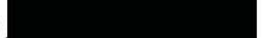
Athletic aid may be reduced or cancelled in cases of serious or repeated violations of the Division of Intercollegiate Athletics Code of Conduct, published team rules, and/or published academic standards.

SIGNED  4/25/14
Director of Athletics

SIGNED 
Financial Aid Director

SIGNED 
Student's Signature

DATE 

STUDENT ID # (optional) 

SIGNED _____ DATE _____
Parent or Legal Guardian's Signature



BIG TEN TENDER OF FINANCIAL AID
SIGNED FOR ENROLLMENT IN ACADEMIC YEAR 2014-15

R

From University of Illinois Urbana-Champaign
(Institution)

To [Redacted]
(Name)

[Redacted]
(Street Address)

[Redacted]
(City, State, Zip)

Date June 24, 2014 Sport Football

Date of First Attendance:
At this institution [Redacted] At any institution [Redacted]

Period of Award: [Redacted]

(Please specify applicable academic years and/or terms)

Type of Award: ☐ Initial
☐ Initial w/ Letter of Intent
☒ Renewal
☐ Noncounter (Competition completed/
Medical Exemption)

CONDITIONS OF FINANCIAL AID

1. This Tender covers the following as checked:

- ☒ (A) Full Grant [includes tuition, fees, room, board and books (per NCAA legislation)]
☐ (B) The following items (per NCAA legislation):
☐ (1) Tuition
☐ (2) Fees
☐ (3) Board
☐ (4) Room
☐ (5) Books
☐ (6) Other-explanation of award: _____

2. This Tender is subject to your fulfillment of the admission requirements of this institution.
3. Your receipt of financial aid under this Tender is subject to your full compliance with the institution's policies and the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
4. This Tender, if for a period less than your full eligibility period at the institution, is not automatically renewed. Your eligibility for a renewal of this Tender in such event is subject to this institution's renewal policies at the end of its term.
5. This Tender is also subject to the additional conditions of financial aid, if any, that are established by the institution and set forth on Schedule A, a copy of which is attached hereto and incorporated herein.
6. This Tender applies to the receipt of financial aid on or after August 1, 2014, for the academic year 2014-15 and, if applicable, any such later academic year(s).
7. If this Tender is issued with a National Letter of Intent, it must be signed in accordance with the National Letter of Intent procedures, signing and filing dates.

If you wish to accept this Tender, return this form to the Financial Aid Office of this institution BY: July 1, 2014

SIGNED

[Signature] 6/25/14
Director of Athletics

SIGNED

[Signature]
Financial Aid Director

ACCEPTANCE *By signing this offer of financial aid and Schedule A, I understand and agree to the "Conditions of Financial Aid" set forth above and further that:*

1. I will become ineligible for intercollegiate athletics competition if I receive any financial assistance other than that authorized by the NCAA or exceed the financial aid limits stipulated under NCAA Bylaw 15 (Financial Aid).
2. I am ineligible to receive this Tender, and this Tender will be void, if I am under contract to or currently receiving compensation from a professional sports organization except as provided under NCAA Bylaw 12 (Amateurism) and NCAA Bylaw 15 (Financial Aid).
3. Any modification or cancellation of this Tender must be in compliance with institutional policies and with Big Ten Conference and NCAA rules, regulations, bylaws and other legislation.
4. My eligibility to receive financial aid under this Tender is subject to my full compliance with the institution's policies, including without limitation any of the conditions set forth on Schedule A attached hereto, and with the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
5. After signing this Tender, I may not represent any other Big Ten Conference institution in athletics competition until I have served one (1) year of residence (a "year of residence" is defined under NCAA Bylaw 14.02.13) at that Big Ten Conference institution. Further, upon my enrollment at any other Big Ten Conference institution, I will be charged with the loss of one (1) season of athletics eligibility in all sports.

SIGNED _____

Student

DATE _____

STUDENT ID # (optional) _____

SIGNED _____

Parent or Legal Guardian's Signature

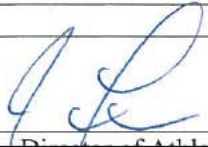
DATE _____

SCHEDULE A TO TENDER OF FINANCIAL AID
DURING ACADEMIC YEAR(S) 2014-2015

Pursuant to paragraph 5 of the "Conditions of Financial Aid" section and paragraph 4 of the "Acceptance" section of the Tender of Financial Aid, the following additional conditions of financial aid apply at this institution:

Athletic aid may be reduced or cancelled in cases of serious or repeated violations of the Division of Intercollegiate Athletics Code of Conduct, published team rules, and/or published academic standards.

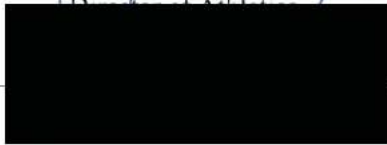
SIGNED

 6/25/14
Director of Athletics

SIGNED


Financial Aid Director

SIGNED



DATE



STUDENT ID # (optional)



SIGNED

Parent or Legal Guardian's Signature

DATE



NR

BIG TEN TENDER OF FINANCIAL AID
SIGNED FOR ENROLLMENT IN ACADEMIC YEAR 2014-15

From University of Illinois Urbana-Champaign
(Institution)

Date June 24, 2014 Sport Football

To [Redacted]
(Name)

Date of First Attendance:

At this institution [Redacted] At any institution [Redacted]

[Redacted]
(Street Address)

Period of Award: 2014-2015

[Redacted]
(City, State, Zip)

(Please specify applicable academic years and/or terms)

Type of Award: ☐ Initial
☐ Initial w/ Letter of Intent
☒ Renewal
☐ Noncounter (Competition completed/
Medical Exemption)

CONDITIONS OF FINANCIAL AID

1. This Tender covers the following as checked:
☒ (A) Full Grant [includes tuition, fees, room, board and books (per NCAA legislation)]
☐ (B) The following items (per NCAA legislation):
☐ (1) Tuition
☐ (2) Fees
☐ (3) Board
☐ (4) Room
☐ (5) Books
☐ (6) Other-explanation of award: _____
2. This Tender is subject to your fulfillment of the admission requirements of this institution.
3. Your receipt of financial aid under this Tender is subject to your full compliance with the institution's policies and the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
4. This Tender, if for a period less than your full eligibility period at the institution, is not automatically renewed. Your eligibility for a renewal of this Tender in such event is subject to this institution's renewal policies at the end of its term.
5. This Tender is also subject to the additional conditions of financial aid, if any, that are established by the institution and set forth on Schedule A, a copy of which is attached hereto and incorporated herein.
6. This Tender applies to the receipt of financial aid on or after August 1, 2014, for the academic year 2014-15 and, if applicable, any such later academic year(s).
7. If this Tender is issued with a National Letter of Intent, it must be signed in accordance with the National Letter of Intent procedures, signing and filing dates.

If you wish to accept this Tender, return this form to the Financial Aid Office of this institution BY: July 1, 2014

SIGNED [Signature] 6/25/14
Director of Athletics

SIGNED [Signature]
Financial Aid Director

ACCEPTANCE *By signing this offer of financial aid and Schedule A, I understand and agree to the "Conditions of Financial Aid" set forth above and further that:*

1. I will become ineligible for intercollegiate athletics competition if I receive any financial assistance other than that authorized by the NCAA or exceed the financial aid limits stipulated under NCAA Bylaw 15 (Financial Aid).
2. I am ineligible to receive this Tender, and this Tender will be void, if I am under contract to or currently receiving compensation from a professional sports organization except as provided under NCAA Bylaw 12 (Amateurism) and NCAA Bylaw 15 (Financial Aid).
3. Any modification or cancellation of this Tender must be in compliance with institutional policies and with Big Ten Conference and NCAA rules, regulations, bylaws and other legislation.
4. My eligibility to receive financial aid under this Tender is subject to my full compliance with the institution's policies, including without limitation any of the conditions set forth on Schedule A attached hereto, and with the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
5. After signing this Tender, I may not represent any other Big Ten Conference institution in athletics competition until I have served one (1) year of residence (a "year of residence" is defined under NCAA Bylaw 14.02.13) at that Big Ten Conference institution. Further, upon my enrollment at any other Big Ten Conference institution, I will be charged with the loss of one (1) season of athletics eligibility in all sports.

SIGNED _____

[Redacted Signature]

DATE _____

[Redacted Date]

STUDENT ID # (optional) _____

SIGNED _____

Parent or Legal Guardian's Signature


DATE _____

SCHEDULE A TO TENDER OF FINANCIAL AID
DURING ACADEMIC YEAR(S) 2014-2015

Pursuant to paragraph 5 of the "Conditions of Financial Aid" section and paragraph 4 of the "Acceptance" section of the Tender of Financial Aid, the following additional conditions of financial aid apply at this institution:

Athletic aid may be reduced or cancelled in cases of serious or repeated violations of the Division of Intercollegiate Athletics Code of Conduct, published team rules, and/or published academic standards.

SIGNED


Director of Athletics

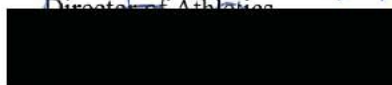
6/25/14

SIGNED

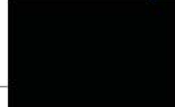


Financial Aid Director

SIGNED



DATE

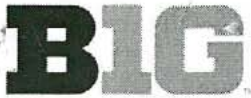


STUDENT ID # (optional)

SIGNED

Parent or Legal Guardian's Signature

DATE



R

BIG TEN TENDER OF FINANCIAL AID
SIGNED FOR ENROLLMENT IN ACADEMIC YEAR 2014-15

From University of Illinois Urbana-Champaign
(Institution)

To [REDACTED]
(Name)

[REDACTED]
(Street Address)

[REDACTED]
(City, State, Zip)

Date June 24, 2014 Sport Football

Date of First Attendance:
At this institution [REDACTED] At any institution [REDACTED]

Period of Award: 2014-2015

(Please specify applicable academic years and/or terms)

Type of Award: ☐ Initial
☐ Initial w/ Letter of Intent
☒ Renewal
☐ Noncounter (Competition completed/
Medical Exemption)

CONDITIONS OF FINANCIAL AID

1. This Tender covers the following as checked:

- ☒ (A) Full Grant [includes tuition, fees, room, board and books (per NCAA legislation)]
☐ (B) The following items (per NCAA legislation):
☐ (1) Tuition
☐ (2) Fees
☐ (3) Board
☐ (4) Room
☐ (5) Books
☐ (6) Other-explanation of award: _____

2. This Tender is subject to your fulfillment of the admission requirements of this institution.
3. Your receipt of financial aid under this Tender is subject to your full compliance with the institution's policies and the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
4. This Tender, if for a period less than your full eligibility period at the institution, is not automatically renewed. Your eligibility for a renewal of this Tender in such event is subject to this institution's renewal policies at the end of its term.
5. This Tender is also subject to the additional conditions of financial aid, if any, that are established by the institution and set forth on Schedule A, a copy of which is attached hereto and incorporated herein.
6. This Tender applies to the receipt of financial aid on or after August 1, 2014, for the academic year 2014-15 and, if applicable, any such later academic year(s).
7. If this Tender is issued with a National Letter of Intent, it must be signed in accordance with the National Letter of Intent procedures, signing and filing dates.

If you wish to accept this Tender, return this form to the Financial Aid Office of this institution BY: July 1, 2014

SIGNED

[Signature] 6/25/14
Director of Athletics

SIGNED

[Signature]
Financial Aid Director

ACCEPTANCE *By signing this offer of financial aid and Schedule A, I understand and agree to the "Conditions of Financial Aid" set forth above and further that:*

1. I will become ineligible for intercollegiate athletics competition if I receive any financial assistance other than that authorized by the NCAA or exceed the financial aid limits stipulated under NCAA Bylaw 15 (Financial Aid).
2. I am ineligible to receive this Tender, and this Tender will be void, if I am under contract to or currently receiving compensation from a professional sports organization except as provided under NCAA Bylaw 12 (Amateurism) and NCAA Bylaw 15 (Financial Aid).
3. Any modification or cancellation of this Tender must be in compliance with institutional policies and with Big Ten Conference and NCAA rules, regulations, bylaws and other legislation.
4. My eligibility to receive financial aid under this Tender is subject to my full compliance with the institution's policies, including without limitation any of the conditions set forth on Schedule A attached hereto, and with the rules, regulations, bylaws and other legislation of the Big Ten Conference and the NCAA.
5. After signing this Tender, I may not represent any other Big Ten Conference institution in athletics competition until I have served one (1) year of residence (a "year of residence" is defined under NCAA Bylaw 14.02.13) at that Big Ten Conference institution. Further, upon my enrollment at any other Big Ten Conference institution, I will be charged with the loss of one (1) season of athletic eligibility in all sports.

SIGNED _____

Student's Signature

DATE _____

STUDENT ID # (optional) _____

SIGNED _____

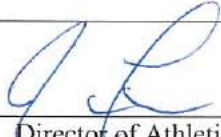
Parent or Legal Guardian's Signature

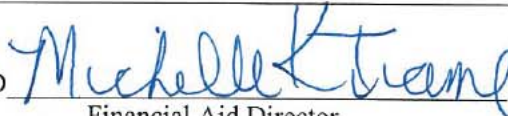
DATE _____


**SCHEDULE A TO TENDER OF FINANCIAL AID
DURING ACADEMIC YEAR(S) 2014-2015**



Pursuant to paragraph 5 of the "Conditions of Financial Aid" section and paragraph 4 of the "Acceptance" section of the Tender of Financial Aid, the following additional conditions of financial aid apply at this institution:

Athletic aid may be reduced or cancelled in cases of serious or repeated violations of the Division of Intercollegiate Athletics Code of Conduct, published team rules, and/or published academic standards.

SIGNED  6/25/14
Director of Athletics

SIGNED 
Financial Aid Director

SIGNED 
Student's Signature

DATE  STUDENT ID # (optional) 

SIGNED _____ DATE _____
Parent or Legal Guardian's Signature

TAB 20

Financial Aid

15.01 General Principles.

15.01.1 Institutional Financial Aid Permitted. A student-athlete may receive scholarships or educational grants-in-aid administered by (see Bylaw 15.02.1) an educational institution that do not conflict with the governing legislation of this Association. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 5/26/09)*

15.01.1.1 Financial Aid to Attend Another Institution. An institution may not provide financial aid to a student-athlete to attend another institution, except as specifically authorized by NCAA legislation. *(Adopted: 1/16/93)*

15.01.2 Improper Financial Aid. Any student-athlete who receives financial aid other than that permitted by the Association shall not be eligible for intercollegiate athletics.

15.01.3 Financial Aid Not Administered by Institution. Any student who receives financial aid other than that administered by the student-athlete's institution shall not be eligible for intercollegiate athletics competition, unless it is specifically approved under the Association's rules of amateurism (see Bylaw 12) or the aid is: *(Revised: 1/15/11 effective 8/1/11)*

- (a) Received from one upon whom the student-athlete is naturally or legally dependent; or
- (b) Awarded solely on bases having no relationship to athletics ability; or
- (c) Awarded through an established and continuing program to aid students under the conditions listed in Bylaw 15.2.6.3.

15.01.4 Contributions by Donor. An individual may contribute funds to finance a scholarship or grant-in-aid for a particular sport, but the decision as to how such funds are to be allocated in the sport shall rest exclusively with the institution. It is not permissible for a donor to contribute funds to finance a scholarship or grant-in-aid for a particular student-athlete.

15.01.5 Eligibility of Student-Athletes for Institutional Financial Aid. A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid. If these regulations are met, the student-athlete may be awarded institutional financial aid during any term in which a student-athlete is in regular attendance [was enrolled initially in a minimum full-time program of studies as defined by the certifying institution during that term (see Bylaw 14.2.2.1.3 for final term exception and Bylaw 15.2.8 for summer-term exception)] under the following circumstances: *(Revised: 6/8/99, 1/9/06 effective 8/1/07, 10/27/11)*

- (a) The student-athlete is an undergraduate with eligibility remaining under Bylaw 12.8 (five-year rule); or
- (b) The student-athlete is a graduate student eligible under Bylaw 14.6.

[Note: See Bylaw 13.1.1.3 for the financial aid implications in the prohibition against contacting student-athletes of another four-year collegiate institution without permission of that institution's athletics director. See Bylaw 14.5.5.4 for financial aid implications related to the academic eligibility of four-year college transfers.]

15.01.5.1 Exception—Part-Time Enrollment After Exhausted Eligibility. An institution may provide financial aid to a student-athlete who has exhausted eligibility in his or her sport and is enrolled in less than a minimum full-time program of studies, provided: *(Adopted: 1/15/11 effective 8/1/11)*

- (a) The student-athlete is carrying for credit the courses necessary to complete degree requirements; or
- (b) The student-athlete is carrying for credit all the degree-applicable courses necessary to complete his or her degree requirements that are offered by the institution during that term.

15.01.5.2 Exception—Former Student-Athletes. Institutional financial aid may be awarded to a former student-athlete for any term during which he or she is enrolled (full time or part time). *(Adopted: 10/27/11)*

15.01.5.3 Effect of Violation of Conference Rule. A violation of Bylaw 15.01.5 that relates only to a conference rule shall be considered an institutional violation per Constitution 2.8.1; however, such a violation shall not affect the student-athlete's eligibility. *(Adopted: 10/27/06)*

15.01.6 Maximum Institutional Financial Aid to Individual. An institution shall not award financial aid to a student-athlete that exceeds the cost of attendance that normally is incurred by students enrolled in a comparable program at that institution (see Bylaw 15.1). *(Revised: 4/29/04 effective 8/1/04)*

15.01.6.1 Student Assistance Fund. The receipt of money from the NCAA Student Assistance Fund for student-athletes is not included in determining the permissible amount of financial aid that a member institution may award to a student-athlete. Member institutions and conferences shall not use money received from the fund to finance salaries, grants-in-aid (other than summer school) for student-athletes with remaining eligibility, capital improvements, stipends and outside athletics development opportunities for student-athletes (e.g., participation in a sports camp or clinic, private sports-related instruction, greens fees, batting cage rental, outside foreign tour expenses). *(Adopted: 4/24/03, Revised: 1/8/07, 2/24/12)*

15.01.7 Sport-by-Sport Financial Aid Limitations. Division I may establish limitations on the number of financial aid awards a member institution may provide to countable student-athletes (counters) (see Bylaw 15.5).

15.01.8 Additional Financial Aid Limitations. The Committee on Academic Performance shall have the authority to determine the circumstances that would require an institution or team(s) that fails to satisfy the academic performance program to apply additional financial aid limitations. The Committee on Academic Performance shall establish and annually publish to the membership such circumstances (see Bylaw 14.8). (*Adopted: 4/29/04 effective 8/1/04*)

15.02 Definitions and Applications.

15.02.1 Administered By. Financial aid is administered by an institution if the institution, through its regular committee or other agency for the awarding of financial aid to students generally, makes the final determination of the student-athlete who is to receive the award and of its value.

15.02.2 Cost of Attendance. The “cost of attendance” is an amount calculated by an institutional financial aid office, using federal regulations, that includes the total cost of tuition and fees, room and board, books and supplies, transportation, and other expenses related to attendance at the institution. (*Adopted: 1/11/94*)

15.02.2.1 Calculation of Cost of Attendance. An institution must calculate the cost of attendance for student-athletes in accordance with the cost-of-attendance policies and procedures that are used for students in general. Accordingly, if an institution’s policy allows for students’ direct and indirect costs (e.g., tuition, fees, room and board, books, supplies, transportation, child care, cost related to a disability and miscellaneous personal expenses) to be adjusted on an individual basis from the institution’s standard cost figure, it is permissible to make the same adjustment for student-athletes, provided the adjustment is documented and is available on an equitable basis to all students with similar circumstances who request an adjustment. (*Adopted: 1/11/94*)

15.02.3 Counter. A “counter” is an individual who is receiving institutional financial aid that is countable against the aid limitations in a sport.

15.02.3.1 Initial Counter. [FBS/FCS] An “initial counter” is a counter who is receiving countable financial aid in a sport for the first time. (See Bylaw 15.5.6.3 in football for instances in which the institution is permitted to defer the counting of such financial aid until the following academic year.)

15.02.4 Financial Aid. “Financial aid” is funds provided to student-athletes from various sources to pay or assist in paying their cost of education at the institution. As used in NCAA legislation, “financial aid” includes all institutional financial aid and other permissible financial aid as set forth below. (See Bylaws 15.01.6.1, 16.2, 16.3 and 16.4.) (*Revised: 5/26/09*)

15.02.4.1 Athletically Related Financial Aid. Athletically related financial aid is financial aid that is awarded on any basis that is related to athletics ability, participation or achievement. If an application process specifically requests athletics participation or achievements as criteria for consideration in determining whether an applicant receives financial aid, aid received pursuant to such a process is athletically related financial aid. (*Adopted: 1/18/14 effective 8/1/14*)

15.02.4.2 Institutional Financial Aid. The following sources of financial aid are considered to be institutional financial aid: (*Revised: 1/11/94 effective 8/1/94, 1/14/97 effective 8/1/97, 4/26/01 effective 8/1/01, 10/31/02 effective 8/1/03, 1/15/11 effective 8/1/11*)

(a) All funds administered by the institution, which include but are not limited to the following:

- (1) Scholarships;
- (2) Grants;
- (3) Tuition waivers;
- (4) Employee dependent tuition benefits, unless the parent or the legal guardian of a student-athlete has been employed as a full-time faculty/staff member for a minimum of five years; and
- (5) Loans.

(b) Aid from government or private sources for which the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient.

15.02.4.3 Other Permissible Financial Aid. The following sources of financial aid are also permitted: (*Revised: 4/29/04 effective 8/1/04, 1/10/95 effective 8/1/95, 1/15/11 effective 8/1/11*)

- (a) Financial aid received from anyone upon whom the student-athlete is naturally or legally dependent;
- (b) Financial aid awarded solely on bases having no relationship to athletics ability;
- (c) Financial aid awarded through an established and continuing outside program as outlined in Bylaw 15.2.6.3; and
- (d) Educational expenses awarded by the U.S. Olympic Committee, which count against an institution’s sport-by-sport financial aid limitations and against the individual’s full-grant-in-aid limit.

15.02.4.4 Exempted Institutional Financial Aid. The following institutional financial aid is exempt and is not counted in determining the institution's financial aid limitations: (*Revised: 1/10/91, 1/10/92, 4/25/02, 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04, 1/15/11 effective 8/1/11*)

- (a) An honorary award for outstanding academic achievement or an established institutional research grant that meets the criteria set forth in Bylaw 15.02.6 (and must be included in determining if the student-athlete's cost of attendance has been met);
- (b) A postgraduate scholarship awarded by an institution in accordance with Bylaw 16.1.4.1.1;
- (c) Federal government grants awarded based on a student's demonstrated financial need [e.g., Supplemental Educational Opportunities Grant (SEOG)], regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient;
- (d) State government grants awarded based on a student's demonstrated financial need, regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient, provided the aid is administered in accordance with the federal methodology for determining a student's financial need and has no relationship to athletics ability. However, such aid is not exempt for purposes of determining a football or basketball student-athlete's counter status pursuant to Bylaw 15.5.1.1;
- (e) State government merit-based grants, regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient, provided the aid is awarded consistent with the criteria of Bylaws 15.5.3.2.2.1, 15.5.3.2.2.2 or 15.5.3.2.2.3 and has no relationship to athletics ability. However, such aid is not exempt for purposes of determining a football or basketball student-athlete's counter status pursuant to Bylaw 15.5.1.1; and
- (f) Matching payments made by the Department of Veterans Affairs pursuant to the Yellow Ribbon G.I. Education Enhancement Program [see Bylaw 15.2.5.1-(e)].

15.02.4.5 Exempted Government Grants. Government grants listed in Bylaw 15.2.5.1 shall not be included when determining the cost of attendance for a student-athlete. (*Revised: 1/11/89, 4/29/04 effective 8/1/04*)

15.02.4.6 Operation Gold Grant. Funds administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant program shall not be included when determining the cost of attendance for a student-athlete. (*Revised: 4/29/04 effective 8/1/04*)

15.02.5 Full Grant-in-Aid. A full grant-in-aid is financial aid that consists of tuition and fees, room and board, and required course-related books.

15.02.6 Honorary Academic Award/Research Grant. An honorary academic award for outstanding academic achievement or a research grant is an award that meets the following criteria: (*Revised: 1/10/91, 1/10/92, 10/28/04, 1/14/08 effective 8/1/08*)

- (a) The award or grant is a standing scholarship award or an established research grant;
- (b) The basis for the award or grant shall be the candidate's academic record at the awarding institution;
- (c) The award or grant shall be determined by competition among the students of a particular class or college of the institution. Competition for the award or grant may include additional objective criteria unrelated to athletics abilities (e.g., gender, race and ethnicity, financial need); and
- (d) The award or grant is included in determining if the student-athlete's cost-of-attendance limitation has been met.

15.02.7 Period of Award. The period of award begins when the student-athlete receives any benefits as a part of the student's grant-in-aid on the first day of classes for a particular academic term, or the first day of practice, whichever is earlier, until the conclusion of the period set forth in the financial aid agreement. An athletics grant-in-aid shall not be awarded in excess of the student-athlete's five-year period of eligibility. (*Revised: 10/27/11*)

15.02.8 Recruited Student-Athlete. For purposes of Bylaw 15, a recruited student-athlete is a student-athlete who, as a prospective student-athlete: (*Adopted: 1/15/11 effective 8/1/11*)

- (a) Was provided an official visit to the institution's campus;
- (b) Had an arranged, in-person, off-campus encounter with a member of the institution's coaching staff (including a coach's arranged, in-person, off-campus encounter with the prospective student-athlete or the prospective student-athlete's parents, relatives or legal guardians); or
- (c) Was issued a National Letter of Intent or a written offer of athletically related financial aid by the institution for a regular academic term.

15.02.9 Signature. For purposes of Bylaw 15, a signature includes an electronic authorization (e.g., electronic signature). (*Adopted: 3/5/12*)

15.1 Maximum Limit on Financial Aid—Individual.

A student-athlete shall not be eligible to participate in intercollegiate athletics if he or she receives financial aid that exceeds the value of the cost of attendance as defined in Bylaw 15.02.2. A student-athlete may receive institutional financial aid based on athletics ability (per Bylaw 15.02.4.2) and educational expenses awarded per Bylaw 15.2.6.4 up to the value of a full grant-in-aid, plus any other financial aid up to the cost of attendance. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 4/29/04 effective 8/1/04, 5/26/09, 1/15/11 effective 8/1/11)*

15.1.1 Exception for Pell Grant. A student-athlete who receives a Pell Grant may receive financial aid equivalent to the limitation set forth in Bylaw 15.1 or the value of a full grant-in-aid plus the Pell Grant, whichever is greater. *(Adopted: 4/29/04 effective 8/1/04)*

15.1.2 Types of Aid Included in Limit. In determining whether a student-athlete's financial aid exceeds the cost of attendance, all institutional financial aid (per Bylaw 15.02.4.2) and all funds received from the following and similar sources shall be included (see Bylaws 15.02.4.4, 15.02.4.5 and 15.02.4.6 for types of financial aid that are exempt from a student-athlete's individual limit): *(Revised: 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04)*

- (a) **Government Grants.** Government grants for educational purposes, except for those listed in Bylaw 15.2.5;
- (b) **Other Scholarships and Grants.** Other outside scholarships or grants-in-aid; *(Revised: 1/10/95 effective 8/1/95, 4/29/04 effective 8/1/04)*
- (c) **Gifts.** The value of gifts given to a student-athlete following completion of eligibility in appreciation for or recognition of the student-athlete's athletics accomplishments;
- (d) **Professional Sports Stipend.** Any bonus or salary (no matter when received or contracted for) from a professional sports organization;
- (e) **Athletics Participation Compensation.** Any other income (no matter when received or contracted for) from participation in an athletics event (except funds that are administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant Program) unless eligibility has been exhausted in that sport; and *(Revised: 1/11/94 effective 8/1/94)*
- (f) **Loans.** Loans, except legitimate loans that are based upon a regular repayment schedule, available to all students and administered on the same basis for all students.

15.1.3 Reduction When Excess Aid Is Awarded. In the event that a student-athlete's financial aid from the sources listed in Bylaw 15.1.2, which includes institutional financial aid, will exceed the cost of attendance for the balance of the academic year, the institution shall reduce institutional financial aid so as not to exceed the cost of attendance. Payments credited to a student-athlete's account that are not refundable by the institution to the scholarship office or other appropriate institutional agency shall not become the student's obligation. *(Revised: 4/29/04 effective 8/1/04)*

15.2 Elements of Financial Aid.

15.2.1 Tuition and Fees. An institution may provide a student-athlete financial aid that includes the actual cost of tuition and required institutional fees.

15.2.1.1 Permissible Fees. A student-athlete may be awarded financial aid that covers the payment of fees for a course in which the student-athlete is enrolled, if the course is part of the institution's regular curriculum (included in the institution's catalog of classes), and the institution pays these same fees for other students enrolled in the course who receive fees as a part of a grant-in-aid or scholarship.

15.2.1.2 Optional Fees. An institution may not pay fees for services offered on an optional basis to the student body in general.

15.2.1.3 Noninstitutional Fees and Expenses. Fees paid by an institution are confined to required institutional fees and do not include noninstitutional fees or expenses (e.g., the cost of typing reports for student-athletes).

15.2.1.4 Fees and Related Expenses for Prospective Student-Athletes. An institution shall not waive, pay in advance or guarantee payment of the following expenses for a prospective student-athlete, unless such benefits generally conform to institutional policy as it applies to other prospective student-grantees:

- (a) The institution's processing fee required prior to the admissions office's evaluation of the prospective student-athlete's application;
- (b) The orientation-counseling tests fee required of all incoming freshmen;
- (c) The preadmission academic testing fee;
- (d) Advance tuition payment or room deposit;
- (e) Damage deposits for dormitory rooms;
- (f) ROTC deposits for military equipment; or
- (g) Any other pre-enrollment fees required of prospective student-grantees.

15.2.1.4.1 Fees Rebate. If the prospective student-athlete enrolls and is awarded financial aid covering institutional fees, the fees described in Bylaw 15.2.1.4-(a) through Bylaw 15.2.1.4-(d) may be rebated as a part of the institution's regular fees.

15.2.2 Room and Board. An institution may provide a student-athlete financial aid that includes the cost of room and board, based on the official allowance for a room as listed in the institution's official publication (e.g., catalog) and a board allowance that consists of three meals per day or the institution's maximum meal plan that is available to all students, whichever is greater. *(Revised: 10/28/99 effective 8/1/00, 1/18/14 effective 8/1/14)*

15.2.2.1 Room and Board Stipend. An institution may provide the student-athlete an amount equal to the institution's official on-campus room allowance as listed in its catalog, the average of the room costs of all of its students living on campus or the cost of room as calculated based on its policies and procedures for calculating the cost of attendance for all students. The institution also may provide the student-athlete an amount that is equivalent to the value of the maximum meal plan that is available to all students or the cost of meals as calculated based on its policies and procedures for calculating the cost of attendance for all students, excluding those meals provided as part of the training table. Meals provided on the training table shall be deducted at the regular cost figure from such a student-athlete's board allowance. *(Revised: 1/10/92, 11/12/97, 10/28/99 effective 8/1/00, 4/27/06 effective 8/1/06, 1/18/14 effective 8/1/14)*

15.2.2.1.1 Determination of Off-Campus Room Rates. An institution with several official on-campus room rates listed in its catalog may use the average of the room cost for all students living on campus (based on a weighted average for all students who reside in on-campus facilities) or the cost of room as calculated based on its policies and procedures for calculating the cost of attendance for all students. *(Revised: 11/12/97, 4/27/06 effective 8/1/06)*

15.2.2.1.2 Institution With No On-Campus Room and Board Facilities. If an institution does not provide an official dollar amount for room and board in its catalog and does not have on-campus student room and board facilities, the figure provided to student-athletes for off-campus student room and board shall be the amount determined by the institution's office of financial aid as being commensurate with the average cost a student at that institution normally would incur living and eating in off-campus facilities. *(Revised: 11/12/97)*

15.2.2.1.3 Married Student Housing. Married student-athletes who live in noninstitutional housing are permitted to receive the same room and board allowance that is provided to married students with on-campus housing. If the institution does not provide on-campus room and board facilities for married students but has other on-campus dormitory facilities, it must use the provisions of Bylaw 15.2.2.1 in determining the amount of room-and-board expenses a married student-athlete who lives in noninstitutional facilities may receive. *(Adopted: 1/10/92)*

15.2.2.1.4 Cost-Free Apartment. It is permissible for the institution to arrange for a cost-free, off-campus apartment rather than to give a student-athlete an amount equal to the institution's official room allowance (as listed in its catalog) or the cost of a room as calculated based on its policies and procedures for calculating the cost of attendance for all students, provided the apartment is not rented by the institution at a reduced rate. However, if the actual rental rate is more than the institutional room allowance, the student-athlete shall pay the additional amount from the student-athlete's own resources. *(Revised: 4/27/06 effective 8/1/06)*

15.2.2.1.5 Training-Table Meals. The cost of meals provided on the institution's training table shall be deducted from a student-athlete's board allowance, even if the student-athlete is not receiving a full grant-in-aid. In determining the cost figure to be deducted, the institution may use the actual meal costs listed in the institution's catalog or the average meal costs of its student-athletes living on campus.

15.2.2.1.6 Meals Incidental to Participation. The cost of meals and snacks provided as benefits incidental to participation in intercollegiate athletics need not be deducted from a student-athlete's board allowance. Such meals and snacks also may be received by a student-athlete who is not receiving athletically related financial aid inasmuch as they constitute a benefit incidental to athletics participation [see Bylaw 16.5.2-(d)]. *(Revised: 4/24/14)*

15.2.2.2 Facility Designated by Institution. It is permissible for the institution to require a grant-in-aid recipient to obtain room and board in a facility designated by the institution, provided the requirement is contained in the written statement outlining the amount, duration, conditions and terms of the financial aid agreement (see Bylaw 15.3.2.2).

15.2.2.3 Summer Dormitory Rentals. An institution may rent dormitory space to a prospective or enrolled student-athlete during the summer months at the regular institutional rate, if it is the institution's policy to make such dormitory space available on the same basis to all prospective or enrolled students.

15.2.2.4 Food Stamps. A grant-in-aid recipient who lives and eats off campus may use the money provided for his or her board to obtain governmental food stamps, provided the stamps are available to the student body in general. Additionally, the student-athlete must be eligible for such stamps without any special arrangements on the part of athletics department personnel or representatives of the institution's athletics interests.

15.2.3 Books. A member institution may provide a student-athlete financial aid that covers the actual cost of required course-related books. [R] (Revised: 4/24/03 effective 8/1/03)

15.2.3.1 Dollar Limit. There is no dollar limit for books a student-athlete may receive, provided each book is required for a course in which the student-athlete is enrolled. The institution may provide the student-athlete with cash to purchase books, as long as the amount of cash provided is equal to the actual cost of the books purchased. [R] (Revised: 4/24/03 effective 8/1/03)

15.2.4 Other Expenses Related to Attendance. An institution may provide a student-athlete financial aid that covers other expenses related to attendance in combination with other permissible elements of financial aid (per Bylaw 15.2) up to the cost of attendance (see Bylaws 15.02.2 and 15.1). (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) (Adopted: 4/29/04 effective 8/1/04, Revised: 5/26/09)

15.2.5 Government Grants. Government grants for educational purposes shall be included when determining the permissible amount of the cost of attendance for a student-athlete, except for those listed in Bylaw 15.2.5.1. (Revised: 1/11/89, 4/29/04 effective 8/1/04, 4/21/05)

15.2.5.1 Exempted Government Grants. The following government grants for educational purposes shall not be included when determining the permissible amount of the cost of attendance of a student-athlete: (Adopted: 1/11/89, Revised: 4/29/04 effective 8/1/04, 1/10/05)

- (a) **AmeriCorps Program.** Benefits received by student-athletes under the AmeriCorps Program; (Adopted: 1/9/96 effective 8/1/96)
- (b) **Disabled Veterans.** State government awards to disabled veterans; (Adopted: 4/28/05)
- (c) **Military Reserve Training Programs.** Payments to student-athletes for participation in military reserve training programs;
- (d) **Montgomery G.I. Bill.** Benefits received by student-athletes under the Montgomery Bill—Active Duty and the Montgomery G.I. Bill—Selected Reserve;
- (e) **Post-9/11 G.I. Bill.** Benefits received under the Post-9/11 G.I. Bill, including matching payments made by the Department of Veterans Affairs pursuant to the Yellow Ribbon G.I. Education Enhancement Program. [Contributions made by the institution pursuant to the Yellow Ribbon Program are institutional financial aid (see Bylaws 15.02.4.2 and 15.02.4.4)]; (Adopted: 1/15/11 effective 8/1/11)
- (f) **Special U.S. Government Entitlement Programs.** Payments by the U.S. government under the terms of the Dependents Education Assistance Program (DEAP), Social Security Insurance Program [including the Reinstated Entitlement Program for Survivors (REPS)] or Non-Service-Connected Veteran's Death Pension Program;
- (g) **U.S. Military Annuitant Pay.** United States Military Annuitant Pay or other family member service-related death benefits received by student-athletes from the United States Military. (Adopted: 1/10/05)
- (h) **U.S. Navy Nuclear Propulsion Officer Candidate Program.** Benefits received by student-athletes under the U.S. Nuclear Propulsion Officer Candidate Program (NUPOC); (Adopted: 4/26/01)
- (i) **Veterans Educational Assistance Program (VEAP).** Benefits received by student-athletes under the VEAP;
- (j) **Vocational Rehabilitation for Service-Disabled Veterans Program.** Benefits received by student-athletes under the Vocational Rehabilitation for Service-Disabled Veterans Program; or
- (k) **Welfare Benefits.** Welfare benefits received from a state or federal government. (Adopted: 1/14/97 effective 8/1/97)

15.2.6 Financial Aid From Outside Sources.

15.2.6.1 Parents and Legal Guardians. A student-athlete may receive financial aid from anyone upon whom the student-athlete is naturally or legally dependent.

15.2.6.1.1 Prepaid College Tuition Plans. A state-sponsored or private prepaid college tuition plan, purchased by a family member and paid to an institution on behalf of a student-athlete, is not considered aid from an outside source. Such aid is considered financial aid from someone upon whom the student-athlete is naturally or legally dependent. (Revised: 6/10/04)

15.2.6.2 No Relationship to Athletics Ability. A student-athlete may receive financial aid awarded solely on bases having no relationship to athletics ability.

15.2.6.3 Financial Aid From an Established and Continuing Program. A student-athlete may receive financial aid through an established and continuing program to aid students, provided: (Adopted: 1/15/11 effective 8/1/11, Revised: 4/23/14)

- (a) The recipient's choice of institutions is not restricted by the donor of the aid;
- (b) There is no direct connection between the donor and the student-athlete's institution; and
- (c) The financial aid is not provided by an outside sports team or organization that conducts a competitive sports program to an individual who is or has been a member of that team or organization.

15.2.6.4 Educational Expenses—U.S. Olympic Committee or U.S. National Governing Body. A student-athlete may receive educational expenses awarded by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country). The amount of the financial assistance shall be subject to the following limitations: *(Adopted: 1/10/95 effective 8/1/95, Revised: 10/28/97 effective 8/1/98, 4/22/98, 11/1/00)*

- (a) Disbursement of the aid shall be through the member institution for the recipient's educational expenses while attending that institution;
- (b) The recipient's choice of institutions shall not be restricted by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country);
- (c) The value of the award alone or in combination with other aid per Bylaw 15.1.2 shall not exceed the value of a full grant-in-aid; and
- (d) The recipient shall be considered a counter per Bylaw 15.5.1, and the amount shall be applied to the maximum awards limitation of Bylaw 15.5 for the sport in question.

15.2.7 Employment. Earnings from a student-athlete's on- or off-campus employment that occurs at any time is exempt and is not counted in determining a student-athlete's cost of attendance or in the institution's financial aid limitations, provided: *(Revised: 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04)*

- (a) The student-athlete's compensation does not include any remuneration for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she has obtained because of athletics ability;
- (b) The student-athlete is compensated only for work actually performed; and
- (c) The student-athlete is compensated at a rate commensurate with the going rate in that locality for similar services (see Bylaw 12.4).

15.2.8 Summer Financial Aid. Summer financial aid may be awarded only to attend the awarding institution's summer term, summer school or summer-orientation program, provided the following conditions are met: *(Revised: 1/10/90, 1/10/92)*

- (a) The student has been in residence a minimum of one term during the regular academic year;
- (b) The student is attending a summer term, summer school or summer-orientation program and financial aid is administered pursuant to Bylaw 15.2.8.1.2, 15.2.8.1.3 or 15.2.8.1.4; or
- (c) The student is a two-year or a four-year college transfer student and is receiving aid to attend the awarding institution's summer-orientation program.

15.2.8.1 General Stipulations. A student-athlete who is eligible for institutional financial aid during the summer is not required to be enrolled in a minimum full-time program of studies. However, the student-athlete may not receive financial aid that exceeds the cost of attendance in that summer term. A student-athlete may receive institutional financial aid based on athletics ability (per Bylaws 15.02.4.1 and 15.02.4.2) and educational expenses awarded (per Bylaw 15.2.6.4) up to the value of a full grant-in-aid, plus any other financial aid up to the cost of attendance. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 4/29/04 effective 8/1/04, 5/26/09, 1/15/11 effective 8/1/11)*

15.2.8.1.1 Exception for Pell Grant. A student-athlete who receives a Pell Grant may receive financial aid equivalent to the limitation set forth in Bylaw 15.2.8.1 or the value of a full grant-in-aid plus the Pell Grant, whichever is greater. *(Adopted: 4/29/04 effective 8/1/04)*

15.2.8.1.2 Enrolled Student-Athletes. After initial full-time enrollment during a regular academic year, a student-athlete shall not receive athletically related financial aid to attend the certifying institution's summer term or summer school unless the student-athlete received such athletically related aid from the certifying institution during the student-athlete's previous academic year at that institution. Further, such aid may be awarded only in proportion to the amount of athletically related financial aid received by the student-athlete during the student-athlete's previous academic year at the certifying institution. The proportionality restriction shall not apply to a student-athlete who has exhausted his or her eligibility and is enrolled in course work acceptable toward his or her degree requirements. *(Adopted: 1/10/90 effective 8/1/90, Revised: 1/10/91, 1/10/92, 11/12/97, 4/26/12)*

15.2.8.1.2.1 Attendance During Only One Term of Previous Academic Year. A student-athlete who attended the institution on a full-time basis for only one regular term during the previous academic year may receive the same percentage of financial aid during the following summer term that the student-athlete received during the term in which the student-athlete was enrolled on a full-time basis. *(Adopted: 1/10/92)*

15.2.8.1.2.2 Multiple Summer Sessions. An institution that conducts multiple summer sessions may not award athletically related financial aid to attend any one session that exceeds the proportion of the amount of athletically related financial aid received by the student-athlete during the previous academic year. *(Adopted: 1/10/92)*

15.2.8.1.2.3 Effect of Reduction When Excess Aid is Awarded. If an institution provides a student-athlete with a full athletics grant during the academic year but is required to reduce the grant in accordance with Bylaw 15.1.3 (reduction when excess aid is awarded), the institution may provide the student-athlete full athletically related financial aid to attend the institution's summer term.

15.2.8.1.2.4 Exception for Nonqualifiers. A nonqualifier may receive athletically related financial aid to attend an institution's summer term or summer school after the first academic year in residence under the following conditions: (*Adopted: 1/10/92, Revised: 1/14/97 effective 8/1/97*)

- (a) The student-athlete has satisfied progress-toward-degree requirements and, thus, would be eligible for competition for the succeeding year (the student-athlete must have successfully satisfied the applicable requirements of Bylaw 14.4.3 and be in good academic standing at the institution);
- (b) The student-athlete has been awarded athletically related financial aid for the succeeding academic year; and
- (c) The student-athlete receives athletically related financial aid to attend the institution's summer term or summer school only in proportion to the amount of athletically related financial aid the student will receive for the succeeding year.

15.2.8.1.2.5 Exception for First-Time Recipient in the Next Academic Year. A student-athlete who has not received athletically related aid from the certifying institution during a previous academic year may receive athletically related financial aid to attend the institution's summer term or summer school under the following conditions: (*Adopted: 1/15/11*)

- (a) The student-athlete has been awarded athletically related financial aid for the following academic year; and
- (b) The aid is awarded only in proportion to the amount of athletically related financial aid the student will receive for the following academic year.

15.2.8.1.3 Prior to Initial, Full-Time Collegiate Enrollment—Institutional Nonathletics Aid. The following conditions apply to the awarding of institutional nonathletics financial aid to a prospective student-athlete to attend an institution in the summer prior to the prospective student-athlete's initial, full-time collegiate enrollment: **[D]** (*Adopted: 1/10/90, Revised: 1/10/92, 4/26/01, 3/10/04, 4/29/04, 1/10/05 effective 5/1/05, 3/14/05, 1/15/11 effective 8/1/11, 1/14/12, 1/18/14 effective 8/1/14*)

- (a) The recipient shall be admitted to the awarding member institution in accordance with regular, published entrance requirements;
- (b) The recipient, if recruited (per Bylaw 15.02.8), is subject to NCAA transfer provisions pursuant to Bylaw 14.5.2-(h); and
- (c) During the summer term or orientation period, the recipient shall not engage in any countable athletically related activities except for those activities specifically permitted in Bylaws 13 and 17 (see Bylaws 13.11.3.9, 17.1.1 and 17.1.1.1).

15.2.8.1.4 Prior to Initial Full-Time Enrollment at the Certifying Institution—Athletics Aid. The following conditions apply to the awarding of athletically related financial aid to a prospective student-athlete (including a prospective student-athlete not certified by the NCAA Eligibility Center as a qualifier) to attend an institution in the summer prior to the prospective student's initial, full-time enrollment at the certifying institution (see also Bylaw 13.02.12.1): (*Adopted: 4/27/00 effective 8/1/00, Revised: 9/6/00, 4/26/01, 3/10/04, 4/29/04, 1/10/05 effective 5/1/05, 3/14/05, 5/9/07, 1/15/11 effective 8/1/11, 1/14/12*)

- (a) The recipient shall be admitted to the awarding member institution in accordance with regular, published entrance requirements;
- (b) The recipient is enrolled in a minimum of six hours of academic course work (other than physical education activity courses) that is acceptable degree credit toward any of the institution's degree programs. Remedial, tutorial and noncredit courses may be used to satisfy the minimum six-hour requirement, provided the courses are considered by the institution to be prerequisites for specific courses acceptable for any degree program and are given the same academic weight as other courses offered by the institution;
- (c) The recipient, if recruited (per Bylaw 15.02.8), is subject to NCAA transfer provisions pursuant to Bylaw 14.5.2-(h), unless admission to the institution as a full-time student is denied;
- (d) During the summer term or orientation period, the recipient shall not engage in any countable athletically related activities except for those activities specifically permitted in Bylaws 13 and 17 (see Bylaws 13.11.3.9, 17.1.1 and 17.1.1.1); and
- (e) Summer coursework is not used for the purpose of completing initial-eligibility or continuing-eligibility (transfer eligibility, progress-toward-degree) requirements. However, the hours earned during the summer prior to initial full-time enrollment at the certifying institution may be used to satisfy the applicable progress-toward-degree requirements in following years (see Bylaw 14.4.3).

15.2.8.2 Branch School. An institution may not provide a student-athlete with financial aid to attend a summer session at a branch campus of the institution.

15.3 Terms and Conditions of Awarding Institutional Financial Aid.

15.3.1 Eligibility of Student-Athletes for Financial Aid. Institutional financial aid may be awarded for any term during which a student-athlete is in regular attendance as an undergraduate with eligibility remaining under Bylaw 12.8, or as a graduate eligible under Bylaw 14.6. (*Revised: 10/27/11*)

15.3.1.1 Applicable Requirements. A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid (see Bylaws 15.01.5 and 15.01.6). A violation of this bylaw that relates only to a violation of a conference rule shall be considered an institutional violation per Constitution 2.8.1; however, such a violation shall not affect the student-athlete's eligibility. (*Revised: 10/27/06*)

15.3.1.2 Withdrawal From Institution. A student-athlete who withdraws from the institution may not receive financial aid during the remainder of the term.

15.3.1.3 Retroactive Financial Aid. Institutional financial aid awarded to an enrolled student-athlete after the first day of classes in any term may not exceed the remaining room and board charges and educational expenses for that term and may not be made retroactive to the beginning of that term.

15.3.1.4 Institutional Financial Aid to Professional Athlete. It is permissible to award institutional financial aid to a student-athlete who is under contract to or currently receiving compensation from a professional sports organization in the same sport. A professional athlete in one sport may represent a member institution in a different sport and may receive institutional financial assistance in the second sport. (*Revised: 8/11/98, 4/26/01, 4/27/06 effective 8/1/06, 10/27/11*)

15.3.2 Terms of Institutional Financial Aid Award.

15.3.2.1 Physical Condition of Student-Athlete. Financial aid awarded to a prospective student-athlete may not be conditioned on the recipient reporting in satisfactory physical condition. If a student-athlete has been accepted for admission and awarded financial aid, the institution shall be committed for the term of the original award, even if the student-athlete's physical condition prevents him or her from participating in intercollegiate athletics.

15.3.2.2 Written Statement Requirement. The institutional agency making a financial aid award for a regular academic year or multiple regular academic years shall give the recipient a written statement of the amount, duration, conditions and terms of the award. The chair of the regular committee or other agency for the awarding of financial aid to students generally, or the chair's official designee, shall sign or electronically authorize (e.g., electronic signature) the written statement. The signature of the athletics director, attesting to the committee's award, does not satisfy this requirement. (*Revised: 3/10/04, 7/26/12, 10/9/12*)

15.3.2.3 Hearing Opportunity. The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional financial aid based in any degree on athletics ability is to be reduced or canceled during the period of the award, or is reduced or not renewed for the following academic year. The institution shall have established reasonable procedures for promptly hearing such a request and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee. The written notification of the opportunity for a hearing shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request such a hearing. (*Revised: 1/9/06 effective 8/1/06, 4/3/07, 4/23/08*)

15.3.2.3.1 Reduction of a Multiyear Award. A reduction of a multiyear award shall occur if the renewal period is for fewer years than the original agreement, unless the renewal includes the remaining years of the student-athlete's eligibility in all sports (e.g., five-year period of eligibility) or if the average amount of aid provided per year in the renewal is less than the average amount of aid provided per year in the original agreement, including any increases during the period of the original award. (*Adopted: 10/27/11 effective 8/1/12; awards may be executed before 8/1/12*)

15.3.2.3.2 Athletics Department Staff as Member of Committee. An institution's athletics department staff member may be a member of a committee (other than an athletics department or faculty athletics committee) that conducts hearings related to the nonrenewal or reduction of a student-athlete's financial aid. Under such circumstances, the athletics department staff member must be a standing member of the committee and may not serve as a member of a committee only for a specific student-athlete's hearing. (*Adopted: 4/3/07*)

15.3.3 Period of Institutional Financial Aid Award.

15.3.3.1 Period of Award. If a student's athletics ability is considered in any degree in awarding financial aid, such aid shall neither be awarded for a period less than one academic year nor for a period that would exceed the student's five-year period of eligibility (see Bylaws 12.8 and 15.01.5). One-year grants-in-aid shall be awarded (as set forth in the written statement per Bylaw 15.3.2.2) in equal amounts for each term of the academic year. (*Revised: 4/27/06 effective 8/1/06, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12*)

15.3.3.1.1 One-Year Period. An institution may award athletically related financial aid to a student-athlete for a period of less than one academic year only under the following circumstances: (*Adopted: 4/27/06 effective 8/1/06*)

- (a) **Midyear Enrollment.** A student-athlete whose first full-time attendance at the certifying institution during a particular academic year occurs at midyear (e.g., the beginning of the second semester or second or third quarter of an academic year) may receive a financial aid award for the remainder of that academic year. *(Revised: 5/9/06)*
- (b) **Final Semester/Quarter.** A student-athlete may receive athletically related financial aid for less than one academic year, provided the student is in the final semester or final two quarters of his or her degree program and the institution certifies that the student is carrying (for credit) the courses necessary to complete the degree requirements.
- (c) **Graduated During Previous Academic Year and Will Exhaust Eligibility During the Following Fall Term.** A student-athlete who graduated during the previous academic year (including summer) and will exhaust his or her athletics eligibility during the following fall term may be awarded athletically related financial aid for less than one academic year. *(Adopted: 1/15/11 effective 8/1/11)*
- (d) **One-Time Exception.** One time during a student-athlete's enrollment at the certifying institution he or she may be awarded athletics aid for less than a full academic year, provided the student-athlete has been enrolled full time at the certifying institution for at least one regular academic term and has not previously received athletically related financial aid from the certifying institution. *(Revised: 5/19/09)*
- (e) **Eligibility Exhausted/Medical Noncounter.** A student-athlete who has exhausted eligibility and is exempt from counting (per Bylaw 15.5.1.5) in the institution's financial aid limit, or a student-athlete who is exempt from counting (per Bylaw 15.5.1.2) due to an injury or illness may receive athletically related financial aid for less than one academic year. If an institution awards aid under this provision, the institutional financial aid agreement shall include specific nonathletically related conditions (e.g., academic requirements) the student-athlete must satisfy in order for the aid to be renewed for the next academic term or terms. If the student-athlete satisfies the specified conditions, the institution shall award financial aid at the same amount for the next term or terms of the academic year. If the student-athlete does not satisfy the specified conditions, he or she must be provided a hearing opportunity per Bylaw 15.3.2.3. *(Adopted: 4/24/08 effective 8/1/08)*

15.3.3.1.2 Effect of Violation. A violation of Bylaw 15.3.3.1 in which financial aid is awarded for a period of less than one academic year shall be considered an institutional violation per Constitution 2.8.1; however, the prospective student-athlete or student-athlete's eligibility shall not be affected. *(Adopted: 10/29/09)*

15.3.3.2 Regular Academic Year vs. Summer Term. An institution may award financial aid to a student-athlete for one or more academic years or, pursuant to the exceptions set forth in Bylaw 15.3.3.1.1, part of one academic year. An institution also may award financial aid for a summer term or summer-orientation period, provided the conditions of Bylaw 15.2.8 have been met. *(Revised: 4/27/06 effective 8/1/06, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.3.2.1 Summer Term as Additional Award. It is necessary to make an additional award for a summer term; however, an institution is not required to provide the recipient with a written statement of the amount, duration, conditions or terms of the award. *(Revised: 10/27/11 effective 8/1/12, 7/26/12, 10/9/12)*

15.3.4 Reduction or Cancellation During Period of Award.

15.3.4.1 Increase Permitted. Institutional financial aid may be increased for any reason at any time. *(Adopted: 1/11/94, Revised: 2/26/03, 4/23/08, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.4.2 Reduction or Cancellation Permitted. Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient: *(Revised: 1/10/92, 1/11/94, 1/10/95, 1/9/96, 12/13/05, 9/11/07)*

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.2.3);
- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.2.4); or
- (d) Voluntarily (on his or her own initiative) withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or canceled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal.

15.3.4.2.1 Timing of Reduction or Cancellation. Any reduction or cancellation of aid during the period of the award may occur only after the student-athlete has been provided an opportunity for a hearing per Bylaw 15.3.2.3. *(Adopted: 5/15/07, Revised: 4/23/08)*

15.3.4.2.2 Nonathletically Related Conditions. An institutional financial aid agreement may include nonathletically related conditions (e.g., compliance with academics policies or standards, compliance with athletics department rules or policies) by which the aid may be reduced or canceled during the period of the award. *(Adopted: 4/23/08)*

15.3.4.2.3 Fraudulent Misrepresentation. If a student-athlete is awarded institutional financial aid on the basis of declaring intention to participate in a particular sport by signing a letter of intent, application or tender, action on the part of the grantee not to participate (either by not reporting for practice or after making only token appearances as determined by the institution) would constitute fraudulent misrepresentation of information on the grantee's application, letter of intent or financial aid agreement and would permit the institution to cancel or reduce the financial aid. *(Revised: 1/11/94)*

15.3.4.2.4 Misconduct. An institution may cancel or reduce the financial aid of a student-athlete who is found to have engaged in misconduct by the university's regular student disciplinary authority, even if the loss-of-aid requirement does not apply to the student body in general. *(Revised: 1/11/94)*

15.3.4.2.5 Release of Obligation to Provide Athletically Related Financial Aid—One-Year Award. Before becoming a counter for an academic year pursuant to a one-year grant-in-aid, if a prospective student-athlete or student-athlete is awarded institutional financial aid unrelated to athletics that is of equal or greater value than his or her signed award of athletically related financial aid, the prospective student-athlete or student-athlete may, on his or her initiative, release the institution of its obligation to provide the athletically related financial aid. *(Adopted: 1/15/11 effective 8/1/11, Revised: 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.4.3 Reduction or Cancellation Not Permitted. Institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award: *(Adopted: 1/16/93, Revised: 1/11/94, 12/11/07, 1/14/08)*

- (a) On the basis of a student-athlete's athletics ability, performance or contribution to a team's success;
- (b) Because of an injury, illness, or physical or mental medical condition (except as permitted pursuant to Bylaw 15.3.4.2); or
- (c) For any other athletics reason.

15.3.4.3.1 Athletically Related Condition Prohibition. An institution may not set forth an athletically related condition (e.g., financial aid contingent upon specified performance or playing a specific position) that would permit the institution to reduce or cancel the student-athlete's financial aid during the period of the award if the conditions are not satisfied. *(Adopted: 1/16/93, Revised: 1/11/94)*

15.3.4.3.2 Decrease Not Permitted. An institution may not decrease a prospective student-athlete's or a student-athlete's financial aid from the time the prospective student-athlete or student-athlete signs the financial aid award letter until the conclusion of the period set forth in the financial aid agreement, except under the conditions set forth in Bylaw 15.3.4.2. *(Adopted: 1/11/94, Revised: 4/2/03 effective 8/1/03)*

15.3.5 Renewals and Nonrenewals.

15.3.5.1 Institutional Obligation. The renewal of institutional financial aid based in any degree on athletics ability shall be made on or before July 1 prior to the academic year in which it is to be effective. The institution shall promptly notify in writing each student-athlete who received an award the previous academic year and who has eligibility remaining in the sport in which financial aid was awarded the previous academic year (under Bylaw 12.8) whether the grant has been renewed or not renewed for the ensuing academic year. Notification of financial aid renewals and nonrenewals must come from the institution's regular financial aid authority and not from the institution's athletics department. *(Revised: 1/10/95)*

15.3.5.2 Reconsideration of Nonrenewal. It is permissible for an institution that has notified a student-athlete that he or she will not be provided institutional financial aid for the next academic year subsequently to award financial aid to that student-athlete.

15.5 Maximum Institutional Grant-in-Aid Limitations by Sport.

15.5.1 Counters. A student-athlete shall be a counter and included in the maximum awards limitations set forth in this bylaw under the following conditions: *(Revised: 6/10/04, 1/15/11 effective 8/1/11)*

- (a) **Athletics Aid.** A student-athlete who receives financial aid based in any degree on athletics ability shall become a counter for the year during which the student-athlete receives the financial aid; or
- (b) **Educational Expenses—Olympic Committee/National Governing Body.** A student-athlete who receives educational expenses awarded by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country) per Bylaw 15.2.6.4 shall become a counter for the year during which the student-athlete receives the aid.

15.5.1.1 Football or Basketball, Varsity Competition. In football or basketball, a student-athlete who was recruited (see Bylaw 15.02.8) by the awarding institution and who receives institutional financial aid (as set forth in Bylaw 15.02.4.2) granted without regard in any degree to athletics ability does not have to be counted until the student-athlete engages in varsity intercollegiate competition (as opposed to freshman, B-team, subvarsity, intramural or club competition) in those sports. *(Revised: 1/16/93 effective 8/1/93, 1/11/94, 6/20/04, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

15.5.1.1.1 Exception—Receipt of Institutional Academic Aid Only. In football or basketball, a student-athlete who was recruited (see Bylaw 15.02.8) by the awarding institution and whose only source of institutional financial aid is academic aid based solely on the recipient's academic record at the certifying

institution, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, may compete without counting in the institution's financial aid team limits, provided he or she has completed at least one academic year of full-time enrollment at the certifying institution and has achieved a cumulative grade-point average of at least 3.000 (on a 4.000 scale) at the certifying institution. (*Adopted: 10/27/05 effective 8/1/06, Revised: 1/15/11 effective 8/1/11*)

15.5.1.2 Counter Who Becomes Injured or Ill. A counter who becomes injured or ill to the point that he or she apparently never again will be able to participate in intercollegiate athletics shall not be considered a counter beginning with the academic year following the incapacitating injury or illness.

15.5.1.2.1 Incapacitating Injury or Illness. If an incapacitating injury or illness occurs prior to a prospective student-athlete's or a student-athlete's participation in athletically related activities and results in the student-athlete's inability to compete ever again, the student-athlete shall not be counted within the institution's maximum financial aid award limitations for the current, as well as later, academic years. However, if the incapacitating injury or illness occurs on or after the student-athlete's participation in countable athletically related activities in the sport, the student-athlete shall be counted in the institution's maximum financial aid limitations for the current academic year but need not be counted in later academic years. (*Adopted: 1/10/91, Revised: 3/26/04, 9/18/07*)

15.5.1.2.2 Change in Circumstances. If circumstances change and the student-athlete subsequently practices or competes at the institution at which the incapacitating injury or illness occurred, the student-athlete again shall become a counter, and the institution shall be required to count that financial aid under the limitations of this bylaw in the sport in question during each academic year in which the financial aid was received. (*Revised: 4/26/01 effective 8/1/01*)

15.5.1.3 Aid Not Renewed, Successful Appeal. If an institution does not renew financial aid for a counter in a following year, and a hearing before the institution's regular financial aid authority results in a successful appeal for restoration of aid, the student-athlete shall continue to be a counter if the individual continues to receive athletically related financial aid. However, the student-athlete shall not be a counter if he or she receives institutionally arranged or awarded, nonathletically related financial aid available to all students, provided such financial aid was granted or arranged without regard in any degree to athletics ability. If the student-athlete ever participates again in intercollegiate athletics at that institution, he or she will be considered to have been a counter during each year the financial aid was received.

15.5.1.4 Cancellation of Aid. Once an individual becomes a counter in a head-count sport (see Bylaws 15.5.2, 15.5.4, 15.5.5, 15.5.6, 15.5.7 and 15.5.8), the individual normally continues as a counter for the remainder of the academic year. However, if he or she voluntarily withdraws from the team prior to the first day of classes or before the first contest of the season (whichever is earlier) and releases the institution from its obligation to provide financial aid, the individual no longer would be considered a counter (see Bylaws 15.5.2.2 and 15.5.6.4.1).

15.5.1.5 Eligibility Exhausted. A student-athlete receiving institutional financial aid after having exhausted his or her eligibility in a sport is not a counter in that sport in later academic years following completion of eligibility in the sport. For this provision to be applicable, the student-athlete is otherwise eligible for the aid and is not permitted to take part in organized, institutional practice sessions in that sport unless the individual has eligibility remaining under the five-year rule. (See Bylaw 15.3.1 for eligibility for financial aid.) (*Revised: 1/10/91*)

15.5.1.5.1 Cross Country/Track and Field. A student-athlete who is awarded athletically related financial aid and who has exhausted eligibility in either cross country, indoor track and field, or outdoor track and field, but has eligibility remaining in any of the other sports, is not a counter in the cross country/track and field financial aid limitations, provided the student-athlete subsequently does not practice or compete in any of the sports that he or she has eligibility remaining in during the academic year in which the aid was awarded. (*Adopted: 6/26/01 effective 8/1/01*)

15.5.1.6 Aid After Departure of Head Coach—Men's Basketball. In men's basketball, a student-athlete who receives athletically related institutional financial aid in later academic years after the departure of a head coach from the institution is not a counter, provided: (*Adopted: 4/29/10 effective 8/1/10*)

- (a) The student-athlete participated in basketball and received athletically related institutional financial aid during the coach's tenure at the institution; and
- (b) The student-athlete does not participate in basketball during the later academic years at the institution.

15.5.1.6.1 Later Participation. If the student-athlete later participates in basketball at the institution, the student-athlete shall become a counter for all years during which athletically related institutional aid was received. (*Adopted: 4/29/10 effective 8/1/10*)

15.5.1.7 Aid After Student-Athlete Becomes Permanently Ineligible. A student-athlete receiving institutional financial aid after becoming permanently ineligible due to a violation of NCAA regulations (e.g., amateurism legislation) may receive athletics aid during later academic years without counting in the institution's financial aid limitations, provided the student-athlete is otherwise eligible for the aid and does not practice or compete in intercollegiate athletics again. If circumstances change and the student-athlete practices or competes,

the institution is required to count the financial aid received by the student-athlete during each academic year in which the aid was received (see Bylaw 15.3.1.4). *(Adopted: 1/11/94)*

15.5.1.8 Summer-Term Aid. Institutional financial aid received during a summer term is not countable in these limitations and does not make a student-athlete a counter.

15.5.1.8.1 Exception—Football. [FBS/FCS] In football, a prospective student-athlete who receives athletically related financial aid during a summer term prior to initial full-time enrollment at the certifying institution shall be an initial and overall counter for the ensuing academic year. (See Bylaws 15.02.3 and 15.5.6.) *(Adopted: 1/14/12)*

15.5.1.9 Offers Exceeding Maximum Allowable Awards. An institution may offer more than the maximum number of permissible awards in a sport (per Bylaw 15.5) in anticipation that not all of the offers will be accepted, but the institution shall not exceed the awards limitation in the sport in question.

15.5.1.9.1 Limitation on Number of National Letter of Intent/Offer of Financial Aid Signings—Bowl Subdivision Football. [FBS] In bowl subdivision football, there shall be an annual limit of 25 on the number of prospective student-athletes who may sign a National Letter of Intent or an institutional offer of financial aid from December 1 through May 31. *(Adopted: 1/16/10 effective 8/1/10, Revised: 1/14/12 effective 8/1/12)*

15.5.1.9.1.1 Exception—Counter During Same Academic Year. [FBS] A prospective student-athlete who signs a National Letter of Intent or an institutional offer of financial aid and becomes an initial counter for the same academic year in which the signing occurred (e.g., midyear enrollee) shall not count toward the annual limit on signings. *(Adopted: 1/14/12 effective 8/1/12)*

15.5.2 Head-Count Sports Other Than Football and Basketball.

15.5.2.1 Maximum Limits. An institution shall be limited in any academic year to the total number of counters (head count) in each of the following sports: *(Revised: 1/10/91 effective 8/1/92, 1/9/96 effective 8/1/96)*

Women's Gymnastics.....	12	Women's Volleyball.....	12
Women's Tennis.....	8		

15.5.2.2 Voluntary Withdrawal. An institution may replace a counter who voluntarily withdraws from the team in a head-count sport by providing the financial aid to another student who already has enrolled in the institution and is a member of the team. For this replacement to occur, the counter must withdraw prior to the first day of classes or before the first game of the season, whichever is earlier, and release the institution from its obligation to provide financial aid. The institution may not award the financial aid to another student-athlete in the academic term in which the aid was reduced or canceled. Further, if the financial aid is canceled before a regular academic term (e.g., preseason practice period), the aid may not be provided to another student-athlete during the ensuing academic term.

15.5.2.3 Midyear Replacement—Women's Volleyball. In women's volleyball, the financial aid of a counter who graduates at midyear or who graduates during the previous academic year (including summer) may be provided to another student-athlete without making the second student-athlete a counter for the remainder of that academic year. *(Adopted: 1/11/89, Revised: 1/16/10 effective 8/1/10)*

15.5.2.4 Midyear Graduate Replacement—Women's Gymnastics and Women's Tennis. In women's gymnastics and women's tennis, the financial aid of a counter who graduates at midyear with eligibility remaining and who does not return to the institution for the following academic term may be provided to another student-athlete without making the second student-athlete a counter for the remainder of the academic year. *(Adopted: 4/26/07 effective 8/1/07)*

15.5.3 Equivalency Sports.

15.5.3.1 Maximum Equivalency Limits.

15.5.3.1.1 Men's Sports. There shall be a limit on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in the following men's sports: *(Revised: 1/10/91, 1/10/92, 1/16/93 effective 8/1/93, 4/26/07 effective 8/1/08)*

Cross Country/		Skiing.....	6.3
Track and Field.....	12.6	Soccer.....	9.9
Fencing.....	4.5	Swimming and Diving.....	9.9
Golf.....	4.5	Tennis.....	4.5
Gymnastics.....	6.3	Volleyball.....	4.5
Lacrosse.....	12.6	Water Polo.....	4.5
Rifle.....	3.6	Wrestling.....	9.9

15.5.3.1.2 Women's Sports. There shall be a limit on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in the following women's sports: *(Revised: 1/10/91, 1/10/92 effective 8/1/94, 1/16/93, 1/11/94 effective 9/1/94, 1/9/96 effective 8/1/96, 11/1/01 effective 8/1/02, 4/28/05 effective 8/1/05, 4/28/05 effective 8/1/06, 1/17/09 effective 8/1/09, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

Bowling	5	Skiing	7
Cross Country/ Track and Field	18	Soccer	14
Equestrian	15	Softball	12
Fencing.....	5	Swimming and Diving.....	14
Field Hockey	12	Triathlon.....	3.5 for 2014-15; 4.5 for 2015-16; 5.5 for 2016-17; and 6.5 for 2017-18 and thereafter.
Golf.....	6	Water Polo	8
Lacrosse	12		
Rowing.....	20		
Rugby.....	12		

15.5.3.1.3 Maximum Equivalency Limits—Institutions That Sponsor Cross Country but Do Not Sponsor Track and Field.

There shall be a limit of five on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in men's cross country, if the institution does not sponsor indoor or outdoor track and field for men. There shall be a limit of six on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in women's cross country, if the institution does not sponsor indoor or outdoor track and field for women. (*Adopted: 1/10/91 effective 9/1/94, Revised: 1/9/96 effective 8/1/96*)

15.5.3.2 Equivalency Computations. In equivalency sports, each institutional financial aid award (per Bylaw 15.02.4.2) to a counter shall be computed as follows: (*Revised: 1/10/90, 1/9/96 effective 8/1/96, 4/29/04 effective 8/1/04, 10/20/08*)

- Once a student becomes a counter, the institution shall count all institutional aid (per Bylaw 15.02.4.2) received for room, board, tuition and fees, and books up to the value of a full grant-in-aid. Exempted government grants per Bylaw 15.2.5 and exempted institutional aid per Bylaw 15.02.4.4 specifically are excluded from this computation.
- A fraction shall be created, with the amount received by the student-athlete (up to the value of a full grant-in-aid) as the numerator and the full grant-in-aid value for that student-athlete as the denominator based on the actual cost or average cost of a full grant for all students at that institution. Financial aid unrelated to athletics ability (see Bylaw 15.1) received by the student-athlete in excess of a full grant-in-aid shall not be included in this computation.
- The sum of all fractional and maximum awards received by counters shall not exceed the total limit for the sport in question for the academic year as a whole.

15.5.3.2.1 Additional Requirements. The following additional requirements shall apply to equivalency computations: (*Revised: 10/20/08, 1/15/11, 10/18/11, 4/17/12 effective 8/1/12*)

- An institution may use either the actual cost or average cost of any or all of the elements (other than books) of the equivalency calculation (room, board, tuition and fees), provided the same method is used in both the numerator and denominator for each element. Either method (or different combinations of methods among elements) may be used for each student-athlete on the same team or for separate teams generally.
- In computing equivalencies for tuition and fees, it is not permissible to average the value of in-state and out-of-state tuition and fees to determine an average cost for tuition and fees.
- Books shall count for calculation purposes as \$800 in the denominator. If a student-athlete receives any portion of a book allowance for the academic year, the institution must use \$800 in the denominator and numerator for books, regardless of the actual cost of the books. If a student-athlete is enrolled for less than a full academic year (e.g., one semester, one or two quarters) and receives any portion of a book allowance, the institution must use the amount in the numerator that is proportionate to the number of terms of enrollment (\$400 for semester systems, \$534 or \$267 for quarter systems).

15.5.3.2.2 Exceptions.

15.5.3.2.2.1 Academic Honor Awards—Based on High School Record. Academic honor awards that are part of an institution's normal arrangements for academic scholarships, based solely on the recipient's high school record and awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by institutions, are exempt from an institution's equivalency computation, provided the recipient was ranked in the upper 10 percent of the high school graduating class or achieved a cumulative grade-point average of at least 3.500 (based on a maximum of 4.000) or a minimum ACT sum score of 105 or a minimum SAT score of 1200 (critical reading and math). (*Adopted: 1/12/99 effective 8/1/99, Revised: 1/14/08 effective 8/1/08, 1/16/10 effective 8/1/10*)

15.5.3.2.2.1.1 Additional Requirements. The following additional requirements shall be met: (*Adopted: 1/12/99 effective 8/1/99, 1/18/14 effective 8/1/14*)

- (a) The awards may include additional, nonacademic criteria (e.g., interviews, essays, need analysis), provided the additional criteria are not based on athletics ability, participation or interests, and the awards are consistent with the pattern of all such awards provided to all students;
- (b) No quota of awards shall be designated for student-athletes;
- (c) Athletics participation shall not be required before or after collegiate enrollment;
- (d) No athletics department staff member shall be involved in designating the recipients of such awards; and
- (e) Any additional criteria shall not include athletics ability, participation or interests.

15.5.3.2.2.1.2 Renewals. The renewal of an academic honor award (per Bylaw 15.5.3.2.2.1) may be exempted from an institution's equivalency computation regardless of whether the recipient qualified for exemption in his or her initial academic year enrollment, provided: (*Adopted: 1/12/99 effective 8/1/99, Revised: 3/18/10*)

- (a) The recipient achieves a cumulative grade-point average of at least 3.000 (based on a maximum of 4.000) at the certifying institution; and
- (b) The recipient meets all NCAA, conference and institutional progress-toward-degree requirements.

15.5.3.2.2.2 Academic Honor Awards—Transfer Students. Academic honor awards that are part of an institution's normal arrangements for academic scholarships, either based solely on the recipient's cumulative academic record from all collegiate institutions previously attended or based on the recipient's high school record and cumulative academic record from all collegiate institutions previously attended, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, may be exempted from a team's equivalency computation, provided the recipient achieved a cumulative transferable grade-point average of at least 3.000 (based on a maximum of 4.000). (*Adopted: 1/16/10 effective 8/1/10, Revised: 1/15/11 effective 8/1/11*)

15.5.3.2.2.2.1 Calculation of Grade-Point Average. Grades earned in all courses that are normally transferable to an institution shall be considered in determining the grade-point average for meeting this exception, regardless of the grade earned or whether such grade makes the course unacceptable for transferable-degree credit. (*Adopted: 1/16/10 effective 8/1/10*)

15.5.3.2.2.2.2 Renewals. The renewal of an academic honor award (per Bylaw 15.5.3.2.2.2) may be exempted from an institution's equivalency computation, provided: (*Adopted: 1/16/10 effective 8/1/10*)

- (a) The recipient achieves a cumulative grade-point average of at least 3.000 (based on a maximum of 4.000) at the certifying institution; and (*Revised: 1/15/11 effective 8/1/11*)
- (b) The recipient meets all NCAA, conference and institutional progress-toward-degree requirements.

15.5.3.2.2.3 Institutional Academic Scholarships. Institutional academic scholarships that are part of an institution's normal arrangements for academic scholarships, based solely on the recipient's academic record at the certifying institution, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, are exempt from an institution's equivalency computation, provided the recipient has completed at least one academic year of full-time enrollment at the certifying institution and has achieved a cumulative grade-point average of at least 3.000 (on a 4.000 scale) at the certifying institution. (*Adopted: 10/27/05 effective 8/1/06, Revised: 1/15/11 effective 8/1/11*)

15.5.3.2.3 Cancellation of Athletically Related Aid. If a student-athlete is dismissed from or voluntarily withdraws from a team and his or her athletically related financial aid is canceled (see Bylaws 15.3.2.3 and 15.3.4.2) during an academic term, all other countable financial aid the student-athlete receives during the remainder of the term is countable toward the student-athlete's equivalency for the academic year; however, the institution is not required to count other countable financial aid toward the student-athlete's equivalency during any remaining terms of the academic year. If a student-athlete is dismissed from or voluntarily withdraws from a team and his or her athletically related financial aid is canceled at the end of an academic term, the institution is not required to count other countable financial aid toward the student-athlete's equivalency during any remaining terms of the academic year. (*Adopted: 12/13/05*)

15.5.4 Baseball Limitations. There shall be an annual limit of 11.7 on the value of financial aid awards (equivalencies) to counters and an annual limit of 27 on the total number of counters in baseball at each institution. (*Adopted: 4/26/07 effective 8/1/08*)

15.5.4.1 Minimum Equivalency Value. An institution shall provide each counter athletically related and other countable financial aid that is equal to or greater than 25 percent of an equivalency. (*Adopted: 4/26/07 effective 8/1/08 for student-athletes who initially enroll full time at any four-year collegiate institution on or after 8/1/08, Revised: 8/9/07*)

15.5.4.1.1 Exception—Need-Based Athletics Aid Only. In baseball, an institution that awards athletically related financial aid based solely on demonstrated financial need, as determined for all students by the institution's financial aid office using methodologies that conform to federal, state and written institutional guidelines (including institutional financial aid that is considered athletically related financial aid based on the intervention of athletics department staff), is not subject to the 25 percent minimum equivalency value per counter. *(Adopted: 1/14/08 effective 8/1/08)*

15.5.4.1.2 Exception—Final Year of Eligibility and Not Previously Aided. An institution may provide less than 25 percent of an equivalency to a student-athlete, provided the student-athlete is in the final year of eligibility and has not previously received athletically related financial aid in baseball at any collegiate institution. *(Adopted: 4/26/12 effective 8/1/12, 8/20/12)*

15.5.5 Basketball Limitations.

15.5.5.1 Men's Basketball. There shall be a limit of 13 on the total number of counters in men's basketball at each institution. *(Adopted: 1/10/91 effective 8/1/92, Revised: 4/27/00 effective 8/1/01, 11/01/01, 4/29/04 effective 8/1/04)*

15.5.5.2 Women's Basketball. There shall be an annual limit of 15 on the total number of counters in women's basketball at each institution. *(Adopted: 1/10/91 effective 8/1/92, Revised: 1/10/92 effective 8/1/93, 1/16/93)*

15.5.6 Football Limitations.

15.5.6.1 Bowl Subdivision Football. [FBS] There shall be an annual limit of 25 on the number of initial counters (per Bylaw 15.02.3.1) and an annual limit of 85 on the total number of counters (including initial counters) in football at each institution. *(Revised: 1/10/91 effective 8/1/92, 12/15/06)*

15.5.6.2 Championship Subdivision Football. [FCS] There shall be an annual limit of 30 on the number of initial counters (per Bylaw 15.02.3.1), an annual limit of 63 on the value of financial aid awards (equivalencies) to counters, and an annual limit of 85 on the total number of counters (including initial counters) in football at each Football Championship Subdivision institution. *(Revised: 1/10/91 effective 8/1/92, 12/15/06)*

15.5.6.2.1 Exception—Championship Subdivision. [FCS] Championship subdivision football programs that meet the following criteria are exempt from the championship subdivision football counter and initial-counter requirements of Bylaws 15.5.1 and 15.5.6, regardless of multi-sport student-athletes who receive athletics aid in a sport(s) other than football: *(Revised: 1/11/94 effective 8/1/94, 1/10/95, 10/31/02 effective 8/1/03, 12/15/06)*

- (a) In football, the institution awards financial aid only to student-athletes who demonstrate financial need, except loans, academic honor awards, nonathletics achievement awards, or certain aid from outside sources may be provided without regard to financial need;
- (b) The institution uses methodologies for analyzing need that conform to federal, state and written institutional guidelines. The methodologies used to determine the need of a student-athlete must be consistent with the methodologies used by the institution's financial aid office for all students; and
- (c) The composition of the financial aid package offered to football student-athletes is consistent with the policy established for offering financial assistance to all students. The financial aid packages for football student-athletes also shall meet the following criteria:
 - (1) The institution shall not consider athletics ability as a criterion in the formulation of any football student-athlete's financial aid package; and
 - (2) The procedures used to award financial aid to football student-athletes must be the same as the existing financial aid procedures used for all students at the institution.

15.5.6.3 Initial Counters—Football (Also see Bylaw 15.02.3.1).

15.5.6.3.1 Recruited Student-Athlete Entering in Fall Term, Aided in First Year. [FBS/FCS] A student-athlete recruited (see Bylaw 15.02.8) by the awarding institution who enters in the fall term and receives institutional financial aid (based in any degree on athletics ability) during the first academic year in residence shall be an initial counter for that year in football. Therefore, such aid shall not be awarded if the institution has reached its limit on the number of initial counters prior to the award of institutional financial aid to the student-athlete. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.2 Recruited Student-Athlete Entering After Fall Term, Aided in First Year. [FBS/FCS] A student-athlete recruited (per Bylaw 15.02.8) by the awarding institution who enters after the first term of the academic year and immediately receives institutional financial aid (based in any degree on athletics ability) shall be an initial counter for either the current academic year (if the institution's annual limit has not been reached) or the next academic year. The student-athlete shall be included in the institution's total counter limit during the academic year in which the aid was first received. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.3 Recruited Student-Athlete, Aid Received After First Year. [FBS/FCS] A recruited student-athlete (per Bylaw 15.02.8) (including a student-athlete who was not a qualifier) who first receives athletically related financial aid after the student-athlete's first academic year in residence shall be an initial counter for that academic year in which the aid is first received, if such aid is received during the fall term. However, such a student-athlete who first receives athletically related financial aid in the second or third

term of an academic year may be considered an initial counter during the academic year in which aid was first received or the next academic year. In either case, the student-athlete shall be included in the institution's total counter limit during the academic year in which the aid was first received. *(Revised: 1/3/06, 1/15/11 effective 8/1/11)*

15.5.6.3.4 Nonrecruited Student-Athlete Receiving Institutional Financial Aid. [FBS/FCS] A student-athlete not recruited (per Bylaw 15.02.8) by the institution who receives institutional financial aid (based in any degree on athletics ability) after beginning football practice becomes a counter but need not be counted as an initial counter until the next academic year if the institution has reached its initial limit for the year in question. However, the student-athlete shall be considered in the total counter limit for the academic year in which the aid was first received. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.5 Midyear Replacement. [FBS/FCS] A counter who graduates at midyear or who graduates during the previous academic year (including summer) may be replaced by an initial counter, who shall be counted against the initial limit either for the year in which the aid is awarded (if the institution's annual limit has not been reached) or for the following academic year, or by a student-athlete who was an initial counter in a previous academic year and is returning to the institution after time spent on active duty in the armed services or on an official religious mission. In bowl subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year to the maximum number of overall counters (85 total counters). In championship subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year that equals the maximum number of overall equivalencies or overall counters. *(Revised: 4/20/99 effective 8/1/99, 6/8/99, 4/26/01 effective 8/1/01, 8/2/05, 12/15/06, 1/14/08 effective 8/1/08, 4/2/10, 1/15/11)*

15.5.6.3.6 Aid First Awarded After Second Year. [FBS/FCS] A student-athlete who has been in residence at the certifying institution for at least two academic years may receive athletically related financial aid for the first time without such aid counting as an initial award, provided the aid falls within the overall grant limitation. *(Adopted: 1/11/89, Revised: 1/10/90 effective 8/1/90)*

15.5.6.3.7 Recruited Student-Athlete, Varsity Competition. [FBS/FCS] In accordance with Bylaw 15.5.1.1, a recruited student-athlete (per Bylaw 15.02.8) receiving institutional financial aid having been granted without regard in any degree to athletics ability becomes an initial counter in the first academic year in which the student-athlete competes on the varsity level. (See Bylaw 15.5.1.1.1.) *(Revised: 10/27/05 effective 8/1/06, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

15.5.6.3.8 Returning Two-Year Transfer. [FBS/FCS] A student-athlete who previously was an initial counter and who transferred to a two-year college shall not be an initial counter upon return to the original institution.

15.5.6.3.9 Delayed Initial Counter Who Does Not Return to School. [FBS/FCS] A student-athlete who receives countable financial aid but whose status as an initial counter under this bylaw is delayed until the following academic year shall be counted against the initial limit the following academic year, regardless of whether the student-athlete reports for participation or attends the institution in that academic year.

15.5.6.4 Exceptions.

15.5.6.4.1 Voluntary Withdrawal. [FBS/FCS] An institution may replace a counter who voluntarily withdraws from the football team by providing the financial aid to another student who already has enrolled in the institution and is a member of the football squad. For this replacement to occur, the counter must withdraw prior to the first day of classes or before the first game of the season, whichever is earlier, and provide the institution with a signed statement releasing the institution from its obligation to provide institutional financial aid and verifying the voluntary nature of the withdrawal. The institution may immediately (beginning with the fall term) award the financial aid to a student-athlete who has been a member of the team for at least one academic year and has not previously received athletically related financial aid. A student-athlete who has not been a member of the team for at least one academic year may not receive the financial aid during the fall term, but may receive it in a following term (e.g., spring semester, winter quarter). *(Revised: 4/28/05 effective 8/1/05)*

15.5.6.4.2 Sprint Football. [FBS/FCS] Participants in sprint football programs who do not participate in the institution's regular varsity intercollegiate program shall not be counted in the institution's financial aid limitations.

15.5.7 Ice Hockey Limitations. There shall be an annual limit of 18 on the value of financial aid awards (equivalencies) to counters and an annual limit of 30 on the total number of counters in ice hockey at each institution. *(Adopted: 1/16/93 effective 8/1/93)*

15.5.8 Women's Sand Volleyball Limitations.

15.5.8.1 Institutions That Sponsor Women's Sand Volleyball and Women's Volleyball. If an institution sponsors women's sand volleyball and women's volleyball, there shall be an annual limit of six on the value of financial aid awards (equivalencies) provided to counters and an annual limit of 14 on the total number of counters in women's sand volleyball. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.8.2 Institutions That Sponsor Women's Sand Volleyball but Do Not Sponsor Women's Volleyball. If an institution does not sponsor women's volleyball, there shall be an annual limit of eight on the value of financial aid awards (equivalencies) provided to counters and an annual limit of 14 on the total number of counters in women's sand volleyball. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.9 Multisport Participants.

15.5.9.1 Football. [FBS/FCS] In football, a counter who was recruited (per Bylaw 15.02.8) and/or offered financial aid to participate in football and who participates (practices or competes) in football and one or more sports (including basketball) shall be counted in football. A counter who was not recruited (per Bylaw 15.02.8) and/or offered financial aid to participate in football and who competes in football and one or more sports (including basketball) shall be counted in football. *(Revised: 1/10/95 effective 8/1/95, 1/9/96 effective 8/1/96, 1/15/11 effective 8/1/11)*

15.5.9.1.1 Initial Counter. [FBS/FCS] A counter who previously has not been counted in football shall be considered an initial counter even though the student-athlete already has received countable financial aid in another sport.

15.5.9.1.2 Championship Subdivision Football Exception. [FCS] A counter who practices or competes in football at a Football Championship Subdivision institution that elects to use the football counter and initial-counter exception set forth in Bylaw 15.5.6.2.1 and who practices or competes in another sport and receives countable financial aid in another sport shall be counted in the institution's financial aid limitations in the other sport. *(Adopted: 1/10/95, Revised: 12/15/06)*

15.5.9.2 Basketball. A counter who practices or competes in basketball and one or more other sports (other than football) shall be counted in basketball.

15.5.9.3 Ice Hockey, Men's. A counter who practices or competes in men's ice hockey and one or more other sports (other than football or basketball) shall be counted in men's ice hockey. *(Adopted: 1/16/93 effective 8/1/93)*

15.5.9.4 Swimming and Diving/Water Polo, Men's. A counter who practices or competes in both men's swimming and diving and men's water polo at a member institution shall be counted in men's swimming and diving, unless he counts in football or basketball.

15.5.9.5 Volleyball, Women's. A counter who practices or competes in women's volleyball and one or more other sports (other than basketball) shall be counted in women's volleyball.

15.5.9.5.1 Participation in Women's Volleyball in Second Year of Enrollment After Counter Status in Women's Sand Volleyball in First Year of Enrollment. A student-athlete who was a counter in women's sand volleyball during her initial year of full-time enrollment at the certifying institution and participates (practices and competes) in women's volleyball during her second year of full-time enrollment at the certifying institution shall be a counter in women's volleyball for her initial year of full-time enrollment at the certifying institution. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.9.6 Two-Year Exception. If an individual has participated in a sport other than basketball, field hockey or women's volleyball for two years or more since the individual's initial collegiate enrollment and would be involved only in basketball, field hockey or women's volleyball practice sessions, such a student would not become a counter in those sports until the student actually competes as a member of that institution's intercollegiate team, at either the varsity or junior varsity level. *(Revised: 1/10/95 effective 8/1/95, 1/9/96 effective 8/1/96)*

15.5.9.7 Other Sports. Except as otherwise provided in this section, a counter who participates in two or more sports shall be counted in one of the sports but shall not be counted in the others.

15.5.9.7.1 Requirement to Qualify as Multisport Athlete. To be considered a multisport athlete under this section, an individual must meet all of the following requirements: *(Revised: 1/15/11 effective 8/1/11)*

- (a) The individual shall report and participate fully in regularly organized practice with each squad;
- (b) The individual shall participate where qualified in actual competition in each sport;
- (c) The individual shall be a member of each squad for the entire playing and practice season; and
- (d) If a recruited student-athlete (per Bylaw 15.02.8), the individual shall have been earnestly recruited to participate in the sport in which financial aid is counted (the institution recruiting the student-athlete shall have a reasonable basis to believe that the student-athlete is capable of participating in the institution's varsity intercollegiate program in that sport, including documentation of a record of previous participation in organized competition in the sport that supports the student-athlete's potential to participate in that sport in varsity intercollegiate competition).

15.5.10 Changes in Participation. If a student-athlete changes sports during an academic year, the student-athlete's financial aid shall be counted in the maximum limitations for the first sport for the remainder of the academic year. If the student-athlete continues to receive financial aid, the award shall be counted the next academic year against the maximum limitations in the second sport. A student-athlete shall be counted as an initial counter in football during the year in which the student-athlete first becomes countable in that sport, regardless of whether countable financial aid was received previously for another sport. *(Revised: 4/3/02)*

15.5.11 Squad List.

15.5.11.1 Eligibility Requirement. To be eligible to represent an institution in intercollegiate athletics competition, a student-athlete shall be included on the institution's squad-list form. **[D]**

15.5.11.2 Squad-List Form. The institution shall compile a list, on a form maintained by the Awards, Benefits, Expenses and Financial Aid Cabinet and approved by the Legislative Council, of the squad members in each sport on the first day of competition and shall indicate thereon the status of each member in the categories listed. **[D]** *(Revised: 11/1/07 effective 8/1/08, 7/30/10, 1/18/14 effective 8/1/14)*

15.5.11.2.1 Procedures. The following procedures shall be used for the squad list: **[D]** *(Revised: 1/9/06 effective 8/1/06, 7/30/10, 1/18/14 effective 8/1/14)*

- (a) The form shall be available for examination upon request by an authorized representative of another member institution, the NCAA, and, if the institution is a member of a conference, an authorized representative of the conference;
- (b) A supplementary form may be filed to add names of persons not initially on the squad or to indicate a change of status;
- (c) A student-athlete's name must be on the official institutional form to qualify to represent the institution in intercollegiate athletics; and
- (d) The athletics director (or his or her designee, who may not be a coaching staff member) shall sign the form for each sport. The head coach in each sport shall sign the form for the applicable sport.

15.5.11.3 Drug-Testing Consent-Form Requirement. Any student-athlete who signs a drug-testing consent form must be included on the institution's squad-list form, and any student-athlete who is included on the squad-list form must have signed a drug-testing consent form pursuant to Bylaw 12.7.3. **[D]** *(Adopted: 1/10/92 effective 8/1/92)*

15.5.11.3.1 Exception—14-Day Grace Period. An institution is not required to place a student-athlete who is "trying out" for a team on the squad-list form for 14 days from the first date the student engages in countable athletically related activities or until the institution's first competition, whichever occurs earlier. *(Adopted: 4/28/05)*

TAB 21

2014-2015 Football Counters

Overall Counters		Initial Counters/Overall Counters		Term
1	62	18	85	FA 2014
2	63			
3	64			
4	65	Initial Counters 13/14		
5	66			
6	67			
7	68	Initial Counters 14/15		
8	69			
9	70			
10	71			
11	72			
12	73			
13	74			
14	75			
15	76			
16	77			
17	78			
18	79			
19	80			
20	81			
21	82			
22	83			
23	84			
24	85			
25				
26				
27	The following counters have earned Degrees as of Fall 2014:			
28	-1			
29	-2			
30	-3			
31	-4			
32	Counters that can graduate after the Fall 2014 term:			
33				
34	-5			
35	-6			
36	-7			
37	-8			
38	Potential December 2014 graduates with eligibility remaining			
39				
40				
41				
42				
43				
44				
45				
46	Counters that will Exhaust Eligibility after the Fall 2014 season:			
47				
48				
49				
50				
51				
52				
53				
54	Other /Medicals			
55				
56				
57	Sprina 2015 Additions			
58				
59				
60				
61				11/20/2014

TAB 22

To Whom It May Concern,

I will not be returning for school at the University of Illinois for the Spring Semester 2015. I will be graduating in December of 2014 and will not be returning after graduation.

Name_____

Signature_____

Date_____

12/6/14

TAB 23



University of Illinois



Voluntary Withdrawal from Team

NCAA Bylaw 15.3.4.2 – Reduction or Cancellation Permitted

Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient:

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.2.3);
- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.2.4); or
- (d) Voluntarily (on his or her own initiative) withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or canceled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal.

Student-Athlete Name	Sport	UIN #

By signing below, I am notifying the University of Illinois Division of Intercollegiate Athletics that I am voluntarily withdrawing from further participation in intercollegiate athletics at the University of Illinois and agree to the following:

- I am withdrawing from further participation on my own initiative.
- I have been offered the opportunity to consult with the Compliance Office to determine the eligibility and financial aid ramifications of my voluntary withdrawal.
- I understand that voluntary withdrawal may result in my athletically related financial aid being cancelled at the end of current semester.

Student-Athlete Signature

Date

Head Coach Signature

Date

Compliance Office Signature

Date

Sport Administrator Signature

Date

**Once complete, the original form shall be kept on file in the Compliance Office.
Copies shall be provided to the student-athlete, the applicable head coach and the sport administrator.**

TAB 24

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of Student Financial Aid
620 East John Street, MC 303
Champaign, Illinois 61820-5712



[REDACTED]
[REDACTED]
Dear [REDACTED]

University of Illinois Football Coach, Tim Beckman, has notified us that you are going to graduate in [REDACTED] and you don't plan to return to the University of Illinois for the [REDACTED] semester to pursue a second bachelor's degree or a graduate degree. Therefore, your athletic scholarship will be cancelled for the [REDACTED] semester.

Enclosed is a copy of the University of Illinois' Division of Intercollegiate Athletics Student-Athlete Handbook. If you feel that the reduction of your aid is inappropriate, please refer to the section "Financial Aid Grievances." Please note the deadline dates for appeals.

If you have any questions, please contact me at (217) 244-2024.

Sincerely,

A handwritten signature in black ink that reads "Dan Mann". The signature is written in a cursive, flowing style.

Dan Mann
Director of Student Financial Aid

CC: Matt Wheeler
Jason Lener
Keiko Price
Tim Beckmann
Chris Byron
Tessi Taylor
Kim Hamilton

remailed 12/9/14

TAB 25

 Messages (2) 

Details

iMessage

Thu, , 7:36 PM

The termination of
my athletic
scholarship
arrived at my
house today and I
would like to



play in the







iMessage



 Messages (2) 

Details


 and 3
months following
by at 
and that I was not
aware of my legal
rights

That is fine. U will
have to talk to our
Associate Athletic
Director Jason
Lener.



iMessage



← Messages (2) [REDACTED]

Details

Lener.

Can I find his
contact
information on the
website?

He can inform u
about the petition.
I have not been
told u [REDACTED]

for [REDACTED]

[REDACTED] He is a
Biefeldt. I suggest
u go see him first
thing in morning.

Are u not going



iMessage



◀ Messages (2) [REDACTED]

Details

Are u not going
through [REDACTED]
[REDACTED]

Fri, [REDACTED] 10:27 AM

When should I
come in and
speak with you?

Sun, [REDACTED] 4:28 PM

Coach Beckman I
need to meet with
you tonight about
resolving some



iMessage



 Messages (2) 

Details

Coach Beckman I
need to meet with
you tonight about
resolving some
confusion I have
over the issues we
discussed on
Friday

I am not available
till tomorrow
morning. Will be in
office at 6

I'm looking for a
response sooner
than that I'm





iMessage



< Messages (2) 

Details

than that. I'm
prepared to a
submit 


to the athletic
director tonight so
if we can talk
before then give
me a call

On radio. Will be
off in about 15
minutes



iMessage



< Messages (2)

Details

Mon, 10:30 AM

Everything was
reinstated this
morning for

Thu, 6:17 PM

Hey Coach Beck
hope the summer
is going well so
far. I was
wondering if you
would be able to
fill out a

recommendation



iMessage



TAB 26

Taylor, Tessi M

From: Mann, Daniel R
Sent: Monday, December 22, 2014 7:50 AM
To: Squire, Ryan R; Taylor, Tessi M; Hamilton, Kimberly M
Cc: Trame, Michelle Kay; Kirkland, Lindsey Jo
Subject: FW: Tim Beckman Improprieties toward [REDACTED]

All -- I'm forwarding an email that I received this morning that sheds more light on this situation.

Ryan, are you around or is there someone else from Athletics that is available to help address this issue?

Thanks. -- Dan

From: [REDACTED]
Sent: Monday, [REDACTED]
To: Squire, Ryan R; Mann, Daniel R; [REDACTED]
Subject: Tim Beckman Improprieties toward [REDACTED]

Gentlemen:

Possible improprieties have been committed by Coach Tim Beckman toward [REDACTED] a [REDACTED] on the football team.

Are either of you would be available to discuss the situation Monday morning so I can advise [REDACTED] regarding [REDACTED] that he has written?

On Friday, December 19, Coach Beckman told [REDACTED] was told he was kicked off the team [REDACTED]. Later that day, Coach Beckman had Trent the equipment manager empty out the contents of [REDACTED] locker. Coach Beckman has told players that [REDACTED] is no longer on the team.

☞ Definitely words and actions consistent with kicking a kid off a team. Were proper procedures followed? Sufficient justification? Appropriate penalty?

[REDACTED] because, during a meeting with Coaches Beckman, Brattan and Golish on December 6, Coach Beckman told him there was no scholarship or spot on the team for him come January. And since [REDACTED]

[REDACTED] He was then told to sign signatory page saying [REDACTED] At that time [REDACTED] was a making plans to [REDACTED] which would better position him for [REDACTED] school. But because the coaches were telling him there was no scholarship after December, because the environment was a little intimidating and because he wasn't sure how [REDACTED] would be paid, he reluctantly signed the signature page. After receiving Dan Mann's letter, [REDACTED] realized he inadvertently authorized the cancellation of scholarship he was entitled to. He then notified Coach Beckman hat he was [REDACTED] authorizing the cancellation of a scholarship he was entitled to [REDACTED]

[REDACTED] This is what Coach Beckman thinks is the lie.

- ↳ A Coach can lie, create an intimidating atmosphere to force a kid to sign something, then accuse them of lying when they exercise their right to appeal after realizing they were swindled into signing.

After kicking [REDACTED] off the team Friday night, Beckman told [REDACTED] he had to tell [REDACTED] [REDACTED] will no longer be able to get a scholarship next semester because of [REDACTED]

- ↳ Are these really the ethics and values you want in a man in charge of 100+ young men?

When [REDACTED] locker was cleared out, several things were taken back and thrown away, including shoes and workout clothes. [REDACTED] has no idea what was taken back, thrown away, whether he has everything he is entitled to.

- ↳ Again, consistent with someone being kicked off the team, but [REDACTED] was [REDACTED] in September and needs to stay fit heading into [REDACTED] and he needs to [REDACTED] [REDACTED] Shouldn't he have access to some type of locker and workout clothes for his rehab?

[REDACTED] notified Beckman that he was submitting [REDACTED] and wanted to talk to him beforehand. They talked and [REDACTED] expressed concern about access to the training and rehab facilities following [REDACTED] Beckman assured him he would have access to training and rehab and seemed to try to and make it more grey and vague as to whether [REDACTED] was actually kicked off the team.

- ↳ What exactly is [REDACTED] status with the team?

[REDACTED]

[REDACTED]

TAB 27

From: Lener, Jason A [jlener@illinois.edu]
Sent: Sunday, [REDACTED] 11:33 AM
To: Thomas, Michael J
CC: Squire, Ryan R
Subject: Re: Tim Beckman Improprieties toward [REDACTED]

Ryan and I talked and Ryan talked and emailed [REDACTED]

I am meeting with [REDACTED] when he returns back to campus in the [REDACTED] and [REDACTED] has been put back on scholarship.

Jason Lener
University of Illinois
Executive Sr Assoc AD
217.244.2632

Sent from my iPhone

On Dec 28, 2014, at 12:09 PM, Thomas, Michael J <mthomas@illinois.edu> wrote:

Any update on this situation?

From: Squire, Ryan R
Sent: Monday, December 22, 2014 8:46 AM
To: Thomas, Michael J; Lener, Jason A
Subject: FW: Tim Beckman Improprieties toward [REDACTED]

Mike and Jason—

The e-mail below came in this morning at 4:47 a.m. from [REDACTED] of a football student-athlete. It does not appear that Coach Beckman received the e-mail, but somehow by 7:20 a.m. he had sent a message to Tessi Taylor telling her that [REDACTED] will stay on scholarship through the spring.

Hopefully the situation with [REDACTED] is resolved for now but it appears that this was not handled well. There are [REDACTED] other student-athletes that signed similar withdrawal letters this month stating that they were not returning for [REDACTED] despite having eligibility remaining for next season.

Thanks,
Ryan

From: [REDACTED]
Sent: Monday, December 22, 2014 4:47 AM
To: Squire, Ryan R; Mann, Daniel R; [REDACTED]
Subject: Tim Beckman Improprieties toward [REDACTED]

Gentlemen:

Possible improprieties have been committed by Coach Tim Beckman toward [REDACTED] on the football team.

Are either of you would be available to discuss the situation Monday morning so I can advise [REDACTED] regarding a grievance that he has written?

On Friday, [REDACTED] Coach Beckman told [REDACTED] was told he was kicked off the team for lying and that he was not allowed to attend the [REDACTED]. Later that day, Coach Beckman had Trent the equipment manager empty out the contents of [REDACTED] locker. Coach Beckman has told players that [REDACTED] is no longer on the team.

↳ Definitely words and actions consistent with kicking a kid off a team. Were proper procedures followed? Sufficient justification? Appropriate penalty?

[REDACTED] "lied" because, during a meeting with Coaches Beckman, Brattan and Golish on [REDACTED] Coach Beckman told him there was no scholarship or spot on the team for him come [REDACTED]. And since he was tracking with enough courses to be able to graduate in [REDACTED] he needed to graduate in [REDACTED]. He was then told to sign signatory page saying he was graduating and not returning. At that time, [REDACTED] was a making plans to [REDACTED], which would better position him for [REDACTED]. But because the coaches were telling him there was no scholarship after [REDACTED] because the environment was a little intimidating and because he wasn't sure how his [REDACTED] semester would be paid, he reluctantly signed the signature page. After receiving Dan Mann's letter, [REDACTED] realized he inadvertently authorized the cancellation of scholarship he was entitled to. He then notified Coach Beckman hat he was appealing the cancellation on the grounds that he didn't realize he was authorizing the cancellation of a scholarship he was entitled to, that he had changed his graduation to [REDACTED] and that he just received medical clearance to play in the [REDACTED] and next season. This is what Coach Beckman thinks is the lie.

↳ A Coach can lie, create an intimidating atmosphere to force a kid to sign something, then accuse them of lying when they exercise their right to appeal after realizing they were swindled into signing.

After kicking [REDACTED] off the team Friday night, Beckman told [REDACTED] he had to tell walk-on teammate and roommate [REDACTED] that [REDACTED] will no longer be able to get a scholarship next semester because of [REDACTED]

↳ Are these really the ethics and values you want in a man in charge of 100+ young men?

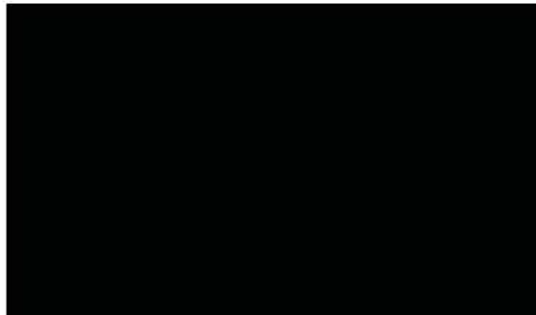
When [REDACTED] locker was cleared out, several things were taken back and thrown away, including shoes and workout clothes. [REDACTED] has no idea what was taken back, thrown away, whether he has everything he is entitled to.

↳ Again, consistent with someone being kicked off the team, but [REDACTED] was injured during practice in September and needs to stay fit heading into [REDACTED] and he needs to [REDACTED] [REDACTED] Shouldn't he have access to some type of locker and workout clothes for his rehab?

[REDACTED] notified Beckman that he was submitting a grievance citing wrongful termination and wanted to talk to him beforehand. They talked and [REDACTED] expressed concern about access to the training [REDACTED] facilities following [REDACTED]

[REDACTED] Beckman assured him he would have access to training and [REDACTED] seemed to try to and make it more grey and vague as to whether [REDACTED] was actually kicked off the team.

↳ What exactly is [REDACTED] status with the team?



This email has been checked for viruses by Avast antivirus software.
www.avast.com

TAB 28

_____ is a football student-athlete in his _____ of enrollment at the University of Illinois. He has used _____ seasons of competition so he is currently a redshirt junior with respect to his football eligibility. _____ had a signed financial aid agreement covering the entire _____ academic year but on _____ signed a statement (see attached) indicating that he was graduating in _____ and did not intend to return to school for the _____. Based on this statement, the Office of Student Financial Aid generated a letter notifying _____ that his athletic aid would be cancelled.

On _____ sent an e-mail (see attached) to me and to Dan Mann, Director of Student Financial Aid. In the e-mail, _____ states that _____ had attempted to contact Coach Beckman about the aid cancellation in accordance with proper appeal procedures but Coach Beckman responded by dismissing _____ from the team, excluding _____ and having the equipment staff clear out the contents of _____ locker. _____ also wrote that Coach Beckman called _____ a liar and told _____ that he would have to tell his _____ that _____ was the reason _____ would not be receiving a scholarship for _____.

_____ also called me on _____ to discuss the situation. She was very upset with the way that _____ was being treated. According to _____ to contribute on the field this season. She perceived that this is the reason that _____ was having his scholarship cancelled and his position on the team taken away.

_____ being excluded from the _____

_____ called me later in the day on _____ to let me know that she had talked to the _____ had signed a statement in _____ indicating that he would not return for _____ and subsequently had his athletic aid cancelled. She told me that _____ was another student-athlete who had been treated similarly.

Lastly, also on _____ Coach Beckman sent an e-mail to Tessi Taylor notifying her that _____ athletic aid should be reinstated for _____. It is my understanding that _____ did not _____ (even though he could have) and now intends to _____ and will be on football scholarship for the _____. _____ will not be part of the football program. He wants to know what his status is as far as access to the facilities so he can continue to _____

TAB 29

Infractions Program

19.01 General Principles.

19.01.1 Mission of the Infractions Program. It is the mission of the NCAA infractions program to uphold integrity and fair play among the NCAA membership, and to prescribe appropriate and fair penalties if violations occur. One of the fundamental principles of the infractions program is to ensure that those institutions and student-athletes abiding by the NCAA constitution and bylaws are not disadvantaged by their commitment to compliance. The program is committed to the fairness of procedures and the timely resolution of infractions cases. The ability to investigate allegations and penalize infractions is critical to the common interests of the Association's membership and the preservation of its enduring values. *(Adopted: 1/11/94, Revised: 10/30/12 effective 8/1/13, 7/31/14)*

19.01.2 Accountability. The infractions program shall hold institutions, coaches, administrators and student-athletes who violate the NCAA constitution and bylaws accountable for their conduct, both at the individual and institutional levels. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.01.3 Public Disclosure. Except as provided in this article, the Committee on Infractions, the Infractions Appeals Committee and the enforcement staff shall not make public disclosures about a pending case until the case has been announced in accordance with prescribed procedures. An institution and any individual subject to the NCAA constitution and bylaws involved in a case, including any representative or counsel, shall not make public disclosures about the case until a final decision has been announced in accordance with prescribed procedures. *(Adopted: 10/30/12 effective 8/1/13)*

19.01.4 Penalty Structure. The infractions program shall address the varying levels of infractions and, for the most serious infractions, include guidelines for a range of penalties, which the Committee on Infractions may prescribe, subject to review by the Infractions Appeals Committee. Penalties shall depend on the relative severity of the infraction(s), the presence of aggravating or mitigating factors and, in some cases, the existence of extenuating circumstances. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.01.5 Exemplary Conduct. Individuals employed by or associated with member institutions for the administration, the conduct or the coaching of intercollegiate athletics are, in the final analysis, teachers of young people. Their responsibility is an affirmative one, and they must do more than avoid improper conduct or questionable acts. Their own moral values must be so certain and positive that those younger and more pliable will be influenced by a fine example. Much more is expected of them than of the less critically placed citizen.

19.02 Definitions and Applications.

19.02.1 Involved Individual. Involved individuals are current or former institutional staff members and current or former student-athletes who have received notice of involvement in alleged violations. *(Adopted: 10/30/12 effective 8/1/13)*

19.02.2 New Information. New information is relevant, material information that could not have reasonably been ascertained prior to the Committee on Infractions hearing. *(Adopted: 1/6/96, Revised: 10/30/12 effective 8/1/13, 7/31/14)*

19.02.3 Show-Cause Order. A show-cause order is an order that requires a member institution to demonstrate to the satisfaction of the Committee on Infractions why it should not be subject to a penalty or additional penalty for not taking appropriate disciplinary or corrective action with regard to an institutional staff member or representative of the institution's athletics interests found by the committee as having been involved in a violation of the NCAA constitution and bylaws. *(Revised: 1/10/95, 4/24/03, 10/30/12 effective 8/1/13)*

19.1 Violation Structure.

19.1.1 Severe Breach of Conduct (Level I Violation). A severe breach of conduct is one or more violations that seriously undermine or threaten the integrity of the NCAA Collegiate Model, as set forth in the constitution and bylaws, including any violation that provides or is intended to provide a substantial or extensive recruiting, competitive or other advantage, or a substantial or extensive impermissible benefit. Among other examples, the following, in appropriate circumstances, may constitute a severe breach of conduct: *(Adopted: 10/30/12 effective 8/1/13, 7/31/14)*

- (a) Lack of institutional control;
- (b) Academic misconduct;
- (c) Failure to cooperate in an NCAA enforcement investigation;

- (d) Individual unethical or dishonest conduct, regardless of whether the underlying institutional violations are considered Level I;
- (e) A Bylaw 11.1.1.1 violation by a head coach resulting from an underlying Level I violation by an individual within the sport program;
- (f) Cash payment or other benefits provided by a coach, administrator or representative of the institution's athletics interests intended to secure, or which resulted in, enrollment of a prospective student-athlete;
- (g) Third-party involvement in recruiting violations in which institutional officials knew or should have known about the involvement;
- (h) Intentional violations or reckless indifference to the NCAA constitution and bylaws; or
- (i) Collective Level II and/or Level III violations.

19.1.2 Significant Breach of Conduct (Level II Violation). A significant breach of conduct is one or more violations that provide or are intended to provide more than a minimal but less than a substantial or extensive recruiting, competitive or other advantage; include more than a minimal but less than a substantial or extensive impermissible benefit; or involve conduct that may compromise the integrity of the NCAA Collegiate Model as set forth in the constitution and bylaws. Among other examples, the following may constitute a significant breach of conduct: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Violations that do not rise to the level of Level I violations and are more serious than Level III violations;
- (b) Failure to monitor (such violations will be presumed Level II but may be deemed to be of a Level I nature if the failure is substantial or egregious);
- (c) Systemic violations that do not amount to a lack of institutional control;
- (d) Multiple recruiting, financial aid, or eligibility violations that do not amount to a lack of institutional control;
- (e) A Bylaw 11.1.1.1 violation by a head coach resulting from an underlying Level II violation by an individual within the sport program; or
- (f) Collective Level III violations.

19.1.3 Breach of Conduct (Level III Violation). A breach of conduct is one or more violations that are isolated or limited in nature; provide no more than a minimal recruiting, competitive or other advantage; and provide no more than a minimal impermissible benefit. Among other examples, the following may constitute a breach of conduct: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Inadvertent violations that are isolated or limited in nature; or
- (b) Extra-benefit, financial aid, academic eligibility and recruiting violations, provided they do not create more than minimal advantages.

19.1.4 Incidental Infraction (Level IV Violation). An incidental infraction is a minor infraction that is technical in nature and does not constitute a Level III violation. Incidental infractions generally will not affect eligibility for intercollegiate athletics. Multiple or repeated Level IV violations collectively may constitute a Level III violation. *(Adopted: 10/30/12 effective 8/1/13)*

19.2 Expectations and Shared Responsibility.

19.2.1 Member Responsibility for Compliance. Each institution has an affirmative obligation to monitor and control its athletics programs, its representatives and its student-athletes to assure compliance with the constitution and bylaws of the Association. *(Adopted: 10/30/12 effective 8/1/13)*

19.2.2 Member Responsibility to Report Noncompliance. Each institution has an affirmative obligation to report all instances of noncompliance to the Association in a timely manner. *(Adopted: 10/30/12 effective 8/1/13)*

19.2.3 Responsibility to Cooperate. Current and former institutional staff members or prospective or enrolled student-athletes of member institutions have an affirmative obligation to cooperate fully with and assist the NCAA enforcement staff, the Committee on Infractions and the Infractions Appeals Committee to further the objectives of the Association and its infractions program. The responsibility to cooperate requires institutions and individuals to protect the integrity of investigations and to make a full and complete disclosure of any relevant information, including any information requested by the enforcement staff or relevant committees. Current and former institutional staff members or prospective or enrolled student-athletes of member institutions have an affirmative obligation to report instances of noncompliance to the Association in a timely manner and assist in developing full information to determine whether a possible violation has occurred and the details thereof. *(Adopted: 11/1/07 effective 8/1/08, Revised: 10/30/12 effective 8/1/13, 7/31/14)*

19.2.3.1 Exemplary Cooperation. Exemplary cooperation by an institution or involved individual may constitute a mitigating factor for purposes of determining a penalty for a violation. Institutions or involved individuals may demonstrate exemplary cooperation while denying some or all of the alleged violations and otherwise acting in furtherance of their independent interests. *(Adopted: 10/30/12 effective 8/1/13)*

19.2.3.2 Failure to Cooperate. Failing to satisfy the responsibility to cooperate may result in an independent allegation and/or be considered an aggravating factor for purposes of determining a penalty. Institutional representatives and the involved individual may be requested to appear before a hearing panel of the Committee on Infractions at the time the allegation is considered. (*Adopted: 10/30/12 effective 8/1/13*)

19.3 Committee on Infractions.

19.3.1 Composition of Committee. The Board of Directors shall appoint a Committee on Infractions comprised of not more than 24 members to act as hearing officers in infractions proceedings of the Association. The Board of Directors shall also appoint one member of the committee to serve as chair and another member to serve as vice chair. If at any time the chair is unavailable to act as such, the vice chair is empowered to exercise the functions of the chair. There shall be no subdivision restrictions except that all nonpublic members may not be from the same subdivision. The committee shall reflect the Association's commitment to diversity. To the extent reasonably possible, the Committee shall include members from each of the following categories: (*Revised: 1/16/93, 10/27/98, 10/28/99, 1/11/00, 11/1/01, 10/31/02, 10/30/12 effective 8/1/13, 1/19/13 effective 8/1/13*)

- (a) Current or former college or university presidents, chancellors or other senior institutional administrators (no more than three years removed from employment by a member institution or similar service at the time of his or her initial appointment);
- (b) Current or former directors of athletics (no more than three years removed from employment by a member institution or similar service at the time of his or her initial appointment);
- (c) Former NCAA coaches (no more than 10 years removed from employment by a member institution or similar service at the time of his or her initial appointment);
- (d) Representatives from conference offices;
- (e) University staff or faculty, including but not limited to faculty athletics representatives;
- (f) Athletics administrators with compliance experience; and
- (g) Members of the general public with formal legal training who are not associated with a collegiate institution, conference, or professional or similar sports organization and who do not represent coaches or athletes in any capacity.

19.3.2 Temporary Substitutes. If it appears that one or more members of the committee will be unable to participate in the disposition of a case, the chair may designate a current or former member or members of the committee to participate for purposes of consideration and disposition of that case. (*Revised: 11/1/07 effective 8/1/08, 10/30/12 effective 8/1/13*)

19.3.3 Hearing Panels of the Committee. Unless ordered otherwise by the committee chair, cases involving Level I or Level II violations will be presented to and decided by hearing panels consisting of not less than five and not more than seven members of the full Committee on Infractions. Decisions issued by hearing panels are made on behalf of the Committee on Infractions. (*Adopted: 10/30/12 effective 8/1/13*)

19.3.4 Conflict of Interest. No member of a hearing panel shall participate in a case if he or she is directly connected with an institution under investigation or if he or she has a personal, professional or institutional affiliation that may create the appearance of partiality. It is the responsibility of the panel member to remove himself or herself if a conflict exists. Objections to the participation of a panel member in a particular case should be raised as soon as recognized but will not be considered unless raised at least one week in advance of the panel's review of the case. Objections will be decided by the committee chair. (*Adopted: 10/30/12 effective 8/1/13*)

19.3.5 Term of Office. Members appointed on or before August 1, 2013, shall be assigned to serve a one-, two- or three-year term as necessary to assure alternating expiration of terms. Thereafter, members may be appointed to serve a three-year term, which shall commence on the first day of August following the member's appointment. Regardless of when appointed, a member may be reappointed for additional three-year terms but shall not serve more than nine years on the committee. (*Adopted: 1/11/00, Revised: 10/30/12 effective 8/1/13*)

19.3.6 Authority and Duties of Committee. Disciplinary or corrective actions other than suspension or termination of membership may be prescribed by members of hearing panels of the Committee on Infractions present and voting at any duly called hearing thereof, provided the call of such a hearing shall have contained notice of the situation presenting the disciplinary problem. Actions of panels in cases involving Level I or Level II violations, however, may be subject to review by the Infractions Appeals Committee. The penalties prescribed by a panel are separate and apart from any penalties prescribed as part of the Academic Performance Program by the Committee on Academic Performance. The Committee on Infractions shall: (*Revised: 1/16/93, 1/10/95, 4/24/03, 10/30/12 effective 8/1/13, 7/31/14*)

- (a) Find facts related to alleged bylaw violations;
- (b) Conclude whether the facts constitute one or more violations of the NCAA constitution and bylaws;
- (c) Upon concluding that one or more violations occurred, prescribe an appropriate penalty consistent with the provisions of this article;

- (d) Coordinate with the office of the Committees on Infractions as necessary for logistic, administrative or other support related to implementation of the committee's decisions;
- (e) Monitor compliance with prescribed penalties. In the event an institution fails or refuses to implement prescribed penalties, a hearing panel of the committee may prescribe additional penalties, provided the institution is given the opportunity to appear before the panel and the opportunity to appeal any additional penalty;
- (f) Consider complaints alleging the failure of any member to maintain the academic or athletics standards required for membership or the failure of any member to meet the conditions and obligations of membership in the Association;
- (g) Formulate and revise internal operating procedures and revise investigative guidelines. Committee amendments to the procedures and guidelines shall be effective immediately and subject to review and approval by the Board of Directors; and
- (h) Carry out such other duties directly related to the administration of the Association's infractions program.

19.3.7 Duties of Committee Chair. The duties of the committee chair, or his or her designee, shall be as follows: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Schedule and preside over two meetings of the full committee annually. In the interim between meetings of the full committee, the chair shall act on behalf of the committee, subject to committee ratification at its next meeting;
- (b) For each hearing panel, appoint a chief hearing officer to preside over cases assigned to the panel. The chief hearing officer will generally be the panel member with the greatest length of service on the Committee on Infractions.
- (c) At the request of the enforcement staff, determine whether to grant limited immunity to an institutional employee with responsibilities related to athletics based on information that the employee reports in situations in which he or she would otherwise be subject to disciplinary action as described in Bylaws 19.9.5.4 and 19.9.8-(i). Such immunity shall not apply to the employee's involvement in violations of NCAA legislation not reported, to future involvement in violations of NCAA legislation by the employee or to any action taken by an institution;
- (d) At the request of the enforcement staff, determine whether to grant limited immunity to a student-athlete or prospective student-athlete in situations in which he or she might otherwise be declared ineligible for intercollegiate competition based on information reported to the enforcement staff by the individual or a third party associated with the individual. Such immunity shall not apply to the individual's involvement in violations of NCAA legislation not reported, to future involvement in violations of NCAA legislation by the individual or to any action taken by an institution;
- (e) In Level II cases, consider and decide requests by an institution or involved individual for an accelerated hearing;
- (f) Coordinate with the office of the Committees on Infractions as necessary for logistic, administrative or other support;
- (g) Coordinate with the office of the Committees on Infractions regarding hearing panel assignments, committee meetings and training activities; and
- (h) Resolve or appoint another committee member to resolve preliminary procedural or other matters which may arise prior to the infractions hearing as authorized in Bylaw 19.7.6.

19.3.8 Duties of the Chief Hearing Officer. The duties of the chief hearing officer shall be as follows: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Consider and decide scheduling requests and extensions of time regarding hearing-related deadlines;
- (b) For each hearing panel, appoint an individual responsible for conducting the press conference when the panel's decision is released;
- (c) For each case set for hearing and in consultation with the committee chair, designate a panel member or other member of the committee to serve as the committee appeals advocate for any appeal from the decision of the panel;
- (d) Coordinate with the office of the Committees on Infractions as necessary for logistic, administrative or other support related to hearings to which the chief hearing officer is assigned; and
- (e) Resolve or appoint another panel member to resolve preliminary procedural or other matters that may arise prior to the infractions hearing as authorized in Bylaw 19.7.6.

19.4 Infractions Appeals Committee.

19.4.1 Composition of Committee. The Board of Directors shall appoint an Infractions Appeals Committee to act as appellate hearing officers for appeals from decisions involving Level I or Level II violations by the Committee on Infractions. The committee shall be comprised of five members. At least one member shall be from the general public and shall not be connected with a collegiate institution, conference, or professional or similar

sports organization, or represent coaches or athletes in any capacity. The remaining members shall presently or previously be on the staff of an active member institution or member conference, but shall not serve presently on the Board of Directors. There shall be no subdivision restrictions except that all nonpublic members may not be from the same subdivision. The committee shall reflect the Association's commitment to diversity. *(Adopted: 1/16/93, Revised: 10/27/98, 10/30/12 effective 8/1/13)*

19.4.2 Temporary Substitutes. If it appears that one or more of the committee members will be unable to participate in the disposition of a case, the chair may designate a former member or members of the committee to rejoin the committee for purposes of consideration and disposition of that case. *(Adopted: 4/22/98, Revised: 11/1/07 effective 8/1/08, 4/28/11, 10/30/12 effective 8/1/13)*

19.4.3 Conflict of Interest. No member of the Infractions Appeals Committee shall participate in a case if he or she is directly connected with an institution under investigation or if he or she has a personal, professional or institutional affiliation that may create the appearance of partiality. It is the responsibility of the committee member to remove himself or herself if a conflict exists. Objections to the participation of a committee member in a particular case should be raised as soon as recognized, but will not be considered unless raised at least one week in advance of the committee's review of the case. *(Adopted: 10/30/12 effective 8/1/13)*

19.4.4 Term of Office. A member shall serve a three-year term, which shall commence on the first day of September following the member's appointment. A member may be reappointed for additional terms but shall not serve more than nine years on the committee. *(Adopted: 1/9/96, Revised: 10/30/12 effective 8/1/13)*

19.4.5 Authority of Committee. The Infractions Appeals Committee shall: *(Adopted: 1/16/93, Revised: 1/10/95, 1/14/97, 11/1/07 effective 8/1/08, 10/30/12 effective 8/1/13)*

- (a) Consider appeals from decisions of a hearing panel of the Committee on Infractions involving Level I or Level II violations;
- (b) Affirm, reverse, or vacate and/or remand the panel's findings, conclusions, penalties, corrective actions, requirements, and/or other conditions and obligations of membership prescribed for violations of the NCAA constitution and bylaws; and
- (c) Formulate and revise its operating procedures. Committee amendments to the procedures shall be effective immediately and subject to review and approval by the Board of Directors. The procedures shall include guidance on the conduct of appeal hearings.

19.5 Review and Investigation of Alleged Violations.

19.5.1 Enforcement Staff to Receive Information and Conduct Investigations. Information regarding an alleged failure to comply with the NCAA constitution and bylaws or to meet the conditions and obligations of membership shall be provided to the enforcement staff. The enforcement staff shall determine whether an investigation is warranted or whether the matter may be resolved without a formal investigation. If an investigation is warranted, the enforcement staff shall conduct an investigation on behalf of the entire membership to develop, to the extent reasonably possible, all relevant information. The enforcement staff will usually share information with the institution during an investigation, including information that may assist the institution in stopping an ongoing violation. However, to protect the integrity of the investigation, the staff may not in all instances be able to share information with the institution. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.1.1 Conflict of Interest. Any enforcement staff member who has or had a personal relationship or institutional affiliation that may create the appearance of partiality should refrain from participating in the case. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.1.2 Initial Determination. The staff shall have the discretion to submit information to the chair of the Committee on Infractions for an initial determination of how that information should be processed. In such cases, the chair shall not be appointed to the hearing panel, if any, later assigned to the case. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.2 Public Announcements. The enforcement staff shall not publicly confirm or deny the existence of an infractions case before complete resolution of the case pursuant to this article. However, if information concerning a case is made public, the institution, enforcement staff and the involved individual may confirm, correct or deny the information made public. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.3 Notice of Inquiry to Institution. Before the enforcement staff conducts an inquiry on an institution's campus, the enforcement staff shall notify the institution's president or chancellor of the inquiry, either orally or in writing. This notice shall toll the statute of limitations. The institution shall be informed of its obligation to cooperate and of the confidential nature of the inquiry. The institution shall be notified that if the inquiry develops reliable information of a possible Level I or Level II violation, a notice of allegations will be produced. In the alternative, the institution will be notified that the matter may be processed as a Level III or Level IV violation or that the matter has been concluded. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.4 Representation by Legal Counsel. When an enforcement staff member conducts an interview that may develop information detrimental to the interests of the individual being questioned, he or she may be represented by personal legal counsel. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.5 Interview Notices.

19.5.5.1 Disclosure of Purpose of Interview. When an enforcement staff member requests information that could be detrimental to the interests of the student-athlete or institutional employee being questioned, that individual shall be advised that the purpose of the interview is to determine whether the individual has knowledge of or has been involved directly or indirectly in any violation of the NCAA constitution and bylaws. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.5.2 Responsibility to Provide Truthful Information. At the beginning of an interview involving the enforcement staff, a current or former student-athlete or a current or former institutional employee shall be advised that refusing to furnish information or providing false or misleading information to the NCAA, conference or institution may result in an allegation that the individual has violated NCAA ethical-conduct bylaws. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.6 Interviews with Member Institution. The director of athletics or other appropriate official of an institution shall be contacted by the enforcement staff in order to schedule interviews on the institution's campus with enrolled student-athletes or coaching or other institutional staff members with athletically related responsibilities who are believed to have knowledge of possible violations. Interviews should be conducted without disrupting normally scheduled academic activities whenever reasonably possible. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.6.1 Presence of Institutional Representative During Interview. If an interview with an enrolled student-athlete or athletics department staff member is conducted on the campus of an institution, an institutional representative (as designated by the institution) may be present during the interview, provided the subject matter to be discussed in the interview relates directly to the individual's institution or could affect the individual's eligibility or employment at the institution. If the enforcement staff wishes to discuss information with a student-athlete or staff member that is related solely to institutions other than the one in which the student-athlete is enrolled or the staff member is employed, and would not reasonably affect the student's eligibility or the staff member's employment at that institution, only an institutional representative outside of athletics (e.g., faculty athletics representative or general counsel) may be present during that portion of the interview. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.7 Use of Court Reporters. Institutional representatives or individuals being interviewed may use a court reporter to transcribe an interview subject to the following conditions. The institution or individual shall: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Pay the court reporter's fees;
- (b) Provide a copy of the transcript to the enforcement staff at no charge; and
- (c) Agree that the confidentiality standards of Bylaw 19.5.8 apply. An institutional representative or individual who chooses to use a court reporter shall submit a written notice of agreement with the required conditions to the enforcement staff prior to the interview.
- (d) If the enforcement staff chooses to use a court reporter, the NCAA will pay all costs of the reporter. A copy of the transcript prepared by the court reporter for the enforcement staff shall be made available to the institution and the involved individuals through the secure website.

19.5.8 Statement of Confidentiality. Individuals and institutional representatives shall be required to agree not to release recordings or interview transcripts to a third party. A statement of confidentiality shall be signed or recorded prior to an interview. Failure to enter into such an agreement precludes the individual or institutional representative from recording or transcribing the interview. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.9 Access to Information. For all cases to be considered by the Committee on Infractions, the enforcement staff shall make available to the institution or involved individuals recorded interviews, interview summaries and/or interview transcripts, and other factual information pertinent to the case. The institution and involved individuals may review such information through a secure website or at the NCAA national office. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.5.10 Termination of Investigation. The enforcement staff shall terminate the investigation related to any notice of inquiry in which the information that is developed does not appear to be of sufficient substance or reliability to warrant a notice of allegations or notice of Level III allegations. *(Adopted: 10/30/12 effective 8/1/13)*

19.5.11 Statute of Limitations. Allegations included in a notice of allegations shall be limited to possible violations occurring not earlier than four years before the date the notice of inquiry is provided to the institution or the date the institution notifies (or, if earlier, should have notified) the enforcement staff of its inquiries into the matter. However, the following shall not be subject to the four-year limitation: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Allegations involving violations affecting the eligibility of a current student-athlete;
- (b) Allegations in a case in which information is developed to indicate a pattern of willful violations on the part of the institution or individual involved, which began before but continued into the four-year period; and
- (c) Allegations that indicate a blatant disregard for the Association's fundamental recruiting, extra benefit, academic or ethical-conduct bylaws or that involve an effort to conceal the occurrence of the violation. In such cases, the enforcement staff shall have a one-year period after the date information concerning the matter becomes available to the NCAA to investigate and submit to the institution a notice of allegations concerning the matter.

19.6 Summary Disposition Process.

19.6.1 Summary Disposition Election. In a case involving Level I or Level II violations, the institution, involved individuals and the enforcement staff may elect to use the summary disposition procedures specified below. To invoke the summary disposition procedures, the enforcement staff, involved individuals, if participating, and the institution must agree to summary disposition. The institution, an involved individual or the enforcement staff may require, as a condition of agreement, that the parties jointly submit the proposed findings of fact to the chair of the Committee on Infractions or his or her designee for a preliminary assessment of the appropriateness of the use of the summary disposition process. *(Adopted: 10/30/12 effective 8/1/13)*

19.6.2 Written Report. The institution, involved individuals and the enforcement staff shall submit a written report setting forth: *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

- (a) The proposed findings of fact;
- (b) A summary of information on which the proposed findings of fact are based;
- (c) A statement identifying the violation(s) of the NCAA constitution and/or bylaws;
- (d) The parties' agreement on the overall level of the case;
- (e) A stipulation by the enforcement staff that the investigation, if conducted by the institution, was complete and thorough and that the institution cooperated fully in the process;
- (f) A statement of unresolved issues;
- (g) A list of any agreed-upon aggravating and mitigating factors; and
- (h) A stipulation that the proposed findings of fact are substantially correct and complete.

19.6.3 Proposed Penalties. The institution and involved individuals shall submit proposed penalties from the guidelines set forth in Bylaw 19.9 and Figure 19-1. The institution and involved individuals also may submit a statement regarding any aggravating or mitigating factors and other considerations that may impact the penalty or penalties. *(Adopted: 10/30/12 effective 8/1/13)*

19.6.4 Committee on Infractions Review. A hearing panel of the Committee on Infractions shall consider the case during a subsequent meeting. *(Adopted: 10/30/12 effective 8/1/13)*

19.6.4.1 Review of Investigation. The panel shall determine whether a thorough investigation of possible violations of the NCAA constitution and bylaws has been conducted (by the enforcement staff and/or the institution). If the panel determines that the investigation was inadequate, it shall notify the enforcement staff and the parties and allow them to respond, as appropriate. *(Adopted: 10/30/12 effective 8/1/13)*

19.6.4.2 Additional Information or Clarification. The panel may contact the institution, enforcement staff and involved individuals for additional information or clarification prior to accepting or rejecting the proposed findings or penalties. *(Adopted: 10/30/12 effective 8/1/13)*

19.6.4.3 Acceptance of Proposed Findings of Fact, Violations and Penalties. If the proposed findings of fact and proposed penalties are accepted, the panel shall prepare a report of its decision or adopt the written report of the parties. The panel may make additional comments explaining its analysis or amend the proposed findings of fact, provided any addition or amendment is editorial and does not alter the substance of the proposed findings of fact. The written report may identify the chancellor or president of the institution (in cases involving lack of institutional control); the director of athletics and/or any individual with direct responsibility and oversight of the athletics department (in cases involving lack of institutional control and failure to monitor); the head coach(es) of the sport(s) involved; and, if appropriate, the chair or other members of the institution's governing body. The panel shall forward the report to the enforcement staff and the parties and publicly announce the resolution of the case. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.6.4.4 Proposed Findings of Fact and/or Violations Not Accepted. If the panel does not accept the proposed findings of fact, the case shall be processed pursuant to Bylaw 19.7. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.6.4.5 Proposed Penalties Not Accepted. If the panel accepts the proposed findings of fact but proposes penalties in addition to those set forth in the parties' written report, the institution and/or involved individuals may accept those penalties or request an expedited hearing on penalties before the panel. The institution and/or involved individuals may appear before the panel in person, by video conference or other mode of distance communication, as the panel deems appropriate, to discuss the proposed additional penalties. The institution and/or involved individuals also may provide a written submission in lieu of a hearing. The panel shall only consider information relevant to the calculation of penalties during the expedited hearing or, if no hearing is requested, on the written record. At the conclusion of the expedited hearing or review of the written record, the panel shall prepare a written report and provide notification of its decision. The institution and/or any involved individuals may appeal additional penalties to the Infractions Appeals Committee. *(Adopted: 10/30/12 effective 8/1/13)*

19.7 Notice of Allegations and Opportunity to Respond.

19.7.1 Notice of Allegations. If the enforcement staff determines after an investigation that there is sufficient information to conclude that a hearing panel of the Committee on Infractions could conclude that a violation occurred, it shall issue a cover letter and notice of allegations to the chancellor or president of the institution involved (with copies to the faculty athletics representative, the director of athletics and the executive officer of the conference of which the institution is a member). The institution and/or involved individuals, if applicable, shall be given notice of the alleged violation(s), the details of the allegations, the possible level of each alleged violation, the processing level of the case, the available hearing procedures and the opportunity to answer the allegations. The notice of allegations shall also identify the factual information and aggravating and/or mitigating factors on which the enforcement staff may rely in presenting the case. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.7.1.1 Notice to Institution's Administration. The cover letter accompanying each notice of allegations shall: (*Adopted: 10/30/12 effective 8/1/13*)

- (a) Inform the chancellor or president of the matter under inquiry and request the cooperation of the institution in obtaining all the pertinent facts;
- (b) Request the chancellor or president to respond to the allegations and to provide all relevant information that the institution has or may reasonably obtain, including information uncovered related to new violations. The responsibility to provide information continues until the case has been concluded;
- (c) In cases in which there will be an in-person hearing, request the chancellor or president and other institutional staff to appear before a hearing panel of the Committee on Infractions at a time and place determined by the panel;
- (d) In cases in which there will be an in-person hearing, inform the chancellor or president that if the institution fails to appear after having been requested to do so, it may not appeal to the panel's decision or the resultant penalty; and
- (e) Inform the chancellor or president that the enforcement staff's primary investigator in the case will be available to discuss the development of its response and assist in locating various individuals who have, or may have, important information regarding the allegations.

19.7.1.2 Notice to Involved Individuals. The enforcement staff shall notify an involved individual of the allegations in a notice of allegations in which he or she is named. The involved individual shall receive notice of his or her duty to cooperate in the investigation and to appear at a hearing, if requested (and the potential consequences for failing to appear). The notice of allegations shall request the involved individual to respond to the allegations and to provide all relevant information that he or she has or may reasonably obtain, including information uncovered related to new violations. The responsibility to provide information continues until the case has been concluded. The involved individual shall also be advised that the enforcement staff's primary investigator in the case will be available to discuss the development of the individual's response. If an involved individual is employed at a member institution, a copy of the notification shall also be forwarded to the chancellor or president and the director of athletics of his or her current institution. (*Adopted: 10/30/12 effective 8/1/13*)

19.7.2 Responses by Institutions or Involved Individuals. Any response to the notice of allegations shall be submitted to the hearing panel, if assigned, and the enforcement staff, and pertinent portions to the institution and all involved individuals, not later than 90 days from the date of the notice of allegations unless the chief hearing officer, if assigned, and if not assigned, the committee chair, grants an extension. The enforcement staff may establish a deadline for the submission of responses to any reasonable time within the 90-day period, provided the institution and all involved individuals consent to the expedited deadline. Failure to submit a timely response may be viewed by the panel as an admission that the alleged violation(s) occurred. (*Adopted: 10/30/12 effective 8/1/13*)

19.7.3 Submissions by Enforcement Staff. Within 60 days after the institution and involved individuals, if any, submit written responses to the notice of allegations, the enforcement staff shall submit a written reply to the hearing panel, and pertinent portions to an involved individual or institution. In addition to submitting its reply and after the prehearing conference, the enforcement staff shall prepare a statement of the case, which shall set forth a brief history of the case, a summary of the parties' positions on each allegation and a list of any remaining items of disagreement. An involved individual will be provided those portions of the statement in which he or she is named. (*Adopted: 10/30/12 effective 8/1/13*)

19.7.4 Prehearing Conference. Within 60 days after the institution and involved individuals, if any, submit written responses to the notice of allegations, the enforcement staff shall consult with institutional representatives and other involved individuals in order to clarify the issues to be discussed during the hearing, make suggestions regarding additional investigation or interviews that should be conducted to supplement a response and identify allegations that the staff intends to amend or withdraw. The enforcement staff shall conduct independent prehearings with the institution and/or any involved individuals, unless mutually agreed by all parties to do otherwise. (*Adopted: 10/30/12 effective 8/1/13*)

19.7.5 Deadline for Submission of Written Material. Except as otherwise ordered by the chief hearing officer and for good cause shown, all written material from the parties to be considered by the hearing panel must be received by the hearing panel, enforcement staff, institution and any involved individuals at least 30 days prior

to the date the panel considers the case. Information may be submitted at the hearing, subject to the limitations set forth in Bylaw 19.7.7.3. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.6 Prehearing Procedural Issues. The committee chair has authority to resolve procedural matters that arise prior to an infractions hearing. Unless otherwise specified by the committee chair, the chief hearing officer has authority to resolve procedural matters that arise prior to an infractions hearing and after appointment of the chief hearing officer to preside over the case assigned to a panel. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7 Committee Hearings. The hearing panel assigned to a case shall hold a hearing to make factual findings and to conclude whether violations of the NCAA constitution and bylaws occurred and, if so, to prescribe appropriate penalties as set forth in this article. In cases that involve a small number of contested issues or cases in which the contested issues are relatively uncomplicated, the institution and/or the involved individual may make a written request to appear before the panel by video conference or other mode of distance communication. The decision regarding the use of video conference (or another mode of communication) rests with the panel. In a Level II case, the hearing will be conducted by telephone or video conference unless an in-person hearing is requested by the panel, institution, enforcement staff or involved individual or unless all participating parties agree to submit the case in writing without a hearing. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.7.7.1 Allegations of Violations in Multiple Levels. If violations from multiple levels are identified in the notice of allegations, the case shall be processed pursuant to procedures applicable to the most serious violation(s) alleged. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.2 Accelerated Hearing Docket. In Level II cases, the institution or involved individual may petition the committee chair for an accelerated schedule for written submissions and an earlier hearing date. The petition shall be submitted not later than 14 calendar days after the date of the notice of allegations. The enforcement staff may respond to the petition within five business days. The committee chair may grant or deny such a petition and set a reasonable schedule at his or her discretion. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.3 Information Presented at Hearings. At a hearing, the parties or their legal counsel have the obligation to present, to the extent reasonably possible, material, relevant information necessary for the hearing panel to reach an informed decision, including information that corroborates or refutes an allegation. Subject to procedures of the Committee on Infractions, the parties or their legal counsel may deliver opening and closing statements, present factual information, make arguments, explain the alleged violations and answer questions from panel members. Any oral or documentary information may be received, but the panel may exclude information that it determines to be irrelevant, immaterial or unduly repetitious. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.3.1 Information from Confidential Sources. At a hearing, the parties, including the enforcement staff, shall present only information that can be attributed to individuals who are willing to be identified. Information obtained from individuals not wishing to be identified shall not be relied on by the hearing panel in concluding whether a violation occurred. Such confidential sources shall not be identified to the hearing panel, the institution or an involved individual. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.3.2 Information Relevant to Possible Penalties. Institutional, conference and enforcement staff representatives and any involved individuals are encouraged to present all relevant information that should be considered in arriving at appropriate penalties. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.4 Scope of Inquiry. When an institution and/or involved individual appears before a hearing panel to discuss a response to the notice of allegations, the hearing shall be directed toward the general scope of the notice of allegations but shall not preclude the panel from concluding that any violation occurred based on information developed or discussed during the hearing. In any case, the panel may make specific factual findings based on information presented by the parties or at a hearing even if different from the notice of allegations. *(Revised: 4/24/03, 10/30/12 effective 8/1/13)*

19.7.7.5 Appearance of Individuals at Hearings. Except as otherwise provided herein or as ordered by the chief hearing officer, hearing attendees shall be limited to institutional representatives (Bylaw 19.7.7.5.2), involved individuals, NCAA staff representatives, hearing panel members, the audio recorder, court reporter and other technical/support staff as permitted by the chief hearing officer. An individual who appears before the panel may appear with personal legal counsel. At his or her discretion, the chief hearing officer may exclude an individual and his or her counsel from those portions of the hearing concerning matters in which the individual is not involved. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.7.7.5.1 Request for Specific Individuals. Institutional officials, current or former staff members, or enrolled student-athletes who are specifically requested by the chief hearing officer to appear before the hearing panel at an institutional hearing are expected to appear and may be accompanied by personal legal counsel. Failure to attend may result in a violation of this bylaw. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.5.2 Representatives of Institution. Except as otherwise ordered by the chief hearing officer, at the time an institution appears before the hearing panel, its representatives should include the institution's chancellor or president, the head coach of the sport(s) in question, the institution's director of athletics and/or any individual with direct responsibility and oversight of the athletics department, senior compliance administrator, faculty athletics representative, legal counsel (if any), enrolled student-athletes whose eligibility could be affected by information presented at the hearing, and any other representatives whose attendance

would be helpful to or has been requested by the panel. Additional individuals may be included among the institution's representatives only if specifically approved. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.7.7.5.3 Representatives of Member Conference. A representative of a conference may attend an institutional hearing involving a conference member. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.5.4 Prohibited Attendance by Conflicted Committee Members. A member of the Committee on Infractions or the Infractions Appeals Committee who is prohibited under Bylaws 19.3.4 or 19.4.3 from participating in an infractions proceeding may not attend a Committee on Infractions hearing involving his or her institution unless specifically requested by the chief hearing officer. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.7.6 Recording of Proceedings. The proceedings of infractions hearings shall be transcribed by a court reporter (unless otherwise agreed) and shall be recorded by the hearing panel. No additional verbatim recording of the proceedings will be permitted. In the event of an appeal, a transcript of the proceedings shall be reproduced and submitted to the Infractions Appeals Committee and made available for review by the appealing parties through a secure website. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.8 Posthearing Committee Deliberations. After all presentations have been made and the hearing has been concluded, the hearing panel shall excuse the parties and deliberate in private. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.8.1 Request for New Information. In arriving at its decision, the hearing panel may request additional information from any source, including the institution, the enforcement staff or an involved individual. In the event that new information is requested, all parties will be afforded an opportunity to respond at the time such information is provided. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.8.2 Request for Interpretation. The hearing panel may request that the NCAA academic and membership affairs staff provide an interpretation of applicable legislation based on facts submitted by the panel. If an interpretation is requested, the institution, involved individuals and the enforcement staff will be notified in writing of the interpretation request and the response. The institution may appeal the interpretation in accordance with Constitution 5.4.1.2. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.8.3 Basis of Decision. The hearing panel shall base its decision on information presented to it that it determines to be credible, persuasive and of a kind on which reasonably prudent persons rely in the conduct of serious affairs. *(Adopted: 10/30/12 effective 8/1/13)*

19.7.8.4 Calculation of Penalty. If the hearing panel concludes that a violation occurred, it shall prescribe an appropriate penalty pursuant to Bylaw 19.9 or recommend to the Board of Directors suspension or termination of membership in an appropriate case. Failure to fully implement the prescribed penalty may be considered a violation and/or may subject the institution, and/or an institution employing an involved individual under a show-cause order, to further disciplinary action by the Committee on Infractions. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.8 Notification of Committee on Infractions Decision.

19.8.1 Infractions Decision. After a hearing, the hearing panel shall prepare and approve the final written infractions decision, which shall contain a statement of the findings of fact, conclusions of violations, penalties, corrective actions, requirements and (for institutions) any other conditions and obligations of membership. *(Adopted: 10/30/12 effective 8/1/13)*

19.8.1.1 Provision of Decision to the Parties. The decision shall be sent to the chancellor or president of the involved institution (or his or her designee), any involved individuals and the vice president of enforcement. *(Adopted: 10/30/12 effective 8/1/13)*

19.8.1.2 Public Infractions Decision. Once the decision has been provided to the parties, the hearing panel shall release a public infractions decision. The public infractions decision will not include names of individuals, but the panel may, at its discretion, identify the chancellor or president of the institution (in cases involving lack of institutional control); the director of athletics and/or any individual with direct responsibility and oversight of the athletics department (in cases involving lack of control or failure to monitor); the head coach(es) of the sport(s) involved; and, if appropriate, the chair or other members of the institution's governing body. *(Adopted: 10/30/12 effective 8/1/13)*

19.8.1.3 Public Announcement. Once the public infractions decision has been released, the panel member designated by the chief hearing officer may make a public announcement related to the infractions case. The institution and/or any involved individuals shall be requested not to comment publicly concerning the case prior to the time the NCAA's public announcement is released. *(Adopted: 10/30/12 effective 8/1/13)*

19.8.1.4 Decision to Infractions Appeals Committee. The hearing panel shall forward a copy of the public infractions decision to the Infractions Appeals Committee at the time of the public announcement. *(Adopted: 10/30/12 effective 8/1/13)*

19.8.2 Reconsideration by the Hearing Panel. Once the decision has been publicly announced by the hearing panel, and the appeal opportunity has been exhausted, there shall be no reconsideration of the decision except as follows. (*Adopted: 10/30/12 effective 8/1/13*)

19.8.2.1 New Information or Prejudicial Error. A hearing panel may reconsider a decision upon a showing of new information that is directly related to the decision or upon a showing that there was prejudicial error in the procedure that was followed in the processing of the case. (*Revised: 1/9/96, 10/30/12 effective 8/1/13, 7/31/14*)

19.8.2.1.1 Review Process. Any institution or involved individual that initiates such a review shall submit a brief of its request to a hearing panel of the Committee on Infractions. Based on the party's brief, the hearing panel shall decide whether to deny the request or grant the request and conduct further proceedings as the panel deems necessary to resolve the matter. (*Revised: 10/30/12 effective 8/1/13*)

19.8.2.1.2 No Calculation of New Penalty. If reconsideration is granted, the panel may reduce or eliminate a penalty but may not prescribe any new penalty. The panel's decision with respect to the penalty shall be final and conclusive for all purposes. (*Revised: 10/30/12 effective 8/1/13*)

19.8.2.2 Penalty Modified or Set Aside Outside the Association. Should any portion of the penalty in the case be modified or set aside for any reason other than by appropriate action of the Association, the penalty shall be reconsidered by a hearing panel. In such cases, any extensions or adjustment of a penalty shall be prescribed by the panel after notice to the institution and an opportunity to respond. Any such action by the panel may be reviewed by the Infractions Appeals Committee. (*Revised: 10/30/12 effective 8/1/13*)

19.8.3 Finality of Decisions. Any decision by a hearing panel of the Committee on Infractions that is not appealed or reconsidered pursuant to Bylaw 19.8.2 shall be final, binding and conclusive, and shall not be subject to further review by any governance body. (*Adopted: 10/30/12 effective 8/1/13*)

19.9 Penalties.

19.9.1 Application. The penalties set forth in this section shall be prescribed for violations committed on or after October 30, 2012. Penalties prescribed for violations committed before October 30, 2012, shall be the penalties set forth in this section or the penalties that would have been prescribed pursuant to the 2012-13 Division I Manual, whichever is less stringent. For violations that commence before October 30, 2012, and continue on or after October 30, 2012, the hearing panel shall prescribe the penalties set forth in this section unless it finds or concludes that the conduct constituting a violation predominately occurred before October 30, 2012. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.9.2 Factors Affecting Penalties. The hearing panel shall determine whether any factors that may affect penalties are present for a case. The panel shall weigh any factors and determine whether a party should be subject to standard penalties or should be classified with aggravation or mitigation and, therefore, subject to a higher or lower range of penalties. Absent extenuating circumstances, core penalties corresponding to the classification shall be prescribed as set forth in Figure 19-1. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.9.2.1 Aggravation. An aggravated case is one in which aggravating factors for a party outweigh mitigating factors for that party. A case should not be classified as aggravated solely because the number of aggravating factors is larger than the number of mitigating factors. An egregious aggravating factor may outweigh multiple mitigating factors. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.9.2.2 Standard. A standard case is one in which no mitigating or aggravating factors are present for a party or in which aggravating and mitigating factors for that party are generally of equal weight. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.9.2.3 Mitigation. A mitigated case is one in which mitigating factors for a party outweigh aggravating factors for that party. A case should not be classified as mitigated solely because the number of mitigating factors is larger than the number of aggravating factors. (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

19.9.3 Aggravating Factors. Aggravating factors are circumstances that warrant a higher range of penalties for a particular party. A hearing panel of the Committee on Infractions determines whether aggravating factors are present in a case and the weight assigned to each factor. Examples of aggravating factors include, but are not limited to, the following: (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

- (a) Multiple Level I violations by the institution or involved individual;
- (b) A history of Level I, Level II or major violations by the institution, sport program(s) or involved individual. Additional considerations include:
 - (1) The amount of time between the occurrences of violations;
 - (2) The similarity, severity and types of violations involved;
 - (3) Efforts to implement previously prescribed corrective measures; and
 - (4) Other factors the committee deems relevant to the infractions history.
- (c) Lack of institutional control;

- (d) Obstructing an investigation or attempting to conceal the violation;
- (e) Unethical conduct, compromising the integrity of an investigation, failing to cooperate during an investigation or refusing to provide all relevant or requested information;
- (f) Violations were premeditated, deliberate or committed after substantial planning;
- (g) Multiple Level II violations by the institution or involved individual;
- (h) Persons of authority condoned, participated in or negligently disregarded the violation or related wrongful conduct;
- (i) One or more violations caused significant ineligibility or other substantial harm to a student-athlete or prospective student-athlete;
- (j) Conduct or circumstances demonstrating an abuse of a position of trust;
- (k) A pattern of noncompliance within the sport program(s) involved;
- (l) Conduct intended to generate pecuniary gain for the institution or involved individual;
- (m) Intentional, willful or blatant disregard for the NCAA constitution and bylaws; or
- (n) Other facts warranting a higher penalty range.

19.9.4 Mitigating Factors. Mitigating factors are circumstances that warrant a lower range of penalties for a particular party. A hearing panel of the Committee on Infractions determines whether mitigating factors are present in a case and the weight assigned to each factor. Examples of mitigating factors include, but are not limited to, the following: (*Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14*)

- (a) Prompt self-detection and self-disclosure of the violation(s);
- (b) Prompt acknowledgement of the violation, acceptance of responsibility and (for an institution) imposition of meaningful corrective measures and/or penalties;
- (c) Affirmative steps to expedite final resolution of the matter;
- (d) An established history of self-reporting Level III or secondary violations;
- (e) Implementation of a system of compliance methods designed to ensure rules compliance and satisfaction of institutional/coaches' control standards;
- (f) Exemplary cooperation, such as:
 - (1) Identifying individuals (to be interviewed by the enforcement staff), documents and other information of which the enforcement staff was not aware;
 - (2) Expending substantial institutional resources to expedite a thorough and fair collection and disclosure of information; or
 - (3) Recognizing and bringing to the attention of the enforcement staff, in a timely manner, additional violations discovered in the investigation of which the enforcement staff was not aware.
- (g) The violations were unintentional, limited in scope and represent a deviation from otherwise compliant practices by the institution or involved individual; or
- (h) Other facts warranting a lower penalty range.

19.9.5 Core Penalties for Level I and Level II Violations. If a hearing panel concludes that an institution or involved individual committed one or more Level I or Level II violations, and after determining the appropriate classification based on aggravating and mitigating factors, the hearing panel shall prescribe core penalties from the ranges set forth in Figure 19-1 and described below. The panel may depart from the core penalties only as set forth in Bylaw 19.9.6. (*Adopted: 10/30/12 effective 8/1/13*)

19.9.5.1 Competition Penalties. Competition limitations on the institution's participation in postseason play in the involved sport(s). (*Adopted: 10/30/12 effective 8/1/13*)

19.9.5.2 Financial Penalties. Financial penalties may include requirements that an institution pay a fine, return revenue received from a specific athletics event or series of events, or face reduction in or elimination of monetary distribution by the Association. (*Adopted: 10/30/12 effective 8/1/13*)

19.9.5.3 Scholarship Reductions. Limitations on the number of financial aid awards that may be provided during a specified period. (*Adopted: 10/30/12 effective 8/1/13*)

19.9.5.4 Show-Cause Orders. If a determination is made by a hearing panel that an institution has not taken appropriate disciplinary or corrective action regarding an individual found in violation of the NCAA constitution and bylaws, the panel may issue an order that the institution take additional disciplinary or corrective action, including but not limited to, restriction of some or all athletically related duties, as set forth in Figure 19-1, unless the institution appears before the panel to show cause why the additional penalties should not be applied. Decisions regarding disciplinary or corrective actions involving personnel shall be made by the institution, but the determination of whether the action satisfies the institution's obligation of NCAA membership shall rest solely with the Committee on Infractions. (*Adopted: 10/30/12 effective 8/1/13*)

19.9.5.5 Head Coach Restrictions. If a determination is made by the hearing panel that an employing institution has not taken appropriate disciplinary or corrective action regarding a head coach found in violation of Bylaw 11.1.1.1, the panel may issue an order that the institution suspend the coach for a number of contests

from the range set forth in Figure 19-1 that would apply to the underlying violation(s) unless the institution appears before the panel to show cause why the suspension should not be applied. Decisions regarding disciplinary or corrective actions involving personnel shall be made by the institution, but the determination of whether the action satisfies the institution's obligation of NCAA membership shall rest solely with the Committee on Infractions. *(Adopted: 10/30/12 effective 8/1/13)*

19.9.5.6 Recruiting Restrictions. Recruiting restrictions may include limitations for varying lengths of time on official visits; unofficial visits (the number of scheduled unofficial visits, provision of complimentary admissions and local transportation); recruiting communications (telephone and written correspondence); and off-campus recruiting activities. *(Adopted: 10/30/12 effective 8/1/13)*

19.9.5.7 Probation. The hearing panel may prescribe probationary conditions designed on a case-by-case basis to remediate weaknesses detected in the institution's administration of its athletics programs. Prior to expiration of the probation period and before the institution is restored to full rights and privileges of membership in the Association, the office of the Committee on Infractions will review the athletics policies and practices of the institution. If an institution fails to satisfy all probationary conditions, the committee may extend the probationary period and/or prescribe additional penalties. Conditions of probation may include, but are not limited to, the following: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Submission of compliance reports during the period of probation;
- (b) Acknowledgement in alumni publications, media guides and recruiting materials identifying the violations committed, the terms of probation, and penalties prescribed;
- (c) Written confirmation to the committee that the institution's president or chancellor met with student-athletes, athletics department staff and other relevant parties to personally affirm his or her commitment to NCAA rules compliance, shared responsibility and preserving the integrity of intercollegiate athletics;
- (d) Requiring an institution to announce during broadcast contests, on its website and in institutional publications that it is on probation and the reasons why the probation was prescribed;
- (e) In cases in which an institution is found to lack institutional control and serious remediation is necessary, in-person reviews of the institution's athletics policies and practices by the office of the Committee on Infractions or, in limited circumstances, as appropriate, committee members or a third party;
- (f) Implementation of educational or deterrent programs; or
- (g) Audits for specific programs or teams.

19.9.6 Departures from Level I and Level II Core Penalties. If extenuating circumstances are found, the hearing panel may depart from the core penalties in Figure 19-1, provided the panel explains, in its decision, the basis for its prescription of core penalties different than those set forth in Figure 19-1. *(Adopted: 10/30/12 effective 8/1/13)*

19.9.7 Additional Penalties for Level I and Level II Violations. In addition to the core penalties for Level I and Level II violations, the panel may prescribe one or more of the following penalties: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Prohibition against specified competition in the sport during the regular season;
- (b) Prohibition of all coaching staff members in the sport from involvement, directly or indirectly, in any coaching activities at the institution during the regular season;
- (c) Prohibition against institutional staff members serving on the Board of Directors, Leadership Council, Legislative Council, or other cabinets or committees of the Association for a prescribed period (or requirement that any institutional staff members serving in leadership positions on any NCAA council, cabinet or committee resign their leadership positions);
- (d) Requirement that the institution relinquish its voting privilege in the Association for a prescribed period;
- (e) Recommendation that the institution's membership in the Association be suspended or terminated pursuant to Constitution 3.2.5;
- (f) Public reprimand and censure;
- (g) Vacation of records in contests in which a student-athlete competed while ineligible, including one or more of the following:
 - (1) Vacation of individual records and performances;
 - (2) Vacation of team records and performances, including wins from the career record of the head coach in the involved sport, or, in applicable cases, reconfiguration of team point totals; or
 - (3) Return of individual or team awards to the Association.
- (h) Prohibition against television appearances of the institution in the sport in which the violation occurred. The penalty shall specify that the institution may not enter into any contracts or agreements for such appearances until the institution has been restored to full privileges of membership. The Board of Directors is authorized to permit a closed-circuit telecast, limited to the campus of the opponent of the ineligible institution, provided no rights fee is to be paid to the ineligible institution;

- (i) Pursuant to a show-cause order, disassociation of relations with a representative of an institution's athletics interests, including:
 - (1) Not accepting any assistance from the individual that would aid in the recruitment of prospective student-athletes or the support of enrolled student-athletes;
 - (2) Not accepting financial assistance for the institution's athletics program from the individual;
 - (3) Ensuring that no athletics benefit or privilege is provided to the individual that is not generally available to the public at large; and
 - (4) Taking such other actions against the individual that the institution determines to be within its authority to eliminate the involvement of the individual in the institution's athletics program.
- (j) Publicizing institutions on probation on the NCAA website, in appropriate NCAA publications and in NCAA championship game programs of the involved sports;
- (k) Institutionally imposed suspension of a staff member from some or all athletically related duties for a specified period, pursuant to a show-cause order, for a situation in which he or she engaged in or condoned a Level I or Level II violation; or
- (l) Other penalties as appropriate.

19.9.8 Penalties for Level III and Level IV Violations. Penalties for Level III and Level IV violations may include, but are not limited to, the following: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Termination of the recruitment of a prospective student-athlete by the institution or, if the prospective student-athlete enrolls (or has enrolled) in the institution, direction that the institution take appropriate action regarding his or her eligibility pursuant to Bylaw 12.12 and/or not allow the student-athlete to participate in intercollegiate athletics unless and until his or her eligibility is restored by the Committee on Student-Athlete Reinstatement;
- (b) Forfeiture/vacation of contests in which an ineligible student-athlete participated;
- (c) Prohibition of the head coach or other staff members in the involved sport from participating in any off-campus recruiting activities for up to one year;
- (d) An institutional fine for each violation, with the monetary penalty ranging in total from \$500 to \$5,000, except if an ineligible student-athlete participates in an NCAA championship or other postseason competition, the \$5,000 limit shall not apply;
- (e) Reduction in the number of financial aid awards that may be awarded during a specified period in the sport involved to the maximum extent of 20 percent of the maximum number of awards normally permissible in that sport;
- (f) Institutional recertification that its current athletics policies and practices conform to all requirements of the NCAA constitution and bylaws;
- (g) Institutionally imposed suspension of the head coach or other staff members for one or more competitions;
- (h) Public reprimand; and
- (i) Requirement that a member institution that has been found in violation, or that has an athletics department staff member who has been found in violation of the NCAA constitution and bylaws while representing another institution, show cause why a penalty or an additional penalty should not be prescribed if it does not take appropriate disciplinary or corrective action against the athletics department personnel involved, any other institutional employee, if the circumstances warrant, or representatives of the institution's athletics interests.

19.9.9 Show-Cause Penalties. If a hearing panel of the Committee on Infractions prescribes additional penalties for an institution for Level I or Level II violations pursuant to Bylaw 19.9.5.4, the institution shall be provided the opportunity to appear before the panel. Further, the institution shall be provided the opportunity to appeal any additional penalty prescribed by the panel. *(Adopted: 10/30/12 effective 8/1/13)*

19.9.10 Notification of Regional Accrediting Agency. In cases in which the hearing panel has found academic violations or questionable academic conduct, the NCAA president may forward a copy of the public infractions decision to the appropriate regional accrediting agency. *(Revised: 10/30/12 effective 8/1/13)*

19.9.11 Recommendation to Committee on Institutional Performance. The hearing panel may recommend to the Committee on Institutional Performance that an institution's institutional performance program status be reviewed as a result of the institution's completed infractions case. *(Adopted: 1/16/93 effective 1/1/94, Revised: 10/30/12 effective 8/1/13)*

19.9.12 Obligation of Institution to Take Appropriate Action. If a violation has been found that affects the eligibility of one or more student-athletes, the institution and its conference, if any, shall be notified of the violation and the name(s) of the student-athlete(s) involved. If the institution fails to take appropriate action by declaring the student-athlete(s) ineligible, the institution shall be required to show cause to the Committee on Infractions why additional penalties should not be prescribed for a failure to abide by the conditions and obligations of membership if it permits the student-athlete(s) to compete in intercollegiate athletics. *(Revised: 1/10/95, 4/24/03, 10/30/12 effective 8/1/13)*

19.10 Appeal of Decisions.

19.10.1 Basis for Granting an Appeal.

19.10.1.1 Penalties. A penalty prescribed by the hearing panel, including determinations regarding the existence and weighing of any aggravating or mitigating factors, shall not be set aside on appeal except on a showing by the appealing party that the panel abused its discretion. The Infractions Appeals Committee may affirm a penalty for any reason in the record. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.1.2 Findings and Conclusions. A hearing panel's factual findings and its conclusion that one or more violations occurred shall not be set aside on appeal except on a showing by the appealing party that: *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

- (a) A factual finding is clearly contrary to the information presented to the panel;
- (b) The facts found by the panel do not constitute a violation of the NCAA constitution and bylaws; or
- (c) There was a procedural error and but for the error, the panel would not have made the finding or conclusion.

19.10.2 Appeal by Institution or Involved Individual. An institution participating in the proceedings of a hearing panel may appeal the panel's findings, conclusions, penalties, corrective actions, requirements and/or other conditions and obligations of membership prescribed for the institution for violations of the NCAA constitution and bylaws. An involved individual participating in the proceedings of the panel and who the panel concluded committed a violation may appeal the panel's findings, conclusions and/or prescribed penalties regarding that individual for violations in which he or she is named. The notice of intent to appeal must be presented in writing to the Infractions Appeals Committee not later than 15 calendar days after the date the hearing panel releases the public infractions decision. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.2.1 Contents of Notice of Intent to Appeal. The notice of intent to appeal shall include the following, unless otherwise ordered by the Infractions Appeals Committee: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) The date on which the decision of the hearing panel was released to the public;
- (b) A statement indicating whether the appealing party desires to submit its appeal in writing only or requests an in-person oral argument. An appealing party may not request an in-person oral argument unless that party made an appearance before the hearing panel; and
- (c) If the appealing party is an involved individual, a statement indicating whether he or she is employed at an NCAA institution. If the involved individual's employment status changes during the course of the appeal, the statement shall be amended promptly to reflect the change and the identity of the new employer.

19.10.2.2 Stay of Penalties. If a notice of intent to appeal is filed within the deadline, unless ordered otherwise by the Infractions Appeals Committee, any penalties prescribed by a hearing panel of the Committee on Infractions that have been appealed shall be stayed during the pendency of the appeal. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.3 Written Materials on Appeal. An appealing party may submit materials as set forth below, subject to procedures promulgated by the Infractions Appeals Committee or as otherwise directed by the committee. A deadline for the submission of a document shall be met if the document is submitted electronically to the NCAA staff liaisons to the Infractions Appeals Committee by 5 p.m. Eastern time on the due date. At the earliest opportunity after a document is submitted electronically, the submitting party shall provide a hard copy of the document directly to all members of the committee. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.3.1 Initial Submission by Institution or Involved Individual. Within 30 days after receipt of the Infractions Appeals Committee's acknowledgement of a timely notice of intent to appeal, an appealing institution or individual shall provide its initial submission in support of its appeal to the Infractions Appeals Committee. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.3.2 Response by Committee Appeals Advocate. Within 30 days after receipt of an initial submission in support of its appeal by an institution or involved individual, the committee appeals advocate shall submit a response to the Infractions Appeals Committee. The response shall include the following: *(Adopted: 10/30/12 effective 8/1/13)*

- (a) A statement of the origin of the case;
- (b) The violations of the NCAA constitution and bylaws, as determined by the hearing panel;
- (c) Disciplinary or corrective actions taken by the institution or conference or any other agency involved in the particular incident;
- (d) A statement of the prescribed penalties, corrective actions, requirements and other conditions and obligations of membership;
- (e) The issues raised in the appeal;
- (f) The responses to the issues raised by the appealing parties; and
- (g) A transcript of any hearing conducted by the Committee on Infractions.

19.10.3.3 Rebuttal by Institution or Involved Individual. Within 14 days after receipt of the committee appeals advocate's response, an institution or involved individual may submit a rebuttal to the Infractions Appeals Committee. The rebuttal may only address issues contained in the initial submission or the committee appeals advocate's response. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.3.4 Enforcement Staff Statement. Within 10 days after the deadline for submission of all rebuttals, the enforcement staff may provide a written statement to the Infractions Appeals Committee regarding perceived new information, errors, misstatements and omissions relating to the initial submission(s), the committee appeals advocate's response and/or rebuttal documents. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.4 Information Considered on Appeal. The Infractions Appeals Committee shall consider only the information contained in the record of proceedings before the Committee on Infractions, the record on appeal and arguments presented during the appeal oral argument, if any, unless otherwise ordered by the Infractions Appeals Committee. If an institution or involved individual seeks to introduce new information during the appeal process, the Infractions Appeals Committee shall determine whether it meets the threshold definition of new information per Bylaw 19.02.02 and, if so, may stay the appeal and remand the matter to the assigned panel to conduct further proceedings as may be necessary to address whether the information affects the panel's decision and to amend the decision, if necessary. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.10.5 Appeal Arguments. If one or more of the appealing parties request an appeal oral argument, an appeal oral argument may be conducted as set forth below, subject to procedures promulgated by the Infractions Appeals Committee or as otherwise directed by the committee. *(Adopted: 10/30/12 effective 8/1/13)*

- (a) Only those individuals identified in Bylaw 19.7.7.5 may attend the appeal oral argument;
- (b) The parties may be represented by legal counsel and shall be permitted a reasonable time to make an oral presentation to supplement the initial submission;
- (c) The Infractions Appeals Committee may question representatives of appealing parties (institution or involved individual), the Committee on Infractions or enforcement staff, as well as any other persons appearing before it, in order to determine the issues related to the appeal;
- (d) Representatives from the enforcement staff may participate during the appeal oral argument but such participation shall be limited to the opportunity to provide information regarding perceived new information, errors, misstatements and omissions;
- (e) If an institution or involved individual appeared before the Committee on Infractions but waived the right to appeal, the institution or involved individual may elect to be present in person and/or by counsel as a silent observer during the appeal oral argument; and
- (f) If the institution or involved individual elects to appeal in writing only, the committee appeals advocate's written response specific to that written appeal shall be considered without any in-person appearance.

19.10.6 Decision of the Infractions Appeals Committee. After considering the appeal and deliberating privately, the Infractions Appeals Committee shall prepare a written decision and provide a copy to any appealing party (including the president or chancellor of an institution currently employing an involved individual), the chair of the Committee on Infractions, the committee appeals advocate and the vice president of enforcement, unless otherwise ordered by the committee. Once the decision has been provided to the parties, the committee shall release a public appeal decision. The public appeal decision will not include names of individuals, but the committee may, at its discretion, identify the chancellor or president of the institution (in cases involving lack of institutional control); the director of athletics and/or any individual with direct responsibility and oversight of the athletics department (in cases involving lack of control or failure to monitor); the head coach(es) of the sport(s) involved; and, if appropriate, the chair or other members of the institution's governing body. *(Adopted: 10/30/12 effective 8/1/13)*

19.10.7 Final Decision not Subject to Further Review. Any decision of the Infractions Appeals Committee shall be final, binding and conclusive, and shall not be subject to further review by any governance body. *(Adopted: 10/30/12 effective 8/1/13)*

19.11 Notice of Allegations, Opportunity to Respond and Penalties (Level III Cases).

19.11.1 General Process for Alleged Violations. A Level III case is a case presenting Level III or Level IV violations that do not collectively constitute a Level II violation. An institution or involved individual subject to a show-cause order in a Level III case may be represented by legal counsel and shall be provided the following: *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

- (a) Notice of any specific allegations and the facts upon which such allegations are based; and
- (b) An opportunity to provide a written response to the vice president of enforcement, or his or her designee, to answer such allegations by the production of factual information and to appeal to a hearing panel of the Committee on Infractions.

19.11.2 Determination by Enforcement Staff. After reviewing relevant information and consulting with the institution or involved individual, the enforcement staff shall conclude whether one or more Level III violations occurred. If the enforcement staff concludes that the alleged violation(s) should not be processed as a Level III case, it may process the case as Level I or Level II case, as appropriate, refer the case to the institution's conference for resolution as a Level IV case, or determine that no further action is required. *(Adopted: 10/30/12 effective 8/1/13)*

19.11.3 Authority to Prescribe Penalties. As authorized by the Committee on Infractions, upon a conclusion that one or more Level III violations occurred, the vice president of enforcement, or his or her designee, may determine whether a penalty is warranted and, if so, prescribe and announce an appropriate penalty pursuant to Bylaw 19.9.8. Failure to fully implement the penalty may be considered a violation and/or may subject the institution to further disciplinary action by the NCAA. Failure to fully implement self-imposed actions may also subject the institution to further disciplinary action by the NCAA. *(Adopted: 10/30/12 effective 8/1/13, Revised: 7/31/14)*

19.11.4 Appeal to Committee on Infractions. If an institution or involved individual subject to a show-cause order disputes an action by the enforcement staff regarding a Level III violation, the institution or involved individual may appeal by submitting a notice of appeal through the online reporting system for Level III violations within 15 days after receipt of the enforcement staff's decision. An institution that self-reports a violation may appeal a penalty prescribed by the enforcement staff, but not the violation. An institution or involved individual subject to a show-cause order may request the opportunity to appear in person or by video or telephone conference. If no such request is made, or if the request is denied, a hearing panel of the committee will review the appeal on the basis of the written record. The panel shall not deny an involved individual's request to appear in person if a show-cause order was prescribed. *(Adopted: 10/30/12 effective 8/1/13)*

19.11.4.1 Stay of Penalties. If a notice of appeal is filed within the deadline, unless ordered otherwise by a hearing panel of the Committee on Infractions, any penalties prescribed by the enforcement staff that have been appealed shall be stayed during the pendency of the appeal. *(Adopted: 10/30/12 effective 8/1/13)*

19.12 Notice of Allegations, Opportunity to Respond and Penalties (Level IV Cases).

19.12.1 Conference Policies. A member conference shall establish, publish and adhere to policies for the investigation and resolution of alleged Level IV violations. Such policies shall afford institutions notice of alleged violations and an opportunity to respond. *(Adopted: 10/30/12 effective 8/1/13)*

19.12.2 Determination by Conference. Cases involving only Level IV violations shall be processed by the institution's athletics conference. The conference shall work with the institution to determine whether compliance deficiencies need to be addressed and, if so, the appropriate penalties to be prescribed, if any. In cases involving multiple or repeated Level IV violations, the conference may consult with the NCAA enforcement staff to conclude whether the allegations should be treated as Level III violations. Any violations processed and penalties prescribed by the conference shall be kept on file for review by the NCAA enforcement staff. Failure to fully implement the penalties may subject the institution to disciplinary action by the NCAA. *(Adopted: 10/30/12 effective 8/1/13)*

19.12.2.1 Institutions without Conference Affiliation or with Multiple Affiliations. A case involving only Level IV violations by an institution that is not affiliated with an athletics conference shall be processed by the NCAA enforcement staff. If an institution is affiliated with more than one conference, the violations shall be processed by the conference governing the sport in which the violations occurred. *(Adopted: 10/30/12 effective 8/1/13)*

19.12.2.2 Review of Level Determination. The vice president of enforcement, or his or her designee, may determine that a violation processed by a conference as a Level IV violation should have been processed at a different level. Subject to any applicable statute of limitations, the enforcement staff shall notify the conference and involved institution that the case was not processed correctly, that the enforcement staff intends to resolve the case pursuant to this article and that the NCAA may take appropriate action. *(Adopted: 10/30/12 effective 8/1/13)*

19.13 Restitution.

If a student-athlete who is ineligible under the terms of the constitution, bylaws or other legislation of the Association is permitted to participate in intercollegiate competition contrary to such NCAA legislation but in accordance with the terms of a court restraining order or injunction operative against the institution attended by such student-athlete or against the Association, or both, and said injunction is voluntarily vacated, stayed or reversed or it is finally determined by the courts that injunctive relief is not or was not justified, the Board of Directors may take any one or more of the following actions against such institution in the interest of restitution and fairness to competing institutions: *(Revised: 11/1/07 effective 8/1/08)*

- (a) Require that individual records and performances achieved during participation by such ineligible student-athlete shall be vacated or stricken;
- (b) Require that team records and performances achieved during participation by such ineligible student-athlete shall be vacated or stricken;
- (c) Require that team victories achieved during participation by such ineligible student-athlete shall be abrogated and the games or events forfeited to the opposing institutions;
- (d) Require that individual awards earned during participation by such ineligible student-athlete shall be returned to the Association, the sponsor or the competing institution supplying same;
- (e) Require that team awards earned during participation by such ineligible student-athlete shall be returned to the Association, the sponsor or the competing institution supplying same;
- (f) Determine that the institution is ineligible for one or more NCAA championships in the sports and in the seasons in which such ineligible student-athlete participated;
- (g) Determine that the institution is ineligible for invitational and postseason meets and tournaments in the sports and in the seasons in which such ineligible student-athlete participated;
- (h) Require that the institution shall remit to the NCAA the institution's share of television receipts (other than the portion shared with other conference members) for appearing on any live television series or program if such ineligible student-athlete participates in the contest(s) selected for such telecast, or if the Board of Directors concludes that the institution would not have been selected for such telecast but for the participation of such ineligible student-athlete during the season of the telecast; any such funds thus remitted shall be devoted to the NCAA postgraduate scholarship program; and *(Revised: 11/1/07 effective 8/1/08)*
- (i) Require that the institution that has been represented in an NCAA championship by such a student-athlete shall be assessed a financial penalty as determined by the Committee on Infractions. *(Revised: 4/26/01 effective 8/1/01)*

TAB 30

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DIVISION OF INTERCOLLEGIATE ATHLETICS
STUDENT-ATHLETE ALCOHOL AND DRUG EDUCATION AND DRUG TESTING
PROGRAM

A. Overview

The Division of Intercollegiate Athletics (DIA) at the University of Illinois believes that the use of alcohol and drugs can impair mental and physical performance and have a negative effect on the health and safety of student-athletes. This program is designed to deal with this critical area.

The DIA has educational programs in place for student-athletes to increase their awareness of the dangers of drug and alcohol abuse. All coaches within the DIA attend lectures where the Drug Testing Policy and Procedures are explained. These educational programs are augmented by a drug testing program administered under the authority of the Team Physician. All student-athletes shall be asked to submit urine specimens to be analyzed under medical procedures designated by the Team Physician.

B. Purpose of Drug Testing

The DIA believes that random drug testing and testing based on reasonable suspicion are appropriate to ensure the health, safety and welfare of our student-athletes, to promote fair competition in intercollegiate athletics, to affirm compliance with applicable rules and regulation on drug and alcohol abuse, to identify student-athletes who are improperly using drugs or alcohol and to assist them before they harm themselves or others. Furthermore, the DIA recognizes its responsibility to provide educational programming that will support a positive decision-making process.

The intent of these policies is to prevent substance use and abuse by student-athletes through education, testing and professional guidance:

- Education: providing student-athletes and athletics staff with accurate information about the problems associated with substance use in sport, promoting health and safety in sport.
- Testing: analyzing biological specimens to detect prohibited substance student-athletes may introduce into their bodies and punitive consequences resulting from use.
- Professional Referral: facilitating appropriate treatment and counseling of student-athletes.

C. Alcohol, Tobacco and Other Drug Education

Student-athletes who are educated about substance use in sport are more likely to make informed and intelligent decisions about usage. The DIA will conduct drug and alcohol education programs for student-athletes regularly. These educational programs will review athletic department, institutional, conference and NCAA policies related to the use of alcohol, tobacco and other drugs. The programs will also address the institutional drug testing program as well as dietary supplements and their risks. Athletic department staff members are also encouraged to attend the educational sessions. Educational materials will also be made available for coaches, athletics staff and student-athletes at any time through the year.

D. Consent to Participate

Conditional to participation in intercollegiate athletics at University of Illinois, each student-athlete will be required to sign a consent form agreeing to undergo drug and alcohol testing. A copy of this consent form will be kept on file in the Director of Compliance's office. Failure regarding the information contained in the policy, the testing program, or other to consent to or to comply with the requirements of this policy will result in suspension from participation or termination of eligibility to participate in intercollegiate athletics at University of Illinois. Each student-athlete will be given a copy of the institutional policy and will be required to participate in an informative session describing alcohol, tobacco and other drug education and testing policies. Additionally, student-athletes will be given an opportunity to ask any questions related issues prior to signing the drug-testing consent form.

E. Use of Dietary Supplements

Many dietary supplements or ergogenic aid may contain banned substances. Often the labeling of dietary supplements is inaccurate and misleading. Terms such as "healthy" or "all natural" do not mean dietary supplements are free of banned substances or are safe to take. Using dietary supplements may lead to negative side effects such as dehydration and may cause positive drug tests. Student-athletes who are currently taking or intend to take dietary supplements are required to have the product reviewed by the Director of Sports Nutrition and/or the Director of Sports Medicine. Student-athletes are encouraged to contact the National Center for Drug Free Sport at www.drugfreeport.com and the Dietary Supplement Resource Exchange Center (REC) at www.drugfreeport.com/rec for additional information on dietary supplements or other banned supplements.

F. Tobacco Policy

The NCAA and the University of Illinois prohibit the use of tobacco products by all game personnel (e.g. coaches, student-athletes, athletic trainer, managers and game officials) in all sports during practice and competition. *See NCAA Bylaws 11.1.5 and 17.1.7.* A

student-athlete who violates this tobacco policy shall be disqualified for the remainder of that practice or competition. The Director of Athletics or his/her designee will sanction other game personnel (e.g. head or assistant coach) who violate this tobacco policy on a case-by-case basis.

G. Prohibited Drugs/Substances

The DIA drug screening process may include an analysis of, but not limited to the NCAA list of banned-drug classes. The NCAA banned –drug classes are as follows: stimulants, anabolic agents, diuretics, street drugs, peptide hormones and their related compounds, anti-estrogens and beta 2-Agonists. For ongoing updated listings, student-athletes are urged to review the NCAA’s web site at www.ncaa.org or contact the Director of Sports Medicine or their specific sport’s athletic trainer.

Additional substances that the DIA may screen for include alcohol, beta blockers, opiates (e.g. heroin, hydrocodone, and oxycodone), MDMA (Ecstasy), amphetamine/methamphetamine, synthetic cannabinoids (Spice), synthetic cathinones (Bath Salts) and methylhexanamine (DMAA). The DIA reserves the right to test for substances not listed on the NCAA Banned Drug Classes list and to test at detection levels that vary from those of the NCAA. The DIA’s Student-Athlete Drug Education and Drug Testing Program is separate and distinct from the Big 10’s and NCAA’s drug testing programs in areas including, but not limited to, banned substances, sanctions imposed, and levels of detection.

H. Methods of Selection for Drug Testing

1. Unannounced Random Testing: All student-athletes who have signed the institutional drug-testing consent form and are listed on the institutional squad list are subject to unannounced random testing. Students listed on the squad list that have exhausted their eligibility will not be selected for testing. All other student-athletes are subject to testing. The Director of Athletics or his/her designee will select student-athletes from the official institutional squad lists by using a computerized random number program. Urinalysis testing procedures may be used for unannounced random testing.
2. Pre-season Screening: Student-athletes are subject to pre-season drug testing and may be notified of such by the Director of Athletics or his/her designee at any time prior to their first competition.
3. Reasonable Suspicion Screening: A student-athlete may be subject to testing at any time when the Director of Athletics or his/her designee determines there is individualized reasonable suspicion to believe the participant is using a banned substance. Such reasonable suspicion may be based on objective information as determined by the Director of Athletics or by an Associate/Assistant Athletic

Director, Head Coach, Assistant Coach, Head Athletic Trainer, Assistant Athletic Trainer, or Team Physician, and deemed reliable by the Director of Athletics or his/her designee. Reasonable suspicion may be found, but not limited to 1) observed possession or use of substances appearing to be prohibited drugs, 2) arrest or conviction for a criminal offense related to the possession or transfer of prohibited drugs or substances, or 3) observed abnormal appearance, conduct or behavior reasonably interpretable as being caused by the use of prohibited drugs or substances. Among the indicators which may be used in evaluating a student-athlete's abnormal appearance, conduct or performance are: class attendance, significant GPA changes, athletic practice attendance, increased injury rate or illness, physical appearance changes, academic/athletic motivational level, emotional condition, mood changes, and legal involvement. If suspected, the Director of Athletics or his/her designee will notify the student-athlete and the student-athlete must stay with a member of his/her coaching staff, the athletics administration staff, or the sports medicine staff, until an adequate specimen is produced. *Note:* The possession and/or use of illegal substances may be determined by means other than urinalysis (e.g., using on-site saliva testing products to determine alcohol consumption). When an individual is found to be in possession and/or using such substances, he/she will be subject to the same procedures that would be followed in the case of a positive urinalysis.

4. Postseason/Championship Screening: Any participant or team likely to advance to post-season championship competition may be subject to additional testing. Testing may be required of all team members or individual student-athletes at any time within thirty (30) days prior to the post-season competition. If a student-athlete tests positive, he or she will be re-tested at a future unannounced date. He or she must receive permission from the Director of Athletics to participate in any postseason event.
5. Re-entry Testing: A student-athlete who has had his or her eligibility to participate in intercollegiate athletics at DIA suspended may, at the discretion of the Director of Athletics, be required to undergo re-entry drug and/or alcohol testing prior to regaining eligibility. The Director of Athletics or his/her designee shall arrange for re-entry testing after the counselor or specialist involved in the student-athlete's case indicates that re-entry into the intercollegiate sports program is appropriate.
6. Follow-up Testing: A student-athlete who has returned to participation in intercollegiate sports following a positive drug test under this policy will be subject to follow-up testing. Testing will be unannounced and will be required at a frequency determined by the Athletic Director or his/her designee in consultation with the counselor or specialist involved in the student-athlete's case.

New student-athlete testing will commence when their respective team reports for their first official practice prior to the start of classes or after the first day of fall or spring classes, whichever occurs earlier.

I. Notification and Reporting for Collections

The student-athlete will be notified of and scheduled for testing by the DIA. The Director of Sports Medicine or his/her designee will notify the student-athlete, in person, or by direct telephone contact (e.g. no voice mail messages, not text messages, no emails), of the date, time and location to report for collection. No specific time period is required for notification of student-athletes prior to the administration of any drug test.

A student-athlete who refused to provide an adequate urine sample during the testing process, attempts to manipulate (which can include the ingestion of substances (e.g. herbal remedies) or over-hydrating to mask a banned substance), substitute his/her urine sample, or fails to show up at the designed time shall be deemed to be in violation of this policy, and it will be cause for the same sanction(s) as a positive drug test.

J. Voluntary Disclosure/Safe Harbor

- a. A student-athlete who has engaged in prohibited drug or alcohol use is encouraged to seek assistance from the Athletic Department by voluntarily disclosing his or her use.
- b. If the student-athlete seeks assistance *prior* to being identified as having violated this policy or being notified that he or she must undergo screening, the impermissible use will not be deemed an offense for purposes of determining sanctions under this policy; however, the student-athlete will be ineligible to participate in intercollegiate sports pending an evaluation. A student-athlete will not be permitted to enter the Safe Harbor Program thirty (30) days prior to NCAA or Conference postseason competition.
- c. The student-athlete will be required to undergo an evaluation by a substance abuse counselor. The counselor shall determine the appropriate form(s) of intervention and rehabilitation needed by the student-athlete, based on the circumstances of the case. The counselor will provide a summary of his or her findings and recommendations to the Director of Athletics.
- d. A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan. However, the student-athlete will not be permitted to return to participation in intercollegiate sports until the counselor has interviewed the student-athlete following the conclusion of the recommended treatment (or stage of treatment, as applicable) and has determined that reentry into intercollegiate sports is appropriate. If the counselor deems it necessary, the student-athlete will be required to undergo drug and/or alcohol testing as part of the reentry evaluation.

- e. Failing to complete the treatment recommended by the counselor, having a positive test for any banned substance after entering the Safe Harbor Program, or having a positive result on a reentry drug or alcohol test will be deemed a first offense under this policy.
- f. If the student-athlete regains his or her eligibility to participate in intercollegiate sports, he or she may be required to undergo unannounced follow-up tests at the discretion of the Athletic Director in consultation with the counselor.

K. Reporting of Results

All student-athlete information and records associated with the University of Illinois education and drug testing program will be confidential and results will be released only to those individuals with a legitimate need to know, as determined by the Director of Athletics.

Urine samples will be collected and sent to an independent certified laboratory for analysis. Each sample will be tested to determine if banned drugs or substances are present. Results will be made available to the Director of Sports Medicine. The Director of Sports Medicine will review the results and if there is a positive drug test result, the Director of Sports Medicine will inform the Director of Athletics or his/her designee and the team physician. A confidential meeting will be scheduled to inform the student-athlete of a positive test and include the following people: the student-athlete, the Head Coach of that sport, the sport administrator for that sport, the Director of Sports Medicine and Team Physician. The results of the will be discussed and provide the student-athlete an opportunity to comment on the test results or medical findings and, in particular, to explain why a false positive result may have been received.

L. Medical Exception Process

The DIA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the DIA allows exceptions to be made for student-athletes with a documented medical history demonstrating a need for regular use of such a substance.

Student-athletes are required to inform their athletic trainer of all medications (prescribed and over-the-counter) and supplements that they are taking. The DIA shall maintain in the student's medical record a letter from the prescribing physician that documents the student-athlete's medical history demonstrating a need for regular use of such a drug. The letter should contain information as to the diagnosis including any special testing (e.g. Neurobehavioral Standard Assessment), medical history and dosage information.

In the event a student-athlete tests positive, the Director of Sports Medicine in consultation with the Team physician will review the student-athlete's medical record to determine whether a medical exception should be granted.

M. Alcohol and Non-Drug Testing Offenses

An alcohol or drug offense is any violation of federal, state or local law as well as any violation of the University of Illinois or DIA alcohol and drug policy. The following offenses may result in immediate suspension and will count as a second positive test as outlined in section N of this policy:

- DWI/DUI.

The following offenses will be evaluated by the Director of Athletics or his/her designee to determine the appropriate sanctions to be imposed, including whether or not they result in a first positive result outlined in section N of this policy:

- Underage drinking and/or purchasing of alcohol
- Minor in possession (MIP)/minor consumption
- Public intoxication
- Public urination
- Consumption of alcohol by a student-athlete host and/or their assigned prospective student-athlete during an official recruiting visit

**Note that these are not exhaustive lists of drug or alcohol related offenses.*

N. Actions after positive test for marijuana, synthetic cannabinoids, benzodiazepines (e.g. valium), barbiturates (e.g. phenobarbital), opioids (e.g. hydrocodone, morphine, oxycodone etc., (with the exception of heroin)).

Under medical regulations established by the Big Ten Conference, the Team Physician has final authority to determine whether the student-athlete is medically qualified to participate in practice and competition. The Team Physician's decision shall be made bearing in mind one of the fundamental purposes of the program, namely, protection of the student-athlete's health and safety.

1. After the **first** positive test for a street drug (marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin)), a meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the positive test. The head coach will inform the student-athlete parents (when appropriate) of the positive test. The Team Physician shall take medically appropriate action which will include a substance abuse evaluation, then if deemed necessary, substance abuse counseling or treatment and other

action to protect the health and safety of the student-athlete. The student-athlete will be required to participate in the treatment and education program, which will include weekly drug testing. **Failure to comply with treatment programs shall result in disciplinary consequences including but not limited to loss of regular and post season competitions.**

2. If the student-athlete tests positive a **second** time for a street drug (marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin)), this will be considered evidence of a more serious medical and safety problem. A meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the second positive test. The head coach will inform the student-athletes parents (when appropriate) of the positive test. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by the Team Physician. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. **The student-athlete shall be suspended for a number of consecutive competitions equivalent to a minimum of 25% of their sport program's regular and post season games, matches, or meets immediately following the positive test. If the positive test happens during the student-athletes' non-competitive season the suspension will occur at the beginning of the next complete season. Failure to comply with treatment programs shall result in disciplinary consequences including but not limited to loss of additional regular and post season competitions.**
3. If the student-athlete tests positive a **third** time for a street drug (marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin)), this will be considered evidence of a more serious medical and safety problem. A meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the third positive test. The head coach will inform the student-athletes parents (when appropriate) of the positive test. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by the Team Physician. The student-athlete will also be required to participate in the treatment and education program, which will also include weekly drug testing. **The student-athlete shall be suspended for a number of consecutive competitions equivalent to a minimum of 50% of their sport program's regular and post season games, matches, or meets immediately following the positive test. If the positive test happens during the student-athletes' non-competitive season the suspension**

will occur at the beginning of the next complete season. Failure to comply with treatment programs shall result in disciplinary consequences including but not limited to loss of additional regular and post season competitions.

4. If the student-athlete tests positive a **fourth** time for a street drug (marijuana, synthetic cannabinoids, benzodiazepines, barbiturates, opioids (with the exception of heroin)), this will be considered evidence of a more serious medical and safety problem. A meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the fourth positive test. The head coach will inform the student-athletes parents (when appropriate) of the positive test. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by the Team Physician. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. **The student-athlete shall lose one season of eligibility (365 days) of their sport program, immediately following the date of the positive test. Prior to reinstatement onto his or her previous athletic team or any other varsity intercollegiate team, the student-athlete must pass a drug screen at the end of the twelve month suspension. Failure to comply with treatment programs shall result in an immediate and indefinite suspension from all practice and competition.**

O. Actions After Positive Test For Stimulants, (Cocaine, Amphetamines etc.), Heroin, or Any other stimulant type drug Not Prescribed By A Licensed Practicing Medical Provider (e.g. Adderall, Ritalin, etc.)

1. If the student-athlete tests positive for any of the above drugs, a meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the positive test. The head coach will inform the student-athlete parents (when appropriate) of the positive test. The Team Physician shall take medically appropriate action which will include a substance abuse evaluation, then if deemed necessary, substance abuse counseling or treatment and other action to protect the health and safety of the student-athlete. The student-athlete shall be withheld from athletic practice for medical reasons until deemed fit to return by a team physician and a urine drug test is completed and a negative result is obtained. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. Parents/guardians will be notified when appropriate, and kept informed of progress. A positive test in this category shall also count as positive test under section N of this program. Any additional game suspensions shall be added to any suspension the student-

athlete may already be serving for a positive test under section N. **The student-athlete shall lose one season of eligibility (365 days) of their sport program, immediately following the date of the positive test. Failure to comply with treatment programs shall result in an immediate and indefinite suspension from all practice and competition. Prior to reinstatement onto his or her previous athletic team or any other varsity intercollegiate team, the student-athlete must pass a drug screen at the end of the twelve month suspension.**

2. If the student-athlete tests positive a **second** time for any of the above drugs, this will be considered evidence of a more serious medical and safety problem. A meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the positive test. The head coach will inform the student-athlete parents (when appropriate) of the positive test. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by a team physician and a negative drug screen is completed. Parents/guardians will be notified when appropriate, and kept informed of progress. A second positive test in this category shall also count as a positive test under section N of this program. Any additional game suspensions shall be added to any suspension the student-athlete may already be serving for a positive test under section N of this program. **The student-athlete shall lose an additional 365 days of eligibility immediately following the positive test. Prior to reinstatement onto his or her previous athletic team or any other varsity intercollegiate team, the student-athlete must pass a drug screen at the end of the 365 day suspension.**

P. Actions After Positive Test For Anabolic Steroids Or Other Performance Enhancing Drugs

1. If a student-athlete tests positive for any anabolic steroid or other performance enhancing drug a meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the positive test. The head coach will inform the student-athlete parents (when appropriate) of the positive test. The Team Physician shall take medically appropriate action which will include a substance abuse evaluation, then if deemed necessary, substance abuse counseling or treatment and other action to protect the health and safety of the student-athlete. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. **The student athlete shall lose a season of eligibility and withheld from competition in all**

sports for 365 days from the date of the positive drug test. Failure to comply with treatment programs shall result in an immediate and indefinite suspension from all practices. Prior to reinstatement onto his or her previous athletic team or any other varsity intercollegiate team, the student-athlete must pass a performance enhancing drug screen at the end of the 365 day suspension.

2. If the student-athlete tests positive a **second** time for any of the above drugs, this will be considered evidence of a more serious medical and safety problem. A meeting with the student-athlete, head coach of that sport, sport administrator of that sport, the Team Physician and Director of Sports Medicine will occur to inform the student-athlete of the positive test. The head coach will inform the student-athlete parents (when appropriate) of the positive test. The student-athlete shall be withheld from athletic practice and competition for medical reasons until deemed fit to return by a team physician and a negative drug screen is completed. The student-athlete will also be required to participate in the treatment and education program, which will include weekly drug testing. Parents/guardians will be notified when test in this category shall also count as a positive test under section N of this appropriate, and kept informed of progress. A second positive program. Any additional game suspensions shall be added to any suspension the student-athlete may already be serving for a positive test under section N of this program. **The student-athlete shall lose all additional eligibility immediately following the positive test.**

Q. Scholarships and Financial Aid

A tender for scholarship and financial may not be renewed if the student-athlete is suspended from an athletic team for participating in the use of, sale of, or distribution of any of above drug classes.

R. Drug Treatment Program

Any student-athlete desiring substance abuse treatment is encouraged to utilize the resources available to all University of Illinois students. These include resources in the Counseling Center and McKinley Health Center. Student Health Insurance also covers some off-campus resources. These off-campus resources are available through referral from the Team Physician or McKinley Health Center. Student-athletes can utilize these resources before, during or after the drug testing program.

If the athlete has negative drug screens for a total of 12 months and the medical care team feels the student-athlete no longer requires drug counseling and treatment, further care

will be at the student athlete's own expense. Such expenses can also be paid through the appropriate sport program's budget as determined by the Division of Intercollegiate Athletics. Student-athletes can be discharged from treatment at the discretion of the medical treatment team when counseling and treatment requirements have been met.

Adopted 1985

Revised 04/30/15 PDS

TAB 31



UNIVERSITY OF
ILLINOIS
at Urbana-Champaign

DIVISION OF INTERCOLLEGIATE ATHLETICS

Bielfeld: Athletic Administration Building
1700 South Fourth Street
Champaign, Illinois 61820
(217) 333. 3631

Memorandum

To: Tim Beckman
From: Mike Thomas *ms*
Date: December 7, 2012
Subject: Incident

We have recently become aware of an incident that took place during practice this fall where you forcefully removed a helmet from [REDACTED] head, threw it aside and instructed assistant strength coach Dave Andrews to have [REDACTED] run the stadium steps for the duration of the 90 minute practice. This letter serves to inform you that such behavior by you is unacceptable and will not be tolerated.

Know that the welfare of our student athletes is of utmost importance to me and such actions by an Illinois coach do not meet the standard with which you are held to.

If you have any questions about this incident, please contact me.

cc: Jason Lener
Employee file

TAB 32

From: Lener, Jason A [jlener@illinois.edu]
Sent: Sunday, August 02, 2015 6:54 PM
To: Thomas, Michael J; Sweet, Jason A; Rice, Scott
Subject: Fwd: CARLE/U of I understanding

From Bob Gurtler.

Jason Lener
University of Illinois
Executive Sr Assoc AD
217.244.2632

Sent from my Illini iPhone

Begin forwarded message:

From: Robert.Gurtler <Robert.Gurtler@carle.com>
Date: August 2, 2015 at 4:32:23 PM CDT
To: "mbwheele@illinois.edu" <mbwheele@illinois.edu>
Cc: Robert.Bane <Robert.Bane@Carle.com>, Robert.Gurtler <Robert.Gurtler@carle.com>, Jerrad.Zimmerman <Jerrad.Zimmerman@Carle.com>, Jeremy.Henrichs <Jeremy.Henrichs@carle.com>, Amy.MacDougall <Amy.MacDougall@Carle.com>, Caleb.Miller <Caleb.Miller@Carle.com>, Blair.Rowitz <Blair.Rowitz@carle.com>, James.Leonard <James.Leonard@Carle.com>, "Schmidt, Paul D" <schmidt@illinois.edu>, "jlener@illinois.edu" <jlener@illinois.edu>
Subject: CARLE/U of I understanding

This document is a working document and will be completed over the next few weeks pending collaboration of all of the above parties. This information will be completed and embellished in many segments as needed and agreed upon.

- 1) The team physician(s) is responsible for the delivery of medical care to all University of Illinois student-athletes. The University of Illinois physicians will be notified of all injuries or adverse medical problems. The physician will then direct the treatment rendered.
- 2) The appointed Team physicians will supervise the University of Illinois trainers in matters concerning the management and rehabilitation of athletically related injuries and conditions and advise on matters regarding the prevention of athletic injuries or conditions.
- 3) The University of Illinois trainers and physicians will be properly licensed and certified in their respective licensing bodies and certification boards..
- 4) X-rays will be ordered only by an order from a physician
- 5) All imaging studies will be done through the Carle system.
- 6) A team physician will review and specifically sign off on all x-rays before an athlete can be released for return to participation at any level.

- 7) All encounters by a physician regarding treatment of an student-athlete will have a note placed in the Carle medical record.
- 8) All procedures performed for U of I student-athletes will be done with the use of a consent forms.
- 9) The U of I trainers will provide "maintenance of complete and accurate records of all athletes injuries and treatments rendered."
- 10) The athletic trainers will adhere to the guidelines set forth by any and all position statements published by the National Athletic Trainers Association and the American College of Sports Medicine.
- 11) The U of I athletic trainers may initiate emergency care and follow the guidelines of the emergency action plan (EAP).
- 12) The U of I athletic trainer may initiate treatment,' under the guidance and direction given by the physician.'
- 13) The University athletic trainers may use thermal agents (cold and heat), hydrotherapy, light, ultrasound, electric currents, tractions, compression, electromagnetic radiation, treating student athletes. In addition, rehabilitative and reconditioning exercise protocols will be implemented as soon as signs and symptoms indicate that their use is proper. All therapeutic modalities and rehabilitation treatment techniques presented herein will be provided under the direction of the team physician(s). Treatment protocols may be changed in consultation with the team physician.
- 14) The athletic trainers may use bandaging, wrapping, taping, padding, bracing, and splinting procedures for the prevention and management of injuries as soon as signs and symptoms indicate their use is proper.
- 15) The athletic trainers will provide the rehabilitation and treatment notes for the physicians at the time of a consultation for medical treatment of a student-athlete.
- 16) The university athletic trainers may at his/her discretion return a student-athlete to competition after physical assessment is completed and documented. This is under the direction of a team physician.
- 17) The university trainers shall provide advice regarding basic nutrition, hygiene, and the fitting of protective equipment, padding and orthotics.
- 18) The university athletic trainers will follow the Family Education Rights and Practice Act (FERPA) guidelines on the release of protected educational/health information.
- 19) The university athletic trainers will follow guidelines of CME/training for non-traditional manual therapy techniques.
- 20) All student-athletes will sign a 'sign-out' sheet after an appointment verifying that they have received treatment and have been given the opportunity to have all their questions addressed.
- 21) The Head Trainer in each sport will function in a coordinating role of communication of treatment information between the physician and the coaches, training staff, dietary, weight staff and other non-physician support staff. The team physician will be responsible for communication to other physicians. The team physician will also be available for explanation of injuries and treatment recommendations as needed.

- 22) University student-athletes are not obligated to receive their medical care from the U of I physicians. This would follow the recommendations in the student hand book.
- 23) The University team physicians have final authority for decisions of clearance for participation or disqualification from participation.
- 24) Student-athletes and their coaches will respect appointment times with physicians for medical care.
- 25) It is highly encouraged whenever possible that communication with student-athletes parents, about student-athlete medical conditions and treatment(by student athlete permission), be done with student- athlete, trainer, parent and physician all on a conference call or by direct communication.
- 26) We will work on plans to collaborate treatment records between Carle and the University of Illinois whenever possible.
- 27) This Carle/University of Illinois understanding will be revised yearly.

TAB 33

NOTICE OF POSITION VACANCY
University of Illinois
Division of Intercollegiate Athletics

POSITION: Associate Athletic Director for Health and Human Performance

12 month, 100% Academic Professional position

Primary Position Function/Summary:

This position is responsible for fostering a cooperative and collaborative approach to all aspects of sports medicine to ensure the best care possible to all student-athletes by working with the Director of Athletics, sport administrators, coaches, physicians, athletic trainers, nutritionists, strength and conditioning staff, student-athletes and on-campus and off-campus resources.

Duties:

1. Oversee all aspects of the operation of Health and Human Performance, including the following units within the Division of Intercollegiate Athletics: Sports Medicine (including sports psychology), Strength and Conditioning, Nutrition and Integrated Performance.
2. Provide prevention, evaluation, treatment and rehabilitation of all athletic-related injuries and illness for all student-athletes.
3. Hire, evaluate, train and supervise athletic training staff responsible for the prevention, evaluation, treatment and rehabilitation of all athletic related injuries and illnesses for all student-athletes.
4. Recruit, educate, supervise and assign student athletic trainers, volunteers and work study students.
5. Serve as liaison with team physicians and other medical providers.
6. Provide prompt, effective, emergency care for acute injuries and ensure coordinated referral to emergency medical system or other medical personnel as required.
7. Oversee medical coverage and care for all men's and women's athletic teams, including pre-participation physical exams, pre-practice, post-practice and athletic team competitions.
8. Coordinate and manage a program to provide student-athletes, parents, and coaches with the appropriate medical information, referrals and transportation relating to the day-to-day operations of their respective sports.
9. Ensure comprehensive strength and conditioning and health and nutrition programs for student-athletes.
10. Administer the drug and alcohol education and substance abuse testing program for student-athletes.
11. Coordinate with the Health and Human Performance staff, the development of rehabilitation, physical therapy and treatment programs for specific injuries and illnesses for short-term and long-term care.
12. Develop, supervise and administer the annual budget for the sports medicine department.
13. Monitor, inspect, and ensure medical equipment is maintained to protect the health and safety of student-athletes, coaches, and athletic department members.
14. Supervise the maintenance, organization and record keeping of all medical records, medical supplies and physical property according to department protocol.
15. Coordinate and maintain the department's leadership role in the Concussion Management/Research Program.
16. Research and develop new and evolving training and injury prevention policies, techniques, technologies and protocols.

17. Coordinate and maintain working relationships with McKinley Student Health Center, Carle Physician Group and Carle Foundation Hospital.
18. Supervise and assist with the DIA's summer camp program, as it relates to the provision of first aid coverage for campers and participants.
19. Supervise and assist with maintaining appropriate Occupational and Safety Health Administration guidelines, maintaining a clean, healthy and safe work place.
20. Review and evaluate policies and procedures of the Health and Human Performance department.
21. Maintain knowledge of and compliance with specific NCAA, Big Ten Conference, and Institution rules that relate to this position.

MINIMUM QUALIFICATIONS

Education

Required: Master's, PhD, or other advanced degree in athletic training, sports medicine, health and exercise science, physical therapy, kinesiology, or related field.

Experience

Required: Minimum of ten years' experience in athletic training, sports medicine, sports performance, sports conditioning or related experience in intercollegiate athletics or health care administration. Six years' experience as a head trainer in intercollegiate athletics. Five years' experience in Division I (FBS) intercollegiate athletics of which some experience should be in FBS football. Experience in administration including personnel management and budget development.

Preferred: Minimum of twelve years' experience in athletic training, sports medicine, sports performance, sports conditioning or related experience in intercollegiate athletics or health care administration. Eight years' experience as a head trainer in intercollegiate athletics. Seven years' experience in Division I (FBS) intercollegiate athletics of which some experience should be in FBS football. Experience in administration including personnel management and budget development.

TRAINING, LICENSES or CERTIFICATIONS

NATA, NSCA or comparable certification. Eligible for licensure by the State of Illinois Department of Professional Regulations. Regular attendance at state, district and national health care programs. Continued compliance of continuing education requirements established by the NATA.

Salary: Commensurate with experience and qualifications.

Starting Date: As soon as possible following completion of search.

Application:

To receive full consideration, application materials must be received by XXXXXX. Applications not submitted through <http://jobs.illinois.edu> will not be considered. Candidate must upload a letter of application and resume. Online application will require the names and contact information for three references. For further information regarding application procedures, contact Paul Kowalczyk, pkowal@illinois.edu

Interviews may take place prior to closing date, but no selection will be made until after closing date.

Illinois is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age, status as a protected veteran, or status as a qualified individual with a disability. Illinois welcomes individuals with diverse backgrounds, experiences, and ideas who embrace and value diversity and inclusivity. (www.inclusiveillinois.illinois.edu).

Appointments to security sensitive positions (working with children younger than 18 years of age, handling large amounts of cash or controlled substances, providing direct patient medical care, etc.) require passing an extensive background check before the appointment can be made.



INVESTIGATIVE REPORT: Injury Management and Scholarship Renewal in the University of Illinois Urbana-Champaign Division of Intercollegiate Athletics Women's Basketball Program

**Peter G. Land
Jennifer A. Smith
Eric L. White
Jamel A. R. Greer**

November 6, 2015

FRANCZEK RADELET
ATTORNEYS & COUNSELORS

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	EXECUTIVE SUMMARY	1
III.	INVESTIGATIVE APPROACH	4
	A. Investigative Team	4
	B. Scope of Investigation	4
	C. Summary of Information Collected and Considered	5
	1. Witness Interviews and Statements	5
	2. Documents and Other Information	6
IV.	BACKGROUND	7
	A. University of Illinois Women's Basketball Program: Reporting Structure	7
	B. University of Illinois Division of Intercollegiate Athletics Sports Medicine Department	8
	C. Team Physicians	8
	D. History of Women's Basketball Program	9
	E. Sports Medicine Involvement with the Women's Basketball Program	10
V.	SPORTS MEDICINE – INJURY MANAGEMENT	10
	A. Relevant Compliance Structure	11
	1. NCAA Injury Management Standards	12
	2. University Injury Management Policies and Procedures	14
	3. Institutional Control Standards Regarding Injury Management	15
	B. Sports Medicine Investigation Findings	18
	1. Overall Injury Management Findings	19
	2. Individual Player Injury Management Findings	22
VI.	SCHOLARSHIP RENEWAL	35
	A. Summary of Scholarship Record and Practices	35
	B. Scholarship Management Findings	36
	1. Overall Findings	36
	2. Individual Player Findings	37

I. INTRODUCTION

In May 2015, three Women's Basketball players' parents raised complaints through letters directed to University of Illinois Urbana-Champaign administrators and Board of Trustee members about the management of student-athlete injuries, scholarship-related communications, and allegedly abusive and racist coaching practices.¹ This Investigative Report analyzes the complaints regarding injury management and scholarship issues, as augmented by written statements received from seven players during July 2015.² The complaints related primarily to allegations that Coach Matt Bollant and former Coach John "Mike" Divilbiss inappropriately pressured players regarding injuries and scholarships, as well as related medical and return-to-play decisions and communications from the team's athletic trainer, Associate Athletic Trainer Mary "Sam" Laingen.

Based on our investigation, which included interviews of key individuals and an extensive review of documentation, we conclude that sports medicine staff and coaches acted to protect student-athlete welfare with respect to injury management in a systematic and commendable manner, consistent with applicable standards and protocols that guide sports medicine practices. In limited instances, we conclude that coaches did question the extent to which an injury limited a student-athlete's ability to play, but the coaches did not inappropriately push student-athletes or pressure sports medicine staff to adjust their decisions. Further, we conclude that the University honored student-athlete scholarship commitments. Coaches communicated to players candidly about playing-time expectations, potential transfer options, and the need for a positive mental approach from all student-athletes to support the team, but did not inappropriately pressure student-athletes who were not playing in games to relinquish scholarships.

This Investigative Report explains the basis for these findings.

II. EXECUTIVE SUMMARY

The Women's Basketball coaches have followed the key rules governing the treatment of student-athlete injuries: namely, that doctors and athletic trainers make all decisions regarding injured player participation in athletic activities. The Women's Basketball athletic trainer and the primary physician did not report coaching pressure to allow players to participate. With limited exceptions, the information we obtained in the course of our investigation did not support player allegations that they experienced pressure to practice or play injured.

The injury management protocols established by applicable policies and best practices relating to sports medicine contain three primary components:

¹ See April 18, 2015, April 20, 2015, and April 25, 2015 letters attached in Appendix at Tabs 1-3.

² The other concerns raised in the letters were addressed in an investigative report prepared by Pugh, Jones & Johnson on July 31, 2015.

- (1) players must report injuries to athletic trainers and doctors;³
- (2) once a student-athlete reports a medical condition, athletic trainers and doctors have authority to determine whether to restrict the student-athlete's activities to protect the player from further or worsening injury without inappropriate interference from coaches;⁴ and
- (3) athletic trainers practice under the direction of a physician.⁵

Most often, sports medicine staff judgments about a student-athlete's status to participate in athletic activity are conveyed to coaches as either "clear" or "not clear to play" (or "safe" or "not safe"). These medical judgments result not only from physicians' objective observations (physical examination and medical test results) but also from consideration of the individual player's perspective about her ability to participate. If the student-athlete indicates she does not feel ready to participate even after learning that gathered medical information would allow her to do so, physicians and athletic trainers report only that the player is not clear to play; coaches are not informed that the player's apprehension is the reason.

The Women's Basketball physician, Dr. Amy MacDougall, has communicated decisions regarding student-athlete clearance for participation with the team's athletic trainer, Laingen, nearly exclusively. The team physician does not regularly discuss injuries or clearance decisions with the coaching staff. The team physician's occasional discussions with the coaching staff have served to provide medical information and context to the coaches. Coach Matt Bollant and former Coach Mike Divilbiss did not provide input into the physician's judgments regarding player clearance decisions.

The athletic trainer, Laingen, reported that she has engaged in open discussions with former Coach Divilbiss and Coach Bollant regarding medical decisions and return-to-play estimates, which, like the discussions with the team physician, have served to inform the coaches regarding medical issues. The coaches have raised questions about such decisions but have not caused the athletic trainer to modify a clearance decision. Former Coach Divilbiss was particularly active in communications and discussions with the athletic trainer, sometimes to express his own opinions or observations. Laingen did not, however, feel pressure from the coaches to allow student-athletes to play against her medically-informed judgment or to otherwise influence medical decisions.

The coaching staff's mantra to players regarding injuries has been to see the athletic trainer about any issue. Coaches routinely referred players who voiced concerns or appeared injured to the athletic trainer. In limited instances, former Coach Divilbiss made casual statements to players that players could have construed as derisive of the concept of injury

³ University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (Revised 10/29/14) (Appendix at Tab 12).

⁴ 2014-15 NCAA Sports Medicine Handbook (Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution's athletic trainer (working under the supervision of a physician) and the team physician) (Appendix at Tab 20); Illinois Athletic Trainers Practice Act (225 ILCS 5) (Appendix at Tab 13).

⁵ Illinois Athletic Trainers Practice Act, 225 ILCS 5/3 (Appendix at Tab 13).

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

reporting. However, the comments were not pervasive and we have not learned of any instance where a player delayed or failed to report an injury as a result of such a casual statement from former Coach Divilbiss.

The seven Women's Basketball players who initiated the complaints subsequently filed a federal lawsuit that focuses on the non-medical aspects of their allegations. These players declined our request for interviews. They communicated their concerns either through the initial letters from their parents preceding our investigation or written statements from their attorneys during our investigation. Based on our review of athletic training records and witness interviews, we conclude that these players' injury management allegations are not substantiated by the information we reviewed.

One other former Women's Basketball player who has not initiated legal action met with us and described various difficulties she confronted during a series of concussions, two of which occurred during Coach Bollant's leadership of the Women's Basketball Program in late 2013. Some statements by Coach Bollant and former Coach Divilbiss to this former player were dismissive of her report of concussion symptoms, even though Coach Bollant referred the player to the athletic trainer promptly upon the player's report. We have determined that both coaches' comments in this one instance demonstrate a lapse of otherwise effective efforts to encourage players to report injuries. We find that this instance was an exception to Coach Bollant's and former Coach Divilbiss' usually constructive communications with players about injury management issues and that this situation does not demonstrate a pattern of disregard for the importance of player injury reports.

Our conclusions in this regard are strengthened by the experience of another starting player during the [REDACTED] season. The player sustained a serious [REDACTED] injury at the beginning of the season that threatened her participation throughout the duration of the season. Following her injury, team physicians recommended surgery, but the player's mother preferred a less-[REDACTED] that posed risks of delaying the player's return if such treatment proved unsuccessful. The coaches and sports medicine staff communicated well with the player's parent, who was allowed to select the course of treatment without resistance, despite the risk to the team's success. The treatment proved successful, and all witnesses with whom we spoke describe the decision-making process as a model of success, particularly the player.

In total, we conclude that Coach Bollant, former Coach Divilbiss, and athletic trainer Laingen did not violate University expectations for injury management or other applicable injury-management requirements.

In all instances of which we have become aware, the Women's Basketball coaches communicated appropriately regarding scholarship renewal and the option of transferring to another school for players who were not expected to play during competition. When they started at the University, Coach Bollant and former Coach Divilbiss inherited some players they felt were unlikely to contribute to their system of play, and the coaches asked whether scholarships for such players could be "non-renewed" when their one-year or multi-year terms expired. Athletic Director Mike Thomas and other Division of Intercollegiate Athletics ("DIA")

personnel explained that the University did not approve of that practice. Coach Bollant and former Coach Divilbiss followed that directive and did not seek to non-renew any scholarship or push any player out of the program.

Coach Bollant and former Coach Divilbiss candidly informed several players that playing time was unlikely and discussed the importance of positive attitudes from all members of the team. Such discussions also clarified that such players would retain their scholarships, unless they chose to transfer elsewhere. Most players stayed and remained positive and hard-working despite a lack of playing time, and they were praised for doing so by both coaches. One player's attitude negatively impacted the team despite repeated warnings about potential dismissal. She was ultimately removed from the team but kept her scholarship and remained on campus until graduation.

In total, we conclude that Coach Bollant, former Coach Divilbiss, and DIA personnel involved all complied with University expectations for managing scholarships as well as all other applicable scholarship-related requirements.

III. INVESTIGATIVE APPROACH

A. Investigative Team

Franczek Radelet P.C.'s investigation was led by Partner Peter G. Land, Partner Jennifer A. Smith, Associate Eric L. White, and Associate Jamel A. R. Greer. Scott Rice, Campus Legal Counsel and chief legal officer for the Urbana-Champaign campus, and Jason A. Sweet, Assistant University Counsel, coordinated the investigative team.

B. Scope of Investigation

Between April 18, 2015 and April 25, 2015, parents of three former University of Illinois at Urbana-Champaign Women's Basketball players ([REDACTED]) delivered letters to then Chancellor Phyllis Wise, Athletic Director Mike Thomas, and other University administrators and Board of Trustee members, raising issues regarding injury management and pressure to relinquish scholarships.⁶ The letters asserted that Head Coach Bollant and former Associate Head Coach Divilbiss threatened to pull players' scholarships in response to poor play and, along with Associate Athletic Trainer Mary "Sam" Laingen, pushed players to play through injuries or return to play too quickly. The allegations included broader assertions of coaching abuse and racist behavior, which were jointly investigated by the University of Illinois' Office of Diversity, Equity and Access ("ODEA") and Academic Human Resources ("AHR"), focusing on the team's culture; that investigation did not address sports medicine or scholarship issues. On May 21, 2015, parents of seven former University of Illinois Women's Basketball players sent another letter to Chancellor Wise and Athletic Director Thomas objecting to the manner in which the internal investigation was handled.

⁶ See Letters attached in Appendix at Tabs 1-3.

The Office of University Counsel for the Urbana-Champaign campus retained two law firms to investigate the issues raised by the parent letters: (1) Pugh, Jones & Johnson to review the coaching abuse and racism allegations, and (2) Franczek Radelet to review the sports-medicine and scholarship issues. Our investigation focused primarily on the following issues:

Injury Management/Pressure to Play. We examined whether University personnel and Carle Foundation Hospital (“Carle”) team physicians complied with applicable policies and practices regarding student-athlete welfare with respect to Women’s Basketball player injury treatment, initial clearance-to-play decisions, rehabilitation, and return-to-play decisions during the time Coach Matt Bollant has been leading the Women’s Basketball Program (2012 to the present). Allegations examined include whether:

- coaches pressured or influenced players not to report injuries or play through them with comments such as “stay out of the fucking training room;”
- the athletic trainer ignored physician diagnoses and directed players to “tough it out;”
- University personnel hurried players’ returns from injury; and
- University personnel or Carle team physicians delayed medical testing to avoid learning of injuries or medical conditions that might prevent continued competition.⁷

Scholarship Termination. We examined whether University personnel complied with NCAA rules, player-specific scholarship agreements, University policy, and established DIA practices when terminating student-athlete scholarships. We also examined allegations that Coaches Bollant and Divilbiss:

- threatened to pull players’ scholarships;
- pressured players to transfer and voluntarily relinquish their scholarships;
- told players not to bother to renew their apartment leases because they would not remain on the team; and
- told players they wished they could take their scholarships.⁸

C. Summary of Information Collected and Considered

1. Witness Interviews and Statements

During the course of our investigation, Franczek Radelet interviewed 22 people, several more than once resulting in 44 total interviews, and received 12 written statements from eight additional witnesses. Throughout our investigation, coaches, athletic trainers, and other staff within DIA answered questions openly during multiple rounds of interviews and promptly facilitated review of all medical records and communications that we requested. Physicians from Carle who provide medical support to the Women’s Basketball Program were similarly cooperative. In total, we received information regarding the Women’s Basketball Program from

⁷ See Letters and Written Statements attached in Appendix at Tabs 1-6.

⁸ See Appendix at Tabs 1-3, 7-11.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

31 individuals, including eleven players⁹ and the following personnel:

Women's Basketball Coaching Staff:

Matt Bollant, Head Coach (3x)

Mike Divilbiss, Ass. Head Coach (2x) (former)

Tianna Kirkland, Assistant Coach

LaKale Malone, Assistant Head Coach
(former Assistant Coach)

DIA/Other University of Illinois Employees:

Mike Thomas, Director of Athletics (5x)

Maria Ochoa Woods, Sen. Assoc. Director

Paul Schmidt, Director of Sports Medicine

Mary "Sam" Laingen, Asst. Athletic Trainer

Matthew Wheeler, Faculty Representative

Jason Lener, Exec. Sen. Assoc. Director (5x)

Ryan Squire, Assoc. Dir., Compliance (3x)

Heather Horn, Asst. Dir., Acad. HR

Chris Span, Faculty Representative

Carle Employees:

Dr. Robert Gurtler, Head Team Physician (2x)

Dr. Robert Bane, Team Physician (2x)

Dr. Jerrad Zimmerman, Team Physician (2x)

Dr. James Leonard, CEO

Dr. Sean Grambart, Team Physician

Dr. Amy MacDougall, Team Physician

Dr. Keith White, Team Psychologist

One parent also called us on September 1, 2015 indicating that several players who had signed written statements had additional relevant but very private information relating to injury management within the Women's Basketball Program. After learning that such information would be subject to evaluation and inclusion in this report (and redacted by University personnel as appropriate under the Family Educational Rights and Privacy Act ("FERPA")), counsel for that parent indicated on September 6, 2015 that additional information would be forthcoming through further written statements. As of the date of this Investigative Report, no such written statements have been received by Franczek Radelet.

2. Documents and Other Information

Our investigation involved the review and analysis of over 4,900 pages of documents, including: policies regarding injury management, coaches conduct expectations, athletic conference and NCAA rules and evolving institutional control standards, scholarship awards and renewal considerations, medical records from athletic trainers for 24 student-athletes from a three-year period, e-mail correspondence, text messages, and student-athlete exit interviews. The data was collected from several custodians, including members of the Women's Basketball coaching staff, athletic training staff, DIA administration, and other members of the University's workforce.¹⁰

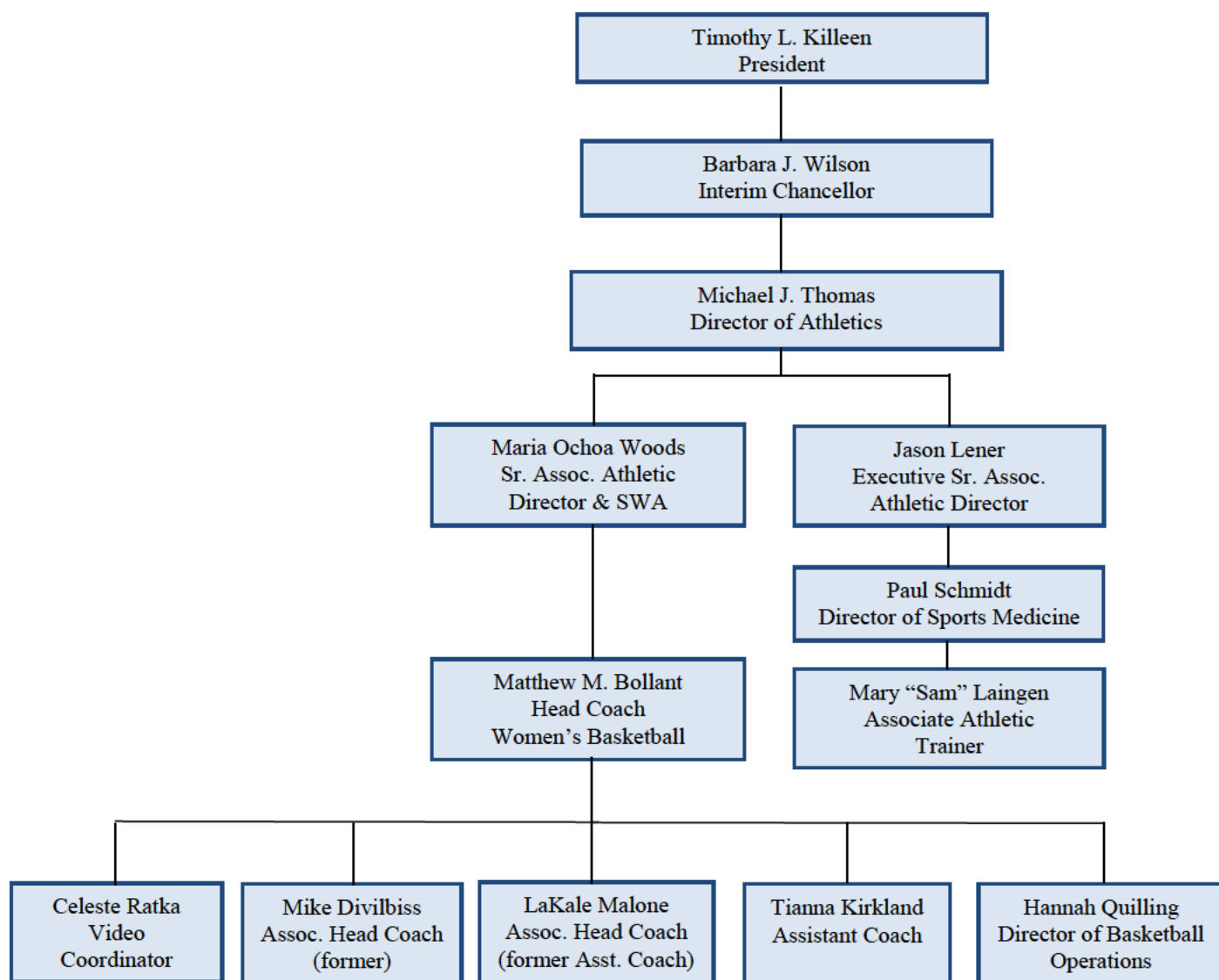
⁹ Eight of the players who provided information declined invitations for interviews and provided written statements. The statements are attached in the Appendix at Tabs 4-11.

¹⁰ Our efforts to gather injury-related information regarding student-athletes maintained by the athletic training staff required review of records maintained pursuant to the privacy protections of FERPA. FERPA allows University staff to discuss such materials with us pursuant to existing release agreements already signed by all student-athletes.

IV. BACKGROUND

A. University of Illinois Women's Basketball Program: Reporting Structure

Dr. Timothy L. Killeen was named President of the University of Illinois in November 2014, replacing Dr. Robert Easter (president July 2012-May 2015). He assumed office on May 18, 2015. Dr. Phyllis M. Wise served as Chancellor of the University of Illinois at Urbana-Champaign from October 1, 2011 until August 12, 2015. Dr. Barbara J. Wilson became the Interim Chancellor of the University of Illinois at Urbana-Champaign in August 2015. Mike Thomas has served as the Director of Athletics since 2011. The reporting structure of DIA appears below:



B. University of Illinois Division of Intercollegiate Athletics Sports Medicine Department

The DIA Sports Medicine Department staff consists of certified athletic trainers, team physicians, registered sports dietitians, psychologists, and other allied health care providers.¹¹ For purposes of this investigation, the most relevant sports medicine staff to the Women's Basketball Program are as follows:

Director of Sports Medicine – Paul Schmidt. Paul Schmidt is in his ninth year at Illinois. For six years, Schmidt served as an athletic trainer for the Women's Basketball Program. In August 2012, he was promoted to Director of Sports Medicine to oversee the sports medicine program. Schmidt is also in charge of athletic training for the Men's Basketball Program. Previously, Schmidt spent four years as Head Athletic Trainer at Wayne State University.

Associate Athletic Trainer (Women's Basketball) – Mary "Sam" Laingen. Mary "Sam" Laingen is in her third year at the University of Illinois as an athletic trainer and works primarily with the Women's Basketball Program. Previously, Laingen served as Head Athletic Trainer for Eastern Illinois University from 2009-2012.

C. Team Physicians

The team physicians and team psychologist are not University employees. They are employees of the Sports Medicine Department at Carle, a full multi-specialty hospital servicing Central Illinois. Carle is responsible for the hiring and supervision of physicians working in its Sports Medicine Department.¹² Below is a description of the physicians who directly treat student-athletes in the Women's Basketball Program or have oversight responsibilities that extend to such physicians.

Head Team Physician and Orthopedic Surgeon – Dr. Robert Gurtler. Dr. Robert Gurtler joined Carle in 1984 and has served as a team physician for DIA for the past 31 years. He had primary responsibility for the football team for more than 28 years, until the end of the 2012 season, and remains the team physician for the Men's Basketball Program. Dr. Gurtler also provides oversight for the physicians primarily responsible for the Women's Basketball Program and provides assistance and treatment to student-athletes within the Women's Basketball Program on occasion.

Primary Care Sports Medicine – Dr. Amy MacDougall. Dr. Amy MacDougall joined Carle in 2011 and has served as the primary physician for the Women's Basketball Program since that time.

¹¹ University of Illinois Division of Intercollegiate Athletics – Sports Medicine Department – Sports Medicine Services Presentation 2014 at 3, 4, 7 (Appendix at Tab 14).

¹² University of Illinois at Urbana-Champaign, Division of Intercollegiate Athletics – Governance Standards at 10-11 (Appendix at Tab 16).

Orthopedic Surgeon – Dr. Robert Bane. Dr. Robert Bane joined Carle in 2004 and has provided orthopedic treatment for student-athletes in the Women’s Basketball Program during the time of Coach Bollant’s leadership. He has also served as the primary orthopedic physician for the football team since the end of the 2012 season, in addition to providing treatment and care for student-athletes in other sports within DIA.

Primary Care Sports Medicine – Dr. Jerrad Zimmerman. Dr. Jerrad Zimmerman joined Carle in 2005 and occasionally provides care for members of the Women’s Basketball Program. He is also the primary team physician for the football team, in addition to providing treatment and care for student-athletes in other sports within DIA.

Team Psychologist – Dr. Keith White. Dr. Keith White is a clinical psychologist who joined Carle in 2001 and began providing services to student-athletes at the University in 2003. He is not assigned to particular teams and, until 2014, treated student-athletes referred by team physicians, athletic trainers, or otherwise. During the summer of 2014, the University invited Dr. White and Carle to conduct preliminary assessments of incoming student-athletes in all sports. Dr. White offers counseling with respect to sports performance issues (e.g., confidence, sport-related anxiety, mental recovery from injury, etc.) as well as clinical psychology services. He does not render clearance-to-play decisions for student-athletes but does provide input to other team physicians where appropriate.

D. History of Women’s Basketball Program

The University of Illinois Women’s Basketball Program is heading into its 41st season. Over time, it has had a mixed record, achieving an overall record of 571 wins and 582 losses. It has been in the NCAA year-end tournament eight times over those years, most recently in 2003. Likewise, it has been in the WNIT Tournament eight times, making its most recent appearance in 2013. The program also won the Big Ten Conference (“Big Ten”) title in 1997.

The academic and athletic performance of the Illinois Women’s Basketball Program under Coach Bollant has improved upon the program’s performance under his predecessor, Coach Jolette Law. Under the prior regime, the team’s overall record was 69 wins and 93 losses, the conference record was 27 wins and 59 losses, and its placement within the Big Ten was ninth every season except the 2010-11 season, when the team placed 11th. The team also fell short of meeting its academic goals, as its overall GPA during a five-year period ranged from 2.58 to 2.89 (on a 4.0 scale). Under Coach Bollant’s leadership, academic performance has been consistently better, with average GPA ranging from 3.0 to 3.28 (on the same scale). Athletic performance under Coach Bollant has also improved, with 43 wins and 51 losses (17 wins and 33 losses in Big Ten games), placement within the Big Ten ranging from 5th (tie) to 12th, and one WNIT appearance in 2013.¹³

¹³ Team Statistics attached in Appendix at Tab 25.

E. Sports Medicine Involvement with the Women's Basketball Program

Shortly after Coach Bollant took control of the Women's Basketball Program, Laingen was hired as the primary athletic trainer responsible for the team, and she has remained in that role for the past three seasons. She attends all team practices and games, is available for player consultation and treatment before and after all such events, and communicates regularly with physicians about their assessments of players, as well as with coaches about physician and athletic trainer decisions. Dr. MacDougall is available for consultation on a regular basis and attends all home games. Other Carle physicians also provide treatment and care for student-athletes in the program, including orthopedic surgeons, foot specialists, and mental health experts. Physician visits with players occur in the athletic training room, the McKinley Health Center on campus, and in Carle's offices, depending on the specific circumstances. Medical records created by physicians are routinely delivered to athletic training staff to ensure continuity of information regarding student-athlete medical care.

V. SPORTS MEDICINE – INJURY MANAGEMENT

Injury management judgments within the world of sports medicine, generally, and NCAA Division I athletics, more specifically, must be rendered after considering a series of complex factors and amidst often contradictory motivations that make it challenging to oversee this important aspect of intercollegiate athletic administration. Such factors include, among others: individual player anatomy; the idiosyncratic nature or extent of a particular injury; the broad range of injuries that student-athletes experience; the specific physical demands of a particular sport or position within that sport; a student-athlete's effort to minimize report of symptoms to continue playing, return to play sooner, or "push through" medical issues, as just another "challenge" faced during athletic competition; the risk of additional harm or injury; psychological factors (confidence, hesitancy) that may create additional risk of harm or injury; and the potential long-term impact on student-athlete welfare. While these factors impact student-athletes in all sports, they are particularly important to consider in the sport of basketball, given the high rate of injuries. Indeed, for contact sports such as basketball, consideration of such factors occurs within the context of knowing that even otherwise healthy student-athletes always bear risk of injury from athletic participation or training that can have short-term or long-term implications.

Beyond the medically-related factors listed above, injury management decisions can be affected by the inherent conflict of interest that may exist in intercollegiate athletics between the goals of competitive success and individual student-athlete welfare. Competitive interests motivate individual players, teams, coaches, and administrators to focus on athletic success, often for a particular game or season, and to obtain a wide array of benefits, including economic reward. In contrast, student-athlete welfare concerns require consideration of purely individual interests and long-term matters of physical and psychological health and well-being.

Given the breadth of factors and interests at stake in sports medicine judgments, broad standards have been developed by a variety of governance sources that address a host of issues and establish procedural protections for student-athletes against the other demands of athletic

competition and those involved with it. As the practice of sports medicine has evolved, the standards have also evolved, particularly in the last several years. Essentially, all standards require that coaches stay out of decisions about how to respond to player injuries and leave such judgments to physicians and athletic trainers. Even the primary notion of excluding coaches from the process is not absolute, however, because there are many valid reasons for communicating with coaching staff regarding medical issues, including the need to share injury information that coaches can use to help protect student-athletes (e.g., practice planning, game planning, assessment of players' ability and desire) as well as to accommodate players who often choose to consult with coaches they view as mentors about particular medical treatment options. The most recently-adopted standards have attempted to clarify the appropriate balance between coaches' involvement with medically-related communication with players and deference toward sports medicine staff regarding such communications and decisions.

A. Relevant Compliance Structure

The NCAA, the Big Ten, and the University have established standards, guidance, and expectations that govern the administration of sports medicine to student-athletes. While these governing standards are contained in multiple sources, one principle remains constant throughout—the health care of student-athletes is of paramount importance to the University, the Big Ten, and the NCAA. The importance of this principle is demonstrated, in part, by the Big Ten's efforts over the past few years to ensure that all of its member institutions maintain proper control over their intercollegiate athletics—including, sports medicine. Recognizing the significance of ensuring that student-athletes receive healthcare services that are student-athlete centered and physician-driven, the NCAA, the Big Ten, and the University have developed, and continue to refine, various principles that can be synthesized into the following standards by which the University, sports medicine staff, coaches, and student-athletes must conduct themselves:

- All student-athletes must be evaluated by a team physician before being medically cleared to play intercollegiate sports.
- Student-athlete reporting of injuries is essential, and they are required to report injuries and illnesses within three days of onset.
- Team physicians have the ultimate authority and responsibility to make injury/illness diagnosis, management, disqualification, and return-to-play decisions for student-athletes. Athletic trainers, acting under the direction of team physicians, may also make these decisions.
- The decisions of team physicians with respect to student-athletes' medical status are final.
- Coaches can seek clarification but are prohibited from attempting to inappropriately or improperly influence any member of the sports medicine staff regarding the treatment or participation status of a student-athlete.

- The University must adopt and implement a concussion management plan that complies with the NCAA Constitution.

The following sections describe in greater detail the specific standards established by the NCAA, the Big Ten, and the University that control the provision of sports medicine at the University.¹⁴

1. *NCAA Injury Management Standards*

The NCAA Constitution and 2014-15 NCAA Sports Medicine Handbook set forth several standards related to injury and illness management that govern member institutions such as the University.

NCAA Constitution. The NCAA Constitution's standards most relevant to the sports medicine issues subject to our investigation are as follows:

Article 2.2.3 (Health and Safety): Each member institution bears the responsibility “to protect the health of, and provide a safe environment for, each of its participating student-athletes.”¹⁵

Article 3.2.4.17 (Designation of Team Physician): An active member institution must “designate a team physician for all or each of its intercollegiate teams. The team physician shall be a doctor of medicine (MD) or doctor of osteopathic medicine (DO) with a current license in good standing to practice medicine in the state in which the institution is located. The team physician shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athlete's participation in intercollegiate athletics.”¹⁶

Article 3.2.4.18 (Concussion Management Plan): An active member institution must have a concussion management plan for its student-athletes that includes the following:

- (a) “[a]n annual process that ensures student-athletes are educated about the signs and symptoms of concussions;”
- (b) “[a] process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities . . . and evaluated by a medical staff member;”

¹⁴ Similar standards for injury-management protocols are also promulgated by the National Athletic Trainers' Association, including in an “Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges,” which includes an Appendix of 10 Principles to Guide Administration of Sports Medicine-Athletic Training Services. *Journal of Athletic Training*, 2014; 49(1):128-137 (attached in Appendix at Tab 21).

¹⁵ NCAA Constitution at Article 2.2.3 (Appendix at Tab 19).

¹⁶ NCAA Constitution at Article 3.2.4.17 (Appendix at Tab 19).

- (c) “[a] policy that precludes a student-athlete diagnosed with a concussion from returning to athletics activity . . . for at least the remainder of that calendar day;” and
- (d) “[a] policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to the athletics activity . . . as determined by a physician . . . or the physician’s designee.”¹⁷

Also, pursuant to Article 3.2.4.18, student-athletes are required to acknowledge receipt of information about signs and symptoms of concussions and the responsibility to report concussion-related injuries and illnesses to a medical staff member.¹⁸

2014-2015 NCAA Sports Medicine Handbook. The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and the NCAA Sport Science Institute have created a handbook (“2014-2015 NCAA Sports Medicine Handbook”) intended to serve as guidance for member institutions’ athletic administrators and sports medicine staff. The Handbook guidelines “do not establish any rigid requirements that must be followed in all cases” and “are not intended to supersede the exercise of medical judgment in specific situations by a member institution’s sports medicine staff.”¹⁹ The guidelines most relevant to this investigation provide as follows:

Guideline 1A (Sports Medicine Administration): A student-athlete (1) must be evaluated by qualified medical personnel to determine whether the student-athlete is medically cleared to engage in a particular sport and (2) should be afforded a “reasonably safe environment protected from personal endangerment, including physical harm,” which should include policies that encourage reporting any “incidents of endangerment” stemming from “student-to-student, coach-athlete, and staff-athlete interaction.”²⁰

Guideline 1B (Interdisciplinary Health Care Teams): Responsibility for “diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution’s athletic trainer (working under the supervision of a physician) and the team physician,” who should have “clear authority for student-athlete care” and always hold the “physical and psychosocial welfare of the individual student-athlete” as their “highest priority.”²¹ Furthermore, coaches “must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations,” and the institutional administrative structure should “minimize the potential for any conflicts of interest that could adversely affect the health and well-being of student-athletes.”²²

¹⁷ NCAA Constitution at Article 3.2.4.18 (Appendix at Tab 19).

¹⁸ NCAA Constitution at Article 3.2.4.18 (Appendix at Tab 19).

¹⁹ 2014-2015 NCAA Sports Medicine Handbook at 2 (Appendix at Tab 20).

²⁰ 2014-2015 NCAA Sports Medicine Handbook at 6 (Appendix at Tab 20).

²¹ 2014-2015 NCAA Sports Medicine Handbook at 8 (Appendix at Tab 20); *see also* the Illinois Athletic Trainers Practice Act, 225 ILCS 5/3(5) (defines a licensed athletic trainer as a person licensed and qualified under the Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes) (Appendix at Tab 13).

²² 2014-2015 NCAA Sports Medicine Handbook at 8 (Appendix at Tab 20).

2. *University Injury Management Policies and Procedures*

The University has long been devoted to protecting the health, safety, and wellness of its student-athletes and “committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete.”²³ In furtherance of this commitment, the University has adopted an array of policies and procedures related to the administration of sports medicine, which set forth the following standards.²⁴

Reporting and Communication of Injuries and Illnesses: Student-athletes bear the direct responsibility to report all injuries and illnesses to a member of the sports medicine staff, primarily an athletic trainer, who then evaluate and provide the appropriate care.²⁵ Student-athletes are required to execute a Big Ten form acknowledging their responsibility to report injuries and illnesses²⁶ and to report all injuries and illnesses incurred during practice or competition within three days of the start of the injury or illness.²⁷ Pending evaluation by sports medicine staff, the student-athlete is not permitted to participate in practice or competition, and the sport coaches are notified of such restriction.²⁸ Once a decision has been made as to the student-athlete’s medical status, the status is communicated to the head coach and/or his or her designee.²⁹

Injury Management Decision-Making Authority: All student-athletes must undergo a physical examination by a team physician before participating in any intercollegiate sport at the University.³⁰ The sports medicine staff, principally the team physician, has the ultimate decision-making authority as to the medical clearance and disqualification of student-athletes.³¹ “The decision made is final and *should not be subject to confrontation by any member of the Illinois coaching staff.*”³²

²³ University of Illinois – Sports Medicine/Athletic Training – Policy and Procedures at 1 (“University’s Sports Medicine Policy and Procedures”) (Appendix at Tab 15).

²⁴ University’s Sports Medicine Policy and Procedures; University of Illinois Division of Intercollegiate Athletics – Sports Medicine Department – Sports Medicine Services Presentation 2014 (“DIA’s Sports Medicine Presentation 2014”) (Appendix at Tab 14); University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (“University’s Injury Management Protocol”) (Appendix at Tab 12); University of Illinois – Sports Medicine Department – Concussion Management Protocol (“University’s Concussion Management Protocol”) (Appendix at Tab 17); 2014-2015 Student-Athlete Handbook (Appendix at Tab 18); University of Illinois at Urbana-Champaign DIA Governance Standards (“DIA Governance Standards”) (Appendix at Tab 16); DIA Policies and Procedures – Conduct Expectations for Coaches (“DIA Conduct Expectations”) (Appendix at Tab 22).

²⁵ DIA’s Sports Medicine Presentation 2014 at 10 (Appendix at Tab 14); University’s Sports Medicine Policy and Procedures at 2 (Appendix at Tab 15); University’s Concussion Management Protocol at 1, Appendix A (Appendix at Tab 17).

²⁶ University’s Concussion Management Protocol at 1, Appendix A (Appendix at Tab 17).

²⁷ DIA’s Sports Medicine Presentation 2014 at 10 (Appendix at Tab 14); University’s Sports Medicine Policy and Procedures at 2 (Appendix at Tab 15); 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 18).

²⁸ University’s Injury Management Protocol at 1 (Appendix at Tab 12).

²⁹ University’s Injury Management Protocol at 1 (Appendix at Tab 12).

³⁰ 2014-2015 Student-Athlete Handbook at 28 (Appendix at Tab 18).

³¹ DIA’s Sports Medicine Presentation 2014 at 9 (Appendix at Tab 14); 2014-2015 Student-Athlete Handbook at 12, 28 (Appendix at Tab 18).

³² University’s Injury Management Protocol at 1 (emphasis added) (Appendix at Tab 12).

Concussion Management Protocol: Before participating in sports activity, all student-athletes must complete a baseline assessment.³³ The baseline assessment consists of an ImPACT Baseline Test and Balance Error Scoring System administered by an athletic trainer.³⁴ All student-athletes and coaches must be educated about concussion signs and symptoms during their annual preseason team meeting and must execute a Big Ten form acknowledging their receipt of such education and their responsibility to report concussion symptoms to sports medicine staff.³⁵ Any student-athlete with signs, symptoms, or behavior consistent with a concussion must be removed from practice or competition and be evaluated by an athletic trainer or team physician.³⁶ If a student-athlete is diagnosed with a concussion, he/she is prohibited from returning to activity for at least the remainder of the calendar day, and must undergo evaluations and testing.³⁷

3. Institutional Control Standards Regarding Injury Management

Before the allegations described herein arose, the University and all other institutions in the Big Ten had begun work on additional documents that further memorialize their commitment to a student-athlete centered approach to sports medicine. Recognizing the importance of appropriate oversight and control of key areas of athletic programs, including sports medicine, the Big Ten Council of Presidents initiated review of the issues and systems affecting athletics. After several meetings and circulated drafts among all Big Ten member institutions, the Big Ten finalized a document entitled, “The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics” (“Big Ten Institutional Control Document”). The Big Ten Institutional Control Document details several standards, including many related to sports medicine, that all member institutions are required to implement through their own institutional standards. As a result, the University drafted two key documents that incorporate standards from the Big Ten Institutional Control Document: the “Conduct Expectations for Coaches” and the University of Illinois at Urbana-Champaign DIA Governance Standards (“DIA Governance Standards”). These documents incorporate many expectations and standards that align with other standards and guidance described above and demonstrate the University’s ongoing efforts to protect the health, safety, and welfare of its student-athletes.

The Big Ten Institutional Control Document. During its June 2014 meeting, the Big Ten Council of Presidents and Chancellors adopted the Big Ten Institutional Control Document.³⁸ The Big Ten Institutional Control Document includes the following operational standards directed at assuring that “the medical and athletic training staff who provide medical

³³ University’s Concussion Management Protocol at 1 (Appendix at Tab 17).

³⁴ University’s Concussion Management Protocol at 1 (Appendix at Tab 17); DIA’s Sports Medicine Presentation 2014 at 27 (Appendix at Tab 14).

³⁵ University’s Concussion Management Protocol at 1 (Appendix at Tab 17); DIA’s Sports Medicine Presentation 2014 at 26 (Appendix at Tab 14).

³⁶ University’s Concussion Management Protocol at 1 (Appendix at Tab 17).

³⁷ University’s Concussion Management Protocol at 1 (Appendix at Tab 17).

³⁸ The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics (“Big Ten Institutional Control Document”) (Appendix at Tab 23).

services to student-athletes are able to exercise their best professional judgment in caring for student-athletes.”³⁹

- “Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the medical or athletic training staff who works with the coach’s own team, and (ii) attempting to influence inappropriately any member of the medical or athletic training staff regarding the medical treatment of a student-athlete.”⁴⁰
- “Place priority on the student-athlete’s health over other considerations.”⁴¹
- “In addition, good practice suggests that the Director of Sports Medicine Services should report to an academic or medical administrator outside the Athletics Department, either exclusively or as a dual report to the administrator and the Athletics Director.”⁴²

Upon adoption of the standards, each member institution—with assistance from the Big Ten—was required to create its own institutional standards that incorporate the standards set forth in the Big Ten Institutional Control Document.

DIA Governance Standards. After the adoption of the Big Ten Institutional Control Document in June 2014, the University began the process of drafting its own institutional governance standards that implemented the standards set forth in the Big Ten Institutional Control Document. Michael DeLorenzo, Associate Chancellor, chaired the committee that developed the University’s institutional governance standards. The committee consisted of faculty members and personnel from the Office of the Provost, DIA (including Academics and Sports Medicine), University Counsel, and Ethics and Compliance. In October 2014, the University submitted to the Big Ten its DIA Governance Standards. Matters addressed in this document range from academics to admissions, and include standards governing sports medicine, primarily from the perspective of clarifying the independence of sports medicine decisions from the broader operation of DIA. Specific provisions addressing sports medicine include:

- “The University’s health care model is physician-driven. Thus, the independent team physicians and the DIA’s Sports Medicine staff are given final say regarding: (a) the management and treatment of student-athletes and (b) the determination of when, if ever, an injured student-athlete is ready to return to practice and/or play as well as any limitations upon that student-athlete’s participation. Any attempts to improperly or unduly influence any team physician or member of the DIA Sports Medicine staff

³⁹ Big Ten Institutional Control Document at 6 (Appendix at Tab 23).

⁴⁰ Big Ten Institutional Control Document at 6 (Appendix at Tab 23).

⁴¹ Big Ten Institutional Control Document at 6 (Appendix at Tab 23).

⁴² Big Ten Institutional Control Document at 6 (Appendix at Tab 23).

with regard to medical decisions related to a student-athlete's participation will be reported to the Director [of Athletics] and the Office of the Chancellor.”⁴³

- “The Director of Sports Medicine shall be responsible for maintaining an institutional Concussion Safety Protocol. In accordance with NCAA Bylaws, the Concussion Safety Protocol shall be submitted to the NCAA Concussion Safety Protocol Committee on an annual basis and will include a written certificate of compliance signed by the Director of Athletics. The Concussion Safety Protocol shall grant ultimate authority to the team physicians and the Sports Medicine staff in implementation of the Protocol. Any attempts to improperly or unduly influence any team physician or member of the Sports Medicine staff with regard to implementation of the Concussion Safety Protocol will be reported to the Director of Athletics and the Office of the Chancellor.”⁴⁴
- “[T]he Director of Sports Medicine will have an independent reporting relationship with the Director of the University's McKinley Health Center (a nationally accredited, professionally staffed ambulatory care unit serving the University's students). When the Director of the McKinley Health Center receives notification of any attempts to unduly or improperly influence an employee in the DIA Sports Medicine department, this information should be reported to the Associate Vice Chancellor for Student Affairs and/or the Vice Chancellor for Student Affairs. Additionally, the Director of Sports Medicine should utilize the [Faculty Representatives] as a resource when dealing with issues related to student-athlete health and safety.”⁴⁵

Conduct Expectations for Coaches. Early in 2013, the University began drafting its own formalized set of expectations for the conduct of coaches and their staffs. The “Conduct Expectations for Coaches” were prepared as part of overall DIA Policies and Procedures. Former Assistant Athletic Director for Compliance Loren Israel created the initial draft.⁴⁶ The Conduct Expectations were revised and agreed upon by a committee including Israel; Senior Associate Director of Athletics Maria Ochoa Woods, who is the University's Senior Woman Administrator under Title IX; and DIA Associate Athletics Director for Compliance Ryan Squire. The Conduct Expectations were based on a collection of materials including two model policies by noted sports compliance expert Donna Lopiano, “Standards of Professional Coaching Conduct” and “Ethical and Professional Conduct of Athletic Department Employees,”⁴⁷ as well as policies

⁴³ DIA Governance Standards at 11 (Appendix at Tab 16).

⁴⁴ DIA Governance Standards at 11 (Appendix at Tab 16).

⁴⁵ DIA Governance Standards at 11 (Appendix at Tab 16).

⁴⁶ Draft DIA Conduct Expectations for Coaches (Appendix at Tab 22).

⁴⁷ These model policies include statements regarding “Supportive Staff/Coach Relationships” that provide: (1) “Coaches are not permitted to put pressure on support staff to behave in certain ways or to change a decision that creates ethical conflict, especially in the areas of . . . sports medicine”; (2) “coaches are expected to demonstrate full support of decisions related to an athlete's eligibility to participate in practice or contests that are made by the sports medicine staff”; and (3) “coaches are expected to encourage rather than discourage athletes to work with support staff regarding injuries, illnesses . . . even if the result would make the athlete ineligible to participate.” *Sports*

from other universities. DIA presented the Conduct Expectations to its coaches in January 2015 for feedback and formally adopted them on August 1, 2015. Going forward, the expectations will be incorporated into all coach contracts and notifications of appointment, and they will be a part of each coach's annual performance review. The pertinent aspects of the Conduct Expectations provide additional clarity about coaches' need to defer to sports medicine personnel on all matters regarding injury-management and student-athlete safety issues, as follows:

- “[I]t is imperative that whenever coaches represent the University in any capacity, they must . . . promote the safety and well-being of DIA student-athletes.”⁴⁸
- Coaches “shall not engage in threatening, abusive, or demeaning physical or verbal conduct towards any student-athletes,” “shall not require student-athletes to perform physical acts which . . . compromise established conditioning and safety guidelines,” and must not attempt to “inappropriately or improperly influence any member of the medical or athletic training staff regarding the medical treatment or playing/practice status of a student-athlete.”⁴⁹
- In case of disagreement between coaches and athletic trainers and/or strength coaches on an issue related to student-athlete health or safety, (1) activity must be suspended until the advice of a team physician can be obtained and considered and (2) the coach may request a meeting involving the strength coach and/or athletic trainer, Athletic Director and/or sports administrator, and the team physician. “The team physician shall have the final decision in such matters.”⁵⁰

A common theme among all of these standards regarding the role of coaches in injury management decision-making is a directive that coaches not “unduly,” “inappropriately,” or “improperly” influence or even attempt to influence sports medicine staff judgments. As noted earlier, this reflects an understanding that coaches are not entirely barred from communicating with physicians or athletic trainers, or even the student-athletes themselves, about medical clearance or return-to-play decisions. Nonetheless, coaching efforts to influence such decisions must be restrained and deferential to sports medicine staff judgments, and coaches must not attempt to dissuade student-athletes from reporting injuries.

B. Sports Medicine Investigation Findings

The standards set forth above framed our assessment of allegations from Women's Basketball players and parents regarding injury management issues during the time Coach Matt Bollant has been leading the Women's Basketball Program (2012-present). We focused on whether coaches attempted to exert undue influence on student-athlete reports of injury or athletic trainer/team physician decisions about clearance to play, rehabilitation, and return to

Management Resources, Lopiano, Sample Policy: Ethical and Professional Conduct of Athletic Department Employees (2011) (Appendix at Tab 24).

⁴⁸ DIA Conduct Expectations at 1 (Appendix at Tab 22).

⁴⁹ DIA Conduct Expectations at 2 (Appendix at Tab 22).

⁵⁰ DIA Conduct Expectations at 2 (Appendix at Tab 22).

play, as such allegations pose potential violations of applicable sports medicine standards. Based on parents' letters and players' written statements, the allegations at issue involve concerns about how injury management issues were addressed with the whole team, as well as specific treatment issues relating to individual player injury experiences. This section presents our findings with respect to both types of allegations.

1. Overall Injury Management Findings

Physician and Athletic Trainer Control of Medical Decisions: Based on our interviews and review of medical and athletic trainer records, we have concluded that coaches, athletic trainers, and physicians in the Women's Basketball Program have adhered to applicable standards and policies that, on a fundamental level, require that sports medicine staff, not coaches, render decisions regarding injured player participation in athletic activities. The Women's Basketball athletic trainer and physicians deny experiencing any pressure from coaches to allow players to participate in athletic activity despite potentially disqualifying physical problems. The players' various complaints assert that they were pushed to play through ankle and toe injuries, and hurried back from rehabilitation time following heart-related problems and concussions. With the limited exceptions of some coaches' comments detailed below with respect to specific players, however, we have not found support for these allegations. Moreover, we have determined that the few comments that were made did not create undue or inappropriate pressure on players to practice or play when injured. Instead, return-to-play decisions were left to sports medicine staff as they should be.

Most often, we found that sports medicine staff judgments about a potentially injured student-athlete's status to participate in athletic activity were conveyed to coaches as either "clear" or "not clear to play" (or "safe" or "not safe"). In rendering such judgments, sports medicine staff rely on physical examination of the athlete, medical tests, as well as the individual player's perspective about her ability to participate in various stages of physical exertion or competitive play. If medical examination and testing support a "clear to play" decision but the student-athlete does not feel ready to do so, physicians and athletic trainers, after further consultation with the player, report to coaches only that the player is not clear to play; they do not convey that the reason for this determination is player apprehension. We learned of no instance where a coach attempted to change the judgment of an athletic trainer or physician that restricted the player's athletic participation.

All of these practices adhere to applicable standards outlined above.⁵¹

⁵¹ See NCAA Constitution at Article 3.2.4.17 ("team physician shall be authorized to oversee the medical services for injuries") (Appendix at Tab 19); 2014-2015 NCAA Sports Medicine Handbook at 128 (athletic trainer and team physician should have "clear authority for student-athlete care") (Appendix at Tab 20); 2014-2015 Student-Athlete Handbook at 12 (sports medicine staff have ultimate decision-making authority) (Appendix at Tab 18); DIA Injury Management Protocol at 1 (sports medicine staff decision "is final") (Appendix at Tab 12); DIA Governance Standards at 11 (sports medicine staff are given "final say") (Appendix at Tab 16); DIA Conduct Expectations (coaches are prohibited from inappropriately influencing sports medicine staff regarding medical treatment of student-athletes) (Appendix at Tab 22).

Coaches' Influence and Communication Regarding Medical Decisions: We examined whether Coach Bollant or former Coach Divilbiss engaged in any pattern of inappropriate communication with sports medicine staff or attempted to deter student-athletes from initiating injury management protocols by delaying or not reporting injuries. Although no player raised concerns about any other coaches, we also examined whether Coach Malone or Coach Kirkland engaged in any inappropriate communication or conduct regarding injuries. We found no evidence that raised any concern in this regard.

One player claimed that Coaches Bollant and Divilbiss “systemically” sought to avoid knowing about injuries by discouraging medical testing or suggesting that players avoid the training room. As explained below, however, we find no evidence of any coach seeking to delay information gathering, deter student-athlete reporting, or otherwise inappropriately influence medical decisions.

Communication Between Sports Medicine Personnel and Coaches: We learned that the primary Women's Basketball physician, Dr. Amy MacDougall, communicates decisions regarding athlete clearance for participation to the team's athletic trainer, Mary “Sam” Laingen, nearly exclusively. The team physician does not regularly discuss injuries or clearance decisions with the coaching staff. The team physician's occasional discussions with the coaching staff have been directed toward providing information and explanation of a medical condition to the coaches, not defending a medical judgment or justifying a player restriction. The coaches have not provided input into the physician's judgment regarding player clearance decisions. Accordingly, we learned of nothing even suggesting an effort to influence or change the team physician's judgments regarding medical clearance or return-to-play decisions. Instead, coaches adhered to the fundamental principles of sports medicine standards.

Furthermore, Laingen and both coaches report that Laingen's directions to coaches regarding medical limitations on players' ability to participate are always followed; we learned of no player reports indicating otherwise. Laingen recalls honest, at times robust discussions with Coach Bollant and former Coach Divilbiss regarding medical decisions and return-to-play estimates, which, like the discussions with the team physician, served to inform the coaches regarding medical issues. During such discussions, the coaches asked questions about medical decisions, but did not provide input to the athletic trainer that resulted in a modification of a clearance decision. Former Coach Divilbiss was particularly expressive of his own views about medical issues because of his prior experience in programs lacking extensive sports medicine support, which required him to participate in such judgments. Laingen reported, however, no concerns regarding coach pressure for her to allow student-athletes to play against her medically-informed judgment or to otherwise influence medical decisions.

Again, this type of dialogue is consistent with expectations that allow coaches to communicate with athletic trainers and raise questions, as long as they avoid attempts to improperly influence decisions. We did not uncover any attempts toward such inappropriate influence.

Culture of Encouraging Players to Report Injuries: In addition, we uncovered no evidence of a culture of coach communication, direct or indirect, that deters players from reporting injuries or visiting the athletic trainer, or otherwise interferes with the first step of the sports medicine assessment protocol. On the contrary, players receive regular encouragement from coaches and athletic trainers to seek medical assistance. When players start in the program at the University, they receive orientation and information about sports medicine practices, the availability of athletic trainers and physicians, mental health counseling and treatment opportunities, and the importance of student-athletes reporting any health-related concerns as they arise.⁵²

We did not learn of any systemic effort by coaches to prevent, delay, or dissuade players from seeking medical attention. Laingen explained that student-athletes reported concerns or issues to her without hesitation, during or between athletic events. All staff reported that the standard coaches' comment to players when any medical issue develops is "what does Sam say?" or "go see Sam." Coach Kirkland reported that she could not recall a single instance in which a player was injured and her response was anything other than "if you are hurt, tell Sam." No witness we interviewed offered a contrary view with respect to any coach. The written statements provided by former players (who declined our attempts to interview them) included some allegations of comments from Coach Bollant or former Coach Divilbiss that players perceived as intended to dissuade them from interacting with the athletic trainer or team physicians. Our investigation determined, however, that such allegations were in parts unsupported, overstated, or contradicted by other evidence.

For example, one player's written statement claimed that former Coach Divilbiss repeatedly told players to "stay out of the fucking training room."⁵³ Significantly, no other player reported hearing such comments. In addition, coaches and athletic trainers denied ever hearing or saying such a statement or anything substantively similar. They did recall comments to players about not lingering in the training room before practice for social time instead of pre-practice preparation, and it appears that former Coach Divilbiss occasionally told players they "don't make the club in the tub." The latter comment might be considered insensitive or to suggest that players avoid the training room. But we found that this comment was isolated and that other comments were commonly offered to encourage players to see the trainer and receive treatment whenever necessary. Another player reported that Laingen was upset that the player had gone to the emergency room instead of seeking treatment through the trainer or team physicians. Laingen confirmed this was true but only because the player had not informed University sports medicine staff of the visit, making coordination of medical care more difficult. This is an example of staff seeking more, not less, student-athlete reporting of issues.

In addition, we learned of two specific player examples that belie the notion that coaches attempted to deter reports to trainers or medical personnel in order to maximize the team's ability to compete. Details about those players are presented at pages 28-30 and 34 below, but summary

⁵² DIA Sports Medicine Presentation 2014 (Appendix at Tab 14); University's Sports Medicine Policy and Procedures (Appendix at Tab 15).

⁵³ Appendix at Tab 4.

discussion here provides context for our assessment that players were not deterred from seeking medical assistance.

First, right after the [REDACTED] break in late [REDACTED] a player who had started and played significant minutes during the [REDACTED] season but had a history of [REDACTED] disclosed [REDACTED] to Coaches Bollant and Divilbiss. The source of the player's reported symptoms was confusing because she had [REDACTED] two months earlier but had since returned and played well. She also did not tell the coaches or Laingen about any recent incident that could have caused [REDACTED]. Coach Bollant instructed the player to see Laingen and also asked Laingen to evaluate the player. Despite uncertainty regarding her situation and the team's need for her help on the court, Coach Bollant himself initiated the injury management process. As explained more completely below, the resulting evaluation eventually led to the player being [REDACTED] for the remainder of the season.

Second, one of the team's star players [REDACTED] during the beginning of the [REDACTED] season. Team physicians recommended [REDACTED] which, if [REDACTED], was expected to allow her return for the end of the season and any post-season play. The player and her family, however, preferred to [REDACTED], which posed a risk of the player not recovering and being out for the entire season. The player reports that, without any debate whatsoever, Coaches Bollant and Divilbiss fully supported her treatment preference despite the risk. The player's [REDACTED] care was successful, leading her to recover and rejoin the team.

In each of these examples, Coaches Bollant and Divilbiss took actions that appear focused on student-athlete welfare despite the potential detrimental impact on team success. All University personnel involved properly managed the potential conflict of interest between competitive success versus individual player safety and welfare, just as applicable standards call for them to do.⁵⁴ We believe these episodes illustrate the overall culture established within the team, by coaches and athletic training staff, that encouraged student-athletes to seek medical attention when needed.

2. Individual Player Injury Management Findings

In addition to examining the overall team's approach to sports medicine, we investigated all individual player concerns reported to us regarding injury management issues. Six different players raised concerns about how their specific injury circumstances were handled by coaches and athletic training staff. Our findings regarding each player's situation mirror our overall findings that all applicable sports medicine standards were followed, as explained on a player-by-player basis below. We also recount the circumstances of a seventh player who did not complain but experienced complicated injury circumstances that are relevant to our findings.

⁵⁴ See Big Ten Institutional Control Document at 6 (requiring institutions to "place priority on the student-athlete's health over other considerations") (Appendix at Tab 22); 2014-2015 NCAA Sports Medicine Handbook at 8 (calling on schools to "minimize the potential for any conflicts of interest") (Appendix at Tab 20).

ATTORNEYS & COUNSELORS

Player A was a member of the Women's Basketball Program for [REDACTED], [REDACTED] and [REDACTED]. She played in [REDACTED] games over those [REDACTED], starting [REDACTED] of the games, and averaging [REDACTED] minutes per game. During her tenure, Player A was diagnosed with [REDACTED] as well as [REDACTED] referred to as [REDACTED]. She alleges that: (1) sports medicine staff purposefully delayed testing for [REDACTED] causing her to [REDACTED] [REDACTED] (2) such delay is part of the team's systematic approach to avoid learning of injuries by not testing; and (3) she was pressured to play through her [REDACTED] and then, after [REDACTED] to address the problem, to return too quickly to athletic participation. For the reasons explained below, we find that these allegations are unsupported. Each of the two medical conditions and circumstances surrounding their treatment are addressed below.

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- Player A was immediately removed from athletic participation for the next [REDACTED]

Until [REDACTED] the athletic trainer, physicians, and coaches all reported that they lacked any inclination that Player A suffered from anything other than [REDACTED] that players sometimes develop during the winter months. Her energetic and productive performance during games in [REDACTED] further supported this belief. In addition, the Women's Basketball Program does not monitor players' [REDACTED] absent extenuating circumstances, and no one noticed that she had [REDACTED]; instead, coaches and Laingen report, and statistics reflect, that she was playing well, with abundant energy and physical play as [REDACTED] player. Records do reflect that, after being removed from play on [REDACTED], Player A was diagnosed with an [REDACTED] which often results from [REDACTED]. There is no evidence, however, suggesting that any University personnel knew or should have known of these issues before she was removed from participation.

Systematically Delayed Testing: We find no evidence of any delay in testing Player A for [REDACTED] or of any systemic effort to avoid learning about injuries more generally. As

⁵⁵ Appendix at Tab 4.

⁵⁶ Appendix at Tab 26.

⁵⁷ Appendix at Tab 26.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

explained above, we found no evidence of any attempt by coaching staff to impede players seeking medical attention when injured. With respect to diagnostic testing, Laingen stated that, depending on the severity of a medical issue or injury, she at times offers players the option to see a doctor and obtain testing or to continue playing while treating symptoms, as long as the impact of the condition on the player's ability to function does not pose unacceptable risk of additional injury. Such decisions are left to players (and parents) but not coaches, and the choice is not available if evidence indicates a condition or injury that clearly requires treatment or further testing. The team physician echoed Laingen's comments, noting an interest in consulting with student-athletes about the timing of testing, the importance of taking a safe approach to such decisions, and the need to ensure that a medical condition does not raise unreasonable risk of additional injury when deciding whether to wait.

Again, for Player A, she lacked typical symptoms associated with [REDACTED] [REDACTED] and was tested as a precautionary method, which is the opposite of delay. Generally, we find that the sports medicine staff's approach to these types of circumstances is consistent with applicable standards and supportive of student-athlete welfare. Athletic participation always involves risk of injury, and informing players with discomfort but not clear injury or symptoms of serious illness about the risks of further athletic participation and allowing them to choose among possible medical/treatment options is consistent with applicable standards that advise student-athlete-centric care. This type of consultation coupled with explanation of pertinent medical information complies with accepted sports medicine protocols.

[REDACTED] Player A's written statement provided during our investigation asserts that, during the [REDACTED] season, Player A [REDACTED] during workouts on several occasions but was pressured to practice through these symptoms until they reached an unbearable level.⁵⁸ Laingen reported during our interviews that Player A reported that she [REDACTED] but usually during hard conditioning where such an experience is not necessarily symptomatic of an underlying medical problem. Laingen also reported that Player A never described a desire not to practice or any concern that coaches were forcing her to practice against her will or better judgment. Laingen [REDACTED] both of which were normal. A few days later, on September 8, 2014, medical records reflect that Player A reported similar issues and was referred to Dr. Zimmerman.⁵⁹ He conducted tests and diagnosed [REDACTED], which resulted in follow-up treatment with [REDACTED] and eventually [REDACTED]. No evidence suggests that anyone pressured Player A to play once [REDACTED], nor is there any indication that Player A expressed any desire not to play during the preceding period of days when her symptoms were checked without finding any cause for concern. Player A has not alleged that coaches knew anything about these issues prior to [REDACTED], and Coach Bollant stated that he was not aware of these symptoms until Laingen informed him of Dr. Zimmerman's [REDACTED].

Player A reported that, after her [REDACTED] she was pressured by coaches to return to play and injured herself on the first day she returned in [REDACTED]. Specifically, Player A's written statement asserts that Coaches Bollant and Divilbiss (1) instructed her to use

⁵⁸ Appendix at Tab 4.

⁵⁹ Appendix at Tab 26.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

the Versa-Climber, which she was not released to use and which resulted in [REDACTED], and (2) forced her to return for a preseason game noting that, if she refused, she was “a coward and would be letting down [her] team mates.”⁶⁰ Coaches Bollant and Divilbiss deny making any such comments, and all witnesses we interviewed stated that Player A was not pressured to play after her procedure or called a “coward” in any circumstances. Coach Bollant stated that he always followed medical personnel directives and sought and received the blessing of Player A’s parents before moving forward with her return to play. A series of text messages between Laingen and Player A’s parents in October and November 2014 reflect similar efforts to consult with and adhere to the parents’ wishes for conservative recovery plans.⁶¹ Coach Bollant recalled learning that Player A was not cleared to use the Versa Climber and that he never directed her to use that machine; he also acknowledged that she may have ended up on the Versa Climber after practice. It is not clear why Player A used the machine, but medical records reflect that she did and reported [REDACTED] following such use, as well as further [REDACTED] thereafter. However, the [REDACTED]

In sum, we find no evidence that Player A was inappropriately pushed to return to play following reports of [REDACTED]. On the contrary, her symptoms were carefully monitored and her athletic expectations adjusted until sports medicine personnel returned her to full participation.

b. Player B ([REDACTED])

Player B was a member of the Women’s Basketball Program for [REDACTED] and [REDACTED]. She played in [REDACTED] games, averaging [REDACTED] minutes per game during her [REDACTED] year. During her [REDACTED] season, she played in [REDACTED] games and averaged [REDACTED] minutes per game. While a member of the team, Player B suffered [REDACTED]. She claims that she was rushed back from [REDACTED] without any rest and forced to play with [REDACTED] without being told there was a [REDACTED]. Medical records and witness interviews contradict these allegations.

[REDACTED]: Player B suffered [REDACTED] on [REDACTED], which was a [REDACTED]. Her written statement states that she “never was completely [REDACTED] for any period of time,” “never [REDACTED],” and “was [REDACTED] the next day.” However, athletic trainer records demonstrate that she sat out for 21 days starting the day of the injury, was [REDACTED], and then proceeded through a series of progressive rehabilitation steps that did not involve [REDACTED] for many days, until she was cleared to return to full practice on [REDACTED].

⁶⁰ Appendix at Tab 4.

⁶¹ Appendix at Tab 27.

⁶² Appendix at Tab 26.

⁶³ Appendix at Tab 5.

⁶⁴ Appendix at Tab 28.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

Player B also claims that Laingen told her “This was the Big Ten and you have to play through it,” but Laingen denies making such a statement, pointing to the evidence of rest and progressive rehab in the records.⁶⁵ Laingen does recall, with respect to a later [REDACTED] described below, that Player B asked if other athletes play through such injuries, and Laingen answered that many do and that Player B could play if she was comfortable and functional. Furthermore, Coach Bollant and Laingen each noted that Player B was extremely eager to return to practice to avoid missing key evaluation time during the month of [REDACTED], and sought to speed up her own return. Despite her eagerness to return, she was kept out of full participation for [REDACTED] for her own safety.⁶⁶

We, therefore, find that Player B’s assertions about being pressured to play through her ankle injury are unsupported.

[REDACTED] months later, on [REDACTED], Player B accidentally [REDACTED] [REDACTED] was ordered by Dr. Bane through the McKinley Health Center the next day. The results were e-mailed to Laingen and team physician Dr. MacDougall, who was in Canada and unable to receive e-mail for several days.⁶⁷ Laingen recalled that she did not see [REDACTED] but removed Player B from practice, allowing her only to jog and shoot because she believed the injury was [REDACTED]. The team played a game at [REDACTED] on [REDACTED], and Player B was allowed to dress and played less than [REDACTED] of the game when Coach Bollant [REDACTED] in a [REDACTED] victory.

On [REDACTED], Dr. MacDougall called Laingen after reviewing the [REDACTED], reported there was [REDACTED], and advised that Player B not [REDACTED] as tolerated. Laingen reported that she informed Player B of the [REDACTED] and limitations that day. She also acknowledged during her interview that she would not have allowed Player B to participate in basketball activities before seeing a physician if she had noticed the [REDACTED]. Medical records reflect that:

- The next day, Player B [REDACTED], and Laingen shut down any activity other than biking and elliptical workouts for one week;⁶⁸
- Another [REDACTED] led to continued restrictions;⁶⁹
- A [REDACTED] showed good healing that led Dr. MacDougall and Laingen to clear Player B to [REDACTED] as tolerated;⁷⁰

⁶⁵ Appendix at Tabs 5, 28.

⁶⁶ Appendix at Tab 28.

⁶⁷ [REDACTED]

⁶⁸ Appendix at Tab 28.

⁶⁹ Appendix at Tab 28.

⁷⁰ Appendix at Tab 28.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

- Over the next [REDACTED], Player B progressed to more rigorous work and full participation, while being advised to [REDACTED]⁷¹
- On [REDACTED], Player B had not worn the [REDACTED] and reported [REDACTED] after practice, indicating she had been [REDACTED] during practice;
- A [REDACTED] specialist evaluated her [REDACTED] a few days later and opined that the [REDACTED] as tolerated; and
- Player B obtained a second opinion from a physician outside the University that confirmed she should no longer play that season.⁷⁴

On [REDACTED], in the midst of her evolving rehab efforts and before the second instance in which Player B's [REDACTED] in practice, the team played at [REDACTED], near [REDACTED]. At Player B's request, Laingen reports that she allowed Player B to dress for the game because [REDACTED] but told her she could not do anything else. Player B participated in warm ups but did not play in the game. Player B's written statement complains about suiting up for this game without noting that she asked to do so, did not play, and was informed she could not do so.⁷⁵

Based upon this evidence, we conclude that, although Player B's [REDACTED] was not immediately diagnosed by those treating her, the delay was very short and caused by a physician's [REDACTED] travel. Further, we find no evidence of any effort by sports medicine staff or coaches to make her play on an injury that should have led her not to do so. The staff reacted properly to the information they knew throughout the time Player B's [REDACTED], monitored her progress, and provided her with appropriate [REDACTED] which Player B did not always use. The decisions to allow Player B to play [REDACTED] in one game and suit up for another game at her request were intended to reward Player B's effort and requests, not push her to play through an injury inappropriately. In addition, once diagnosed with [REDACTED], physicians allowed her to resume some activity because [REDACTED] does not necessarily require full removal from play. Indeed, several physicians we interviewed during our investigation confirm that basketball players at the Division I level, and in lower levels of competition, commonly continue playing with [REDACTED]

In summary, we did not find any violation of sports medicine protocols or inappropriate pressure from coaches for Player B to participate in athletic activities contrary to physician directives.

⁷¹ Appendix at Tab 28.

⁷² Appendix at Tab 28.

⁷³ Appendix at Tab 28.

⁷⁴ Appendix at Tab 28.

⁷⁵ Appendix at Tab 5.

c. Player C ()

During her career in the Women's Basketball Program from the season, Player C was commonly a starter and averaged minutes per game until she stopped playing entirely in . Player C suffered , the last of which led to her medical disqualification and medical hardship,⁷⁶ after Coach Bollant referred her to seek medical help and evaluation. During an interview, Player C did not raise issues about the medical care of her . She did assert that coaches made insensitive and questioning comments about her final report of and that, before that final episode, former Coach Divilbiss made critical statements about other athletes outside the University who refused to play through . We find that such comments most likely occurred and that they were in varying ways inappropriate, as discussed further below. At the same time, however, our investigation reveals that Player C's were handled appropriately and that, while the circumstances surrounding Player C's created some confusion, coaches and sports medicine staff responded appropriately based on the information that was provided to them.

Player C's occurred during J before Coach Bollant and former Coach Divilbiss were hired. In each instance, she was removed from basketball participation, rested until she was judged asymptomatic, and advanced through the return-to-play progression without problems.⁷⁸ Although she played the games of the , Dr. MacDougall met with Player C in to discuss the risk of , including to injury and the importance of notifying team physicians if she . During our investigation, Player C did not express concerns about her treatment in any way with respect to these injuries. She reported that she understood the importance of informing sports medicine personnel about any subsequent issues.

Player C suffered when she was , which she immediately reported.⁸⁰ After a period of testing and evaluation by Laingen and Dr. MacDougall, Player C's , and was permitted to return to full contact activity. During our interview, Player C said that she did not feel pressured to return to play after , although she felt that coaches treated her somewhat inappropriately while she was recovering by requiring her to stand by the baseline during practice instead of sitting or . Neither Coach Bollant nor former Coach Divilbiss recall such a requirement, and Laingen recalls Player C being allowed to sit on the court or remain in the training room while she was recovering. Ultimately, our findings

⁷⁶ Appendix at Tab 29.

⁷⁷ Appendix at Tab 29.

⁷⁸ Appendix at Tab 29.

⁷⁹ Appendix at Tab 29.

⁸⁰ Appendix at Tab 29.

⁸¹ Appendix at Tab 29.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

with respect to whether Player C was required to stand during practice as she was recovering are inconclusive.

Player C also reported that, in [REDACTED] and in front of her and other players, former Coach Divilbiss criticized a professional athlete for potentially not playing football after [REDACTED], which Player C felt was inappropriate. Specifically, in the training room, members of the team were watching a discussion on ESPN of whether an NFL quarterback would play in an upcoming game [REDACTED]. Coach Divilbiss reportedly stated that “if [the player] doesn’t play, he’s a pussy,” [REDACTED] are not real,” and additional comments about an NFL defensive player who continued playing despite [REDACTED]. He allegedly finished by stating that players use [REDACTED] as an “out” from playing, which led Laingen to throw tape at former Coach Divilbiss and tell him to be quiet. We find that this exchange occurred, as Laingen generally recalled former Coach Divilbiss saying something similar to the reported comments in a joking way, in the presence of student-athletes, and that she may have thrown tape at him. Former Coach Divilbiss did not deny the alleged statements and said, if he had made them, he would have been teasing and joking with Laingen to get a reaction out of her. We find that such comments could deter players from reporting [REDACTED] and made Player C understandably uncomfortable. They also, however, occurred only once, seem to have been partially made in jest, and, as discussed below, did not stop Player C from later reporting [REDACTED]. Thus, while insensitive, the isolated nature of these comments does not, in our opinion, violate sports medicine standards.

[REDACTED]: Player C was medically clear to play on [REDACTED]. On [REDACTED], after Player C had been starting and playing fairly well, a [REDACTED] [REDACTED].⁸³ Player C recalled realizing that something was wrong but [REDACTED] in the game that same day. She reported that she left campus for holiday break, without informing any of the coaching or sports medicine staff of her concerns or symptoms. Upon returning to campus, on [REDACTED], Player C was called to a meeting with Coaches Bollant and Divilbiss in Coach Bollant’s office to inform her that another player [REDACTED] was going to replace Player C in the starting line-up. Player C reports that she responded by telling the coaches for the first time that she was having [REDACTED] [REDACTED] without disclosing that they were caused by any recent incident. Former Coach Divilbiss allegedly responded by saying her [REDACTED] was not affecting her as much as she said it was, and Coach Bollant reportedly commented that she had played so well recently that she could “clearly” or “obviously” play and seemed to be “making excuses.”

We believe that at least some comments of this type were made during this meeting. Coach Bollant remembered the meeting about Player C losing her starting spot and admitted during an interview that, because Player C performed so well in practice just before the break, he would have told her something like “if you did well in practice, you could do it in a game.” Although he does not remember any specific comments about [REDACTED] he also told us that, when he used to play sports, [REDACTED] players returned to normal in a couple days. He said he

⁸² Appendix at Tab 29.

⁸³ Appendix at Tab 29.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

wonders why current players describe symptoms for several weeks and questions whether increased [REDACTED] education efforts cause people to be more aware of their symptoms and, thus, present with symptoms longer. Coach Divilbiss did not recall the meeting with Player C or telling Player C that she was making excuses. However, Laingen recalled former Coach Divilbiss questioning the length of Player C's symptoms in discussion with Laingen due to the fact that she continued to play well.

Significantly, although the coaches' comments during the meeting appear to have questioned Player C's situation in ways that could discourage student-athlete reporting of such circumstances, Coach Bollant's actions the same day of the meeting led to proper diagnosis and response from sports medicine staff. Athletic training records reflect, and Laingen recalls, that Coach Bollant informed her later on [REDACTED] that Player C reported having [REDACTED].⁸⁴ Laingen then talked to Player C that day, and Player C said that she didn't remember [REDACTED]. Player C also admitted during a follow-up interview that she did not specifically tell Laingen about [REDACTED]. As reflected in athletic training records, Laingen conducted appropriate testing over the next two days, assessed that Player C was having [REDACTED] [REDACTED] and allowed her to play as tolerated in non-contact drills in practice. She also permitted Player C to play in games as tolerated as long as [REDACTED].⁸⁶

Player C played in [REDACTED] games over the next [REDACTED] and recalls telling her mother after one of them that she was not getting better. She stated that she was afraid to tell coaches that something was really wrong because they had questioned how much she cared and had told her to suck it up. She wanted to prove them wrong. On [REDACTED], medical records reflect that Player C's mother called Laingen and reported concern about her daughter, stating that Player C remembered [REDACTED] [REDACTED] but that she had been hiding that from coaches and Laingen for fear they would stop her from playing.⁸⁷ Laingen reports that she told Player C's mother that she agreed with her concerns and that the [REDACTED] [REDACTED] the team physician the next day, which led her to be [REDACTED]. Medical records and Laingen's comments during interviews are consistent about this entire sequence of communication and decision making.

On balance, we find that Player C's injury management was appropriate, pro-active, and protected her health effectively. Coaches did make inappropriate comments about [REDACTED] generally and may have questioned the extent of their [REDACTED], which, in turn, may have delayed Player C's report of [REDACTED]. At the same time, the evidence reviewed also suggests that her delay was motivated by her concern that she would no longer be allowed to

⁸⁴ Appendix at Tab 29.

⁸⁵ Appendix at Tab 29.

⁸⁶ Appendix at Tab 29.

⁸⁷ Appendix at Tab 29.

play. Either way, the coaches' efforts to report the situation themselves and address symptoms when they were reported were entirely consistent with the goal of protecting student welfare.

d. Player D ()

Player D completed her [REDACTED] year in the Women's Basketball Program during the [REDACTED], [REDACTED]. Player D played in [REDACTED] games, earning [REDACTED] starts and averaging [REDACTED] minutes per game. In written statements provided by her counsel, Player D alleged that she [REDACTED] during practice and reported the injury to Laingen.⁸⁸ Player D further alleges that Laingen told her that her [REDACTED]. She alleges that a few days later, her [REDACTED] was still hurting during a game, and Laingen gave her pain medication and told her that she could play in the game without further evaluation. We find such allegations unsupported.

Laingen reported and athletic training records corroborate that Player D did not seek treatment for [REDACTED] in any meaningful respect. Laingen did recall one instance in which she evaluated Player D's [REDACTED], found that she had [REDACTED], and told Player D that if she believed she could play, she was medically cleared to play. Laingen also produced a [REDACTED] text message conversation that she had with Coach Divilbiss in which she told him that Player D's [REDACTED]. Mostly just [REDACTED]. I will give you an update on her tomorrow. I expect her to be able to do most of practice on Saturday if not all of it."⁸⁹ Former Coach Divilbiss responded by saying "[o]kay thanks Sam that's perfect I appreciate it." Player D continued to play thereafter without any further report of discomfort or injury.

Based on the records and lack of any corroboration for the assertions in Player D's written statement, we find no issue whatsoever with respect to Player D's medical treatment or communications with Player D about her ability to participate.

e. Player E ()

Player E was a member of the Women's Basketball Program for [REDACTED]. She played in [REDACTED] games as [REDACTED], averaging [REDACTED] minutes per game. During her tenure, Player E claims she was treated poorly when she had a relapse of [REDACTED] was pushed to play through symptoms related to [REDACTED], and that coaches ignored doctor recommendations relating to her [REDACTED]. We find that the University treated her properly and did not inappropriately pressure her to play.

[REDACTED]: Player E was initially [REDACTED], held out of basketball activities for [REDACTED], and reported no concerns regarding her treatment during that time.⁹⁰ In [REDACTED], Player E reported [REDACTED] and

⁸⁸ Appendix at Tab 6.

⁸⁹ Appendix at Tab 30.

⁹⁰ Appendix at Tab 31.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

potential return of [REDACTED] to when she was [REDACTED].⁹¹ She claims that sports medicine staff were slow to react and then pushed her to return too quickly. Medical records and athletic training records, however, show that tests were conducted at that time, the results were all [REDACTED], and team physicians reported her symptoms were most likely [REDACTED]. From a medical perspective, there was no problem other than [REDACTED], which can reportedly last for as long as [REDACTED]. As a result, Player E's basketball activities were not limited by sports medicine staff at that time.

Player E also sought assistance [REDACTED] and reported during her interview that Laingen was upset with her for doing so. Laingen said that her concern was not Player E seeking assistance elsewhere but not letting the athletic training staff and team physicians know she was doing so until afterwards, which runs counter to how they prefer such situations to proceed and hinders collaboration regarding care. Player E did, however, tell Laingen she had been to [REDACTED] the following day. Coach Bollant does not recall any details surrounding Player E and her [REDACTED], nor does he recall her going to the [REDACTED] due to her increased symptoms.

We find that Player E was not pressured to play or treated poorly during her illness and comments regarding any desire for earlier communication about her [REDACTED] were not problematic.

[REDACTED], Player E [REDACTED] during practice. [REDACTED] two days later revealed [REDACTED]. Player E was cleared to play by Laingen with a [REDACTED]. Player E asserts that this was contrary to Dr. Zimmerman's directives. She says she complained about the situation to Laingen, who told her to continue playing because the risk of additional injury was so slim. Laingen confirms the treatment plan but denies that Dr. Zimmerman wanted to keep Player E out and stated that, if Dr. Zimmerman said she should not play, Laingen would not have let her play. Medical and athletic training records do not record any assessment from Dr. Zimmerman limiting Player E from playing, which Laingen notes would exist if such a directive had been given.⁹⁵ Laingen also stated that Paul Schmidt, the Director of Sports Medicine, called Dr. MacDougall on October 7, 2013, the day the [REDACTED] results were received, and learned that Player E was okay to play with [REDACTED].⁹⁶ In addition, it appears that Player E was cleared to play because she could achieve [REDACTED], which led Laingen to conclude that [REDACTED]. Coach Bollant was not involved other than knowing that Laingen said that Player E could continue to play with her [REDACTED]. We find no evidence that any physician orders were not followed with respect to Player E's finger.

⁹¹ Appendix at Tab 31.

⁹² Appendix at Tab 31.

⁹³ Appendix at Tab 31.

⁹⁴ Appendix at Tab 31.

⁹⁵ We were not able to speak directly with Dr. Zimmerman about Player E's specific situation because of the absence of a HIPAA-required release from Player E allowing such conversation.

⁹⁶ Appendix at Tab 31.

⁹⁷ Appendix at Tab 31.

Player E s [REDACTED]
[REDACTED] She was held out of basketball activities while she underwent [REDACTED]
[REDACTED] Player E returned to full participation [REDACTED] later, on [REDACTED]
[REDACTED] Player E's concerns center on coaches' reaction to [REDACTED]
Specifically, she claims that (1) Coach Bollant and former Coach Divilbiss pressured her to not go to the athletic trainer's office; (2) Laingen told her that Laingen was being pressured by coaches to get Player E back on the court; (3) Coach Bollant and former Coach Divilbiss were upset that Player E did not always attend practice during her recovery due to s [REDACTED]
[REDACTED]; and (4) when she returned to basketball activities and made a mistake, coaches would tell her she was not prepared due to [REDACTED].

Laingen and the coaches reported a very different environment, which was supportive of Player E's need to recover from [REDACTED]. Laingen recalled sending Player E home during practices due to [REDACTED], told her she should stay home to rest, and recalls Coach Bollant supporting these decisions. Laingen felt supported in her decision to delay Player E's return for [REDACTED] but also admitted that coaches were frustrated with Player E's slow recovery and wanted her back on the court so she could contribute.

On balance, it appears that Player E's [REDACTED] situation was properly diagnosed and managed and that she was not rushed back to play prematurely. At the same time, the reports of coaches' comments that questioned the duration of [REDACTED] for Player E mirror and seem consistent with similar comments reported by Player C (see above), as well as Coach Bollant's comments to us about his sense that players in this era miss more time for [REDACTED] than they did in the past, which he finds perplexing. We therefore conclude that coaches may have directed critical comments to Player E about these issues as reported, but those comments did not influence decisions about the timing of her return to participation.

f. Player F ([REDACTED])

Player F completed her [REDACTED] in the Women's Basketball Program during the [REDACTED]. Player F played in [REDACTED] games, started in [REDACTED] games, and averaged [REDACTED] minutes of playing time per game. After [REDACTED]

[REDACTED] In a written statement, Player F asserts that, after two practices in one day, she reported [REDACTED], her symptoms were not taken seriously by the athletic training staff or coaches, and she was ushered to an [REDACTED] by a teammate, where she was [REDACTED].¹⁰⁰

[REDACTED] medical records reflect that Player F sought examination in [REDACTED] for a variety of symptoms, including [REDACTED].¹⁰¹ Physician notes indicate that Player F had participated in a morning practice and then afternoon weight lifting

⁹⁸ Appendix at Tab 31.

⁹⁹ Appendix at Tab 31.

¹⁰⁰ Appendix at Tab 8.

¹⁰¹ Appendix at Tab 32.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

before seeking attention; they do not conclude that [REDACTED] was the cause of her concerns, although [REDACTED] is listed as a possibility along with others.¹⁰² Laingen could not comment on this situation because she was on maternity leave during the time of this visit, and Coaches Bollant and Divilbiss have no memory of any of these issues for Player F.

We conclude that, while Player F may have experienced [REDACTED], they appear to have developed more extensively after weight training, and there is no evidence that coaches or Laingen were made aware of and ignored such symptoms.

g. Player G ([REDACTED])

Player G [REDACTED] in the Women's Basketball Program during the [REDACTED] season. Player G played in [REDACTED] games, starting [REDACTED] games and averaging [REDACTED] minutes per game. She was a [REDACTED] of the team. At the [REDACTED], however, Player G suffered a [REDACTED] that threatened her season. The appropriate injury management process was carefully and sensitively considered among the player, her parents, the coaching staff, and team physicians and athletic trainers in a manner that was based entirely upon the student-athlete's welfare and perspective.

Specifically, Player G injured [REDACTED]. She was evaluated that day in the locker room by Dr. Gurtler, who recommended [REDACTED] as soon as possible.¹⁰⁴ The test results revealed [REDACTED] that led Dr. Gurtler to advise [REDACTED].¹⁰⁵ Based on the doctor's assessment, coaches believed that option would allow Player G to recover in time to play near [REDACTED], which would be good for the team. Player G and her mother, [REDACTED], did not want [REDACTED] but, rather, expressed interest in [REDACTED]. Although that approach posed a risk that Player G might not be able to return for that season, Player G reports that her wishes were fully and immediately supported by everyone involved with the basketball team. She engaged in [REDACTED] of her choice and [REDACTED], returning to full participation with the team after [REDACTED].¹⁰⁶ Player G expressed that she never felt that she couldn't report an injury to the training staff and reported all injuries without fear. She also stated that she never felt pressured to return to play before she felt comfortable.

On balance, with respect to the seven players' experiences described above, we find that, although there were limited examples of potentially inappropriate comments from coaches about concussions, injury management was appropriate and unimpeded by conduct or statements by the coaches.

¹⁰² Appendix at Tab 32.

¹⁰³ Appendix at Tab 33.

¹⁰⁴ Appendix at Tab 33.

¹⁰⁵ Appendix at Tab 33.

¹⁰⁶ Appendix at Tab 33.

VI. SCHOLARSHIP RENEWAL

Based upon allegations contained in written statements from several Women's Basketball players and other documents submitted on their behalf, we investigated whether University personnel complied with NCAA rules, player-specific scholarship agreements, University policy, and established DIA practices when terminating student-athlete scholarships. We also examined allegations that Coach Bollant pressured players to voluntarily relinquish their scholarships. As explained below, we find no violations by coaches or anyone else involved with the Women's Basketball Program regarding these scholarship issues.

A. Summary of Scholarship Record and Practices

Several standards govern scholarship awards to student-athletes and the non-renewal or termination of scholarships, including reduction or cancellation of a student-athlete's grant-in-aid during the period of the award.

Women's Basketball player scholarships during Coach Bollant's tenure at the University have been granted in anywhere from one-year to four-year increments; the shorter terms were subject to renewal as they expired. Although many of the agreements were limited to one or two years, various DIA personnel explained a general practice of seeking to renew all players' agreements for a four-year period, including Mike Thomas, Maria Woods, and Jason Lener. During Coach Bollant's leadership of the Women's Basketball Program, in accordance with this general DIA practice, the University has renewed all players' scholarships for a period of four successive years (absent student-athlete misconduct that warrant non-renewal or voluntary decision to transfer) without regard to the student-athlete's athletic performance. This scholarship renewal record demonstrates meaningful support for the welfare of student-athletes. The only exceptions have been for student-athletes who transferred to other schools of their own volition or engaged in the types of misconduct for which NCAA rules allow institutions to cancel awards during the term of the award. Misconduct that allows scholarship cancellation includes situations where a student-athlete:

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement; or
- (c) Engages in serious misconduct warranting substantial disciplinary penalty.”¹⁰⁷

The NCAA rules further explain that an “institution may cancel or reduce the financial aid of a student-athlete who is found to have engaged in misconduct by the university's regular student disciplinary authority, even if the loss-of-aid requirement does not apply to the student body in general.”¹⁰⁸

¹⁰⁷ NCAA Bylaws 15.3.4.2 (Appendix at Tab 34).

¹⁰⁸ NCAA Bylaws 15.3.4.2.4 (Appendix at Tab 34).

NCAA rules expressly prohibit removing student-athletes from a scholarship during the period of the award for athletic performance reasons and only allow “voluntary” student withdrawal. For purposes of this type of scholarship cancellation during an award, student withdrawal is only “voluntary” if the withdrawal is “initiated by the student-athlete.”¹⁰⁹

B. Scholarship Management Findings

1. Overall Findings

In all instances of which we have become aware, we found that the concerns raised by student-athletes related to coaches’ efforts to candidly assess players’ performance and advise them about their likelihood of getting opportunities to play during games if they remained at the University. We learned that, during such discussions, Women’s Basketball coaches communicated appropriately regarding scholarship renewal and the option of transferring to another school for players who were not expected to play during competition.

We also learned that, as new coaches assuming control of the program, Coaches Bollant and Divilbiss were interested in the possibility of encouraging players that they inherited to move to other programs if they did not fit well within the coaches’ style of play or compared unfavorably athletically with their new recruits. They asked athletic department personnel with oversight responsibility for women’s basketball, Senior Associate Athletic Director Maria Woods, about whether scholarships for such players could be non-renewed. When informed that DIA and Athletic Director Mike Thomas did not approve of that practice, Coaches Bollant and Divilbiss communicated with players constructively but candidly as to what role they anticipated for the player on the team going forward. They did not seek to non-renew any scholarship or push any player out of the program.

Specifically, Coaches Bollant and Divilbiss met with several players, explained that playing time was unlikely, and asked if the players were interested in transferring to other programs where they would have better chances of competing in games. They also clarified that players’ scholarships would remain intact at the University of Illinois regardless of their decisions about transferring. Coaches Bollant and Divilbiss further emphasized the importance of contributing positive attitudes toward other players and the team despite the expected lack of playing time during the upcoming season.

Several players who received this message maintained constructive effort and attitudes toward other players and the team in ways that Coaches Bollant and Divilbiss recognized. In fact, they [REDACTED] whose attitude and effort were particularly exemplary, despite a lack of playing time.

We find that the efforts by Coaches Bollant and Divilbiss to share information with and create informed playing-time expectations for members of the team, while also mentioning the option of transferring, abided by the various standards that govern scholarship awards. We did

¹⁰⁹ NCAA Bylaws 15.3.4.2; 15.3.4.3 (Appendix at Tab 34).

not learn of any player whose scholarship was terminated, unless the player voluntarily chose to transfer to another school. Coaches Bollant and Divilbiss also adhered to DIA practice of renewing student-athlete scholarship awards, regardless of athletic performance, for at least a four-year period.

2. *Individual Player Findings*

We also investigated specific allegations raised by players who submitted written statements or met with us and discussed any issues regarding pressure on players to relinquish their scholarships. Our findings with respect to each such player who did so are presented below, and are consistent with the overall findings noted above.

a. Player E [REDACTED]

Player E was a member of the Women's Basketball Program for [REDACTED]. She played in [REDACTED] games [REDACTED] and started [REDACTED] games during the [REDACTED] Her scholarship [REDACTED]

In an interview, Player E stated that Coach Bollant pressured several of her teammates to transfer with comments about their scholarships but that she had personally never experienced any pressure to give up her scholarship. Her knowledge of the nature of other players' discussions with coaches was only general, without any specific comments or threats that she could report, except that one player was allegedly told "you won't be playing anyway." We were unable to corroborate whether such a comment was made to that player (who was [REDACTED] [REDACTED] season), but we find that a direct discussion of a player's likelihood of playing the following season, by itself, is not inappropriate. The player at issue also maintained her scholarship through the duration of its award. Coach Bollant stated that he did [REDACTED] Player E [REDACTED] due to [REDACTED], but informed her that she could keep her scholarship (and she did remain on scholarship [REDACTED]).

b. Player F [REDACTED]

Player F completed [REDACTED] in the Women's Basketball Program [REDACTED]. Player F played in [REDACTED] games, started in [REDACTED] games, and averaged [REDACTED] minutes of playing time per game. After [REDACTED]. Her scholarship was awarded for a four-year period.

In a written statement provided by her counsel, Player F alleged that she, along with other teammates, were told not to renew their leases for the next school year, which was taken as a threat that her scholarship would not be renewed.¹¹⁰ Coach Bollant denied that he or any of the other coaches ever told players that they would take away players' scholarships. He stated that,

¹¹⁰ Appendix at Tab 8.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

when he arrived at the University, many of the Women's Basketball players were on scholarships but, in his judgment, were not invested in the program and did not seem sufficiently motivated to improve their play. In an attempt to change that culture, Coach Bollant and other coaches pushed Player F and other [REDACTED] players to help change the culture of apathy. In doing so, he recalled Coach Divilbiss telling Women's Basketball players that he knew they were signing leases for the next year, but that they had to earn their right to be on the team as it was a privilege. Coach Bollant admitted that he could understand how a player could interpret that as an indirect threat to her scholarship, but clarified that it was meant to be interpreted as a motivational tool for players to understand that it was a privilege to be on the team and wear the uniform. Coach Divilbiss did not recall making such comments and doubted that he ever said anything to players about leases.

We find that former Coach Divilbiss likely made comments to Player F about her apartment lease that may have led her to believe she might lose her scholarship if she did not work harder at improving her basketball skills. We do not find any evidence, however, that any serious effort or communication was made to cancel Player F's scholarship or that [REDACTED] was motivated by fear of not having a scholarship available at the University of Illinois. We further find no evidence that Coach Bollant ever made any threatening comment regarding Player F's scholarship.

c. Player H ([REDACTED])

Player H played [REDACTED] in the Women's Basketball Program, starting with the [REDACTED]. She played in over [REDACTED] games, starting in [REDACTED] and averaging [REDACTED] minutes of playing time per game. Her scholarship was [REDACTED].

In a written statement provided by her counsel, Player H alleged that coaches threatened to take players' scholarships away, and specifically, that Coach Bollant or Coach Divilbiss said "don't even sign your apartment lease for next year, you probably won't be here."¹¹¹ Player H also stated that in a meeting with Coaches Bollant and Divilbiss in [REDACTED] she was told that she was a part of the "old culture" and that they wished they could take her scholarship. She presumed that "they" referred to DIA.

Coach Bollant generally denied telling players that he would take away their scholarships, and specifically denied telling Player H that he or anyone at the University wished to take away her scholarship. He admitted, however, that he likely told Player H that she was a part of the "old culture" because, in his opinion, she was apathetic and not fully committed to the team. Player H graduated [REDACTED] and maintained her scholarship throughout her enrollment at the University.

We find that, like Player G, there may have been comments from coaches to player H about the prospect of signing an apartment lease that could have led Player H to fear losing her

¹¹¹ Appendix at Tab 7.

FRANCZEK RADELET

ATTORNEYS & COUNSELORS

scholarship if she did not work hard, and that she was told she was part of the “old culture.” However, no action was taken with respect to her scholarship.

d. Player I ([REDACTED])

Player I played [REDACTED] in the Women’s Basketball Program, [REDACTED]. She played in [REDACTED] games, starting in [REDACTED] and averaging [REDACTED] minutes per game. Her scholarship was [REDACTED].

In a written statement provided by her counsel, Player I alleged that in her end-of-year discussion with Coaches Bollant and Divilbiss at the close of her [REDACTED], the coaches expressed to her that they did not see her fitting into their starting rotation for the next season and offered to help her find another school to attend where she could play.¹¹² Player I stated that this conversation, as well as other conversations with the coaches, verified to her that they were trying to make her quit and leave the program.

Coach Bollant confirmed that he and Coach Divilbiss had a conversation with Player I in which they honestly and directly informed her about her prospects of playing in the next season. Coach Bollant stated that he prefaced this conversation by telling Player I that they were not taking away her scholarship. Former Coach Divilbiss described the end-of-year conversation with Player I similarly and explained the coaches’ belief that it was best practice to be honest with players about their future on the team. He also stated that in this conversation with Player I, he and Coach Bollant told her that they loved her and that she was a positive energy, but that they didn’t think she was going to play a lot next season. Both Coaches Bollant and Divilbiss indicated that Player I’s reaction to this information was constructive, that she stayed on the team and continued to work hard, and that the coaches [REDACTED] [REDACTED] [REDACTED] Player I. As a result, both coaches were extremely surprised to learn of – and vehemently denied – Player I’s allegations of any threat to take her scholarship.

We find no evidence suggesting anything improper about the coaches’ discussions with Player I about her playing-time expectations or any insinuation that her scholarship was at risk.

e. Player J ([REDACTED])

Player J played [REDACTED] in the Women’s Basketball Program, [REDACTED]. She played in [REDACTED] games during her [REDACTED] starting in [REDACTED] games. She was [REDACTED] but remained on scholarship the entire [REDACTED].

In a written statement provided by her counsel, Player J alleged that at the end of the [REDACTED], Coaches Bollant and Divilbiss told her that they wanted her to transfer because other players looked up to Player J and they felt like she was going to be a bad influence

¹¹² Appendix at Tab 9.

on her teammates.¹¹³ She particularly alleged that former Coach Divilbiss repeatedly made comments intended to encourage her to leave the program, including saying that, if she stayed, he would do everything in his power to make her leave.

Coaches Bollant and Divilbiss acknowledged that other players looked to Player J as a leader, that they thought her attitude was detrimental to the team's chemistry, and that they talked to her about these issues in the context of discussing whether she was interested in transferring to another school where she would get more playing time. They also report that Player J responded by asking if she could remain on scholarship, and they confirmed she could. Coach Divilbiss denies making any threatening comments to Player J about what would happen if she remained at Illinois.

We find no evidence suggesting anything improper about the coaches' discussions with Player J about her playing-time expectations or any insinuation that her scholarship was at risk.

¹¹³ Appendix at Tab 10.



**APPENDIX TO INVESTIGATIVE REPORT: Injury
Management and Scholarship Renewal in the
University of Illinois Urbana-Champaign
Division of Intercollegiate Athletics
Women's Basketball Program**

INDEX OF APPENDIX

APPENDIX	DESCRIPTION
1	[REDACTED] Complaint Letter Dated April 18, 2015
2	[REDACTED] Complaint Letter Dated April 20, 2015
3	[REDACTED] Complaint Letter Dated April 25, 2015
4	Statements of [REDACTED]
5	Statements of [REDACTED]
6	Statements of [REDACTED]
7	Statement of [REDACTED]
8	Statements of [REDACTED]
9	Statement of [REDACTED]
10	Statement of [REDACTED]
11	Statement of [REDACTED]
12	University of Illinois – Division of Intercollegiate Athletics Sports Medicine Department – Injury Management Protocol (Revised October 29, 2014)
13	Illinois Athletic Trainers Practice Act, 222 ILCS 5
14	University of Illinois Division of Intercollegiate Athletics – Sports Medicine Department Presentation 2014
15	University of Illinois Sports Medicine/Athletic Training – Policies and Procedures
16	University of Illinois at Urbana-Champaign, Division of Intercollegiate Athletics – Governance Standards
17	University of Illinois – Sports Medicine Department – Concussion Management Protocol
18	2014-15 University of Illinois Student-athlete Handbook
19	2014-15 NCAA Division I Manual
20	2014-15 NCAA Sports Medicine Handbook
21	Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges
22	University of Illinois – Conduct Expectations for Coaches
23	The Big Ten Conference – Standards for Safeguarding Institutional Governance of Intercollegiate Athletics

24	Sample Policy: Ethical and Professional Conduct of Athletic Department Employees
25	University of Illinois Women's Basketball Team Statistics (2007-2015)
26	██████████ Medical Records (excerpts)
27	Text Messages between Thomas and ██████████ and ██████████
28	██████████ Medical Records (excerpts)
29	██████████ Medical Records (excerpts)
30	Text Message regarding ██████████
31	██████████ Medical Records (excerpts)
32	██████████ Medical Records (excerpts)
33	██████████ Medical Records (excerpts)
34	NCAA Bylaws, Article 15, Financial Aid

TAB 1

From: Fighting Illini Athletic Director [fightingilliniad@illinois.edu]
Sent: Monday, April 20, 2015 8:23 AM
To: Thomas, Michael J
Subject: FW: University of Illinois Women's Basketball Program

From: [REDACTED]
Sent: Saturday, April 18, 2015 4:21 PM
To: Illinois Chancellor; Fighting Illini Athletic Director
Subject: University of Illinois Women's Basketball Program

Regarding: Systematic Abuse, Belittlement, Demoralizing and a Racist Atmosphere in
The University of Illinois Women's Basketball Program

Dear Chancellor Wise and Mr. Thomas:

Writing to you today sums up nearly every emotion in [REDACTED] and my beings.
Our daughter, [REDACTED] recently left the University of Illinois and the Illini Women's
Basketball Program under most unpleasant circumstances.

For the past two years, our family, and our daughter [REDACTED] in particular, as a full
scholarship student athlete, have suffered through conditions that no one should have
to endure as a parent or watch their daughter endure as maturing young woman.

Under the direction of Head Coach Matt Bollant and Assistant Head Coach Mike
Divilbiss, this team, your team, our team, Illini's team, has been the target of countless
acts of player abuse, NCAA rule infraction, personal belittlement, demoralizing diatribe
and an overall culture of racist overtures.

We have gone through the appropriate prescribed channels and chains of command.
We spoke repeatedly and most directly to the Head Coach. We spoke to the Assistant
Head Coach. We spoke to the Athletic Director. From the Head Coach & Assistant
Head Coach, we were responded to with promises which were broken nearly
immediately and our daughter suffered the repeated verbal public abuse of "not being
tough enough". Beginning in August, 2013, I have repeatedly told both Bollant and
Divilbiss that you cannot motivate through fear and intimidation. My words always fell
upon deaf ears. The abuse from that point never lessened.

- 1) With Coach Bollant's full knowledge, Coach Divilbiss would verbally attack
players on and off the court about personal issues in their lives. [REDACTED]
was belittled by Coach Divilbiss about [REDACTED] None of these personal life
issues had anything to do with basketball.

- 2) In front of [REDACTED] and the team, Coach Divilbiss, with Coach Bollant present, told [REDACTED] that "if she didn't f'ing toughen up, she was going to turn into the next [REDACTED]", literally spitting on the players with his words.
- 3) Coach Bollant & Coach Divilbiss would both tell the team that "you are playing like you are trying to get us fired" and often threatened to pull their scholarships.
- 4) The code word for racial issues and tensions on the team was the word "culture" and the need to separate Jollette Law's players from the current recruits. Jollette Law's players were referred to as "the dog pound". At one point, there was an idea to hold separate practices for the African American players in an effort to get them to quit.
- 5) [REDACTED] was so pressured by the coaches to return to play after her [REDACTED] with [REDACTED] in her freshman year and her [REDACTED] during her sophomore year, we literally had to go get her and bring her home to [REDACTED] safely at home; away from the harmful mentality. With her [REDACTED], at the coach's direction, the testing was purposely delayed for weeks at the U of I to assure that she would continue to play in Big Ten games. It was later determined at [REDACTED] in Chicago that she was actually playing with [REDACTED].
- 6) Coach Divilbiss would repeatedly meet one on one with players at his home in order to "help them grow". [REDACTED] never met with him at his home. As Matt Bollant was aware, Mike Divilbiss has a near 20 year history of player abuse at Idaho and at Green Bay. Matt Bollant said in our final meeting that "Mike has gotten progressively worse over the past two years" and apologized for Mike's behavior.
- 7) At the end of the season, the team was being coached and run by two current players. [REDACTED] and all team members were expected, under fear of reprimand, to be coached by these two players.

[REDACTED] witnessed team mates being the subject of several incidents of abuse from the coaches during her time at Illinois. In an opposite extreme, [REDACTED] witnessed other players being totally ignored by the coaches without the players' names even being spoken for months on end.

The coaches knew of older players buying alcohol for underage players as well as visiting high school recruits repeatedly. This was repeatedly ignored.

Let me be most clear. One of the most exciting days in this family's life was the day that [REDACTED] accepted the offer to play basketball at the University of Illinois. We had the

highest of hopes, expectations and dreams. [REDACTED] as a freshman and a sophomore.

[REDACTED] was a [REDACTED]. She has excelled academically. People like [REDACTED] have helped [REDACTED] tremendously and have been a true blessing to [REDACTED] and our family.

[REDACTED] is a young woman of tremendous character and integrity. She was always a team mate of positive influence and a true team player [REDACTED] had several offers and has recently decided to continue her academic and playing careers at [REDACTED]
[REDACTED]

Our daughter was verbally and mentally abused and chose to take the high road and leave the University of Illinois. [REDACTED] didn't need to fight for playing time and was certainly tough enough to compete at the highest levels in the Big Ten in spite of this ongoing coaching abuse.

The University of Illinois has a most serious problem that needs to be addressed. As a lifelong resident of the State of Illinois, this is nothing less than shameful. Matt Bollant is the orchestrator. Mike Divilbiss is the muscle. The balance of the coaching staff are spectators. The results are both embarrassing and intolerable to anyone with an ounce of common sense and morals.

What do I want?

I want to be assured that someone in a position of authority will review all of the above points raised and I want to be assured that someone in a position of authority will personally review all of the exit interviews of all of the graduating players and players leaving the program & university within the last year.

We wrote to you today in an effort to be the voices for those players and families afraid to speak out of fear of retaliation and losing their scholarships.

We are available to discuss any and all of the above with you at any time.

Thank you for your time, your consideration and your continued commitment to the University of Illinois.

[REDACTED]

[REDACTED]

Cc: President Bob Easter

Board of Trustees, Chairman Edward L. McMillan
Board of Trustees, Secretary Susan M. Kies
Board of Trustee Governance, Personnel and Ethics Committee: Chairman
Patrick J.
Fitzgerald, Timothy Koritz, James D. Montgomery, Sr., Hannah Cave
Board of Trustees, Student Representative Lucas N. Frye
President. Mark Emmert, NCAA
Honorable Michael Madigan, Speaker of the Illinois House

TAB 2

Dear Chancellor Phyllis Wise and Michael J. Thomas,

I am writing you today with great happiness and with great concern. The happiness is that my daughter has [REDACTED] to [REDACTED] to continue her career and the concern is for the girls still at Illinois and still playing for Coach Bollant. I have several issues that need to be heard and addressed. They are as follows;

BULLYING

Our daughter [REDACTED] was a [REDACTED]
[REDACTED]
[REDACTED] was recruited heavily by many teams from all over the country such as [REDACTED]
[REDACTED] just to name a few. She truly felt she could make a big impact in the Big Ten and at U of I. Once [REDACTED] was committed and visited she was offered alcohol and. [REDACTED] has never used either in her life time. We were concerned from the beginning. We dropped [REDACTED] off a happy, healthy, [REDACTED] athlete that was excited to be a part of something special. What we got was a [REDACTED] young shell of our daughter. Phone conversations started out great, slowly declining to where we grew very concerned. We went to visit [REDACTED] six weeks after we dropped her off and she was [REDACTED]. She would not tell us what was going on. We were shocked and greatly disturbed by our daughter's appearance only after 6 weeks. She begged to come home. We begged her to tell us what was going on because what we saw was not our daughter. She would not tell us. We would sob with her. As the season progressed she became more and more [REDACTED] to us which led us to believe something had happened to her on campus. We thought she was physically assaulted or something of that nature. What we did find out later was that after we threatened to bring her home if she did not speak up was that in fact she had been assaulted on the campus of U of I. She was verbally assaulted by her two head coaches. Only now has [REDACTED] told us that as [REDACTED] that they were told by the coaches not to tell their parents about what goes on in practice because, "they would not understand what we are trying to do here." As her parents it was a constant battle to get our daughter to believe in herself again. [REDACTED] played in her first game and made [REDACTED]
[REDACTED] The fans and players went nuts. The fun and excitement came to an end the next day at practice where she was completely demoralized in front of her entire team for "showboating" and not being their kind of player. Early on [REDACTED] discovered she was not what they wanted. She was not allowed to pass with her feet off the ground and was not allowed to dribble or

rebound or shoot a pull-up jump shot inside the 3 point line. [REDACTED] is a game changer, a play maker, someone who makes everybody around her better so imagine her frustration of being told she wasn't allowed [REDACTED]. She was told daily she was not the player they thought they recruited, worst defender in the country, or something of that nature, and was treated like she was stupid. Bullied and demoralized daily. Worst of all she was told to stop playing like a boy! She was too athletic for their offense. They were asking her to dumb down her play to fit their offense. She sought out a mentor, [REDACTED] (Former NBA star from [REDACTED]) to ask for advice. He told her to, "Hang in there and try to give them what they want and every now and then show them a little bit of you. It would get better." [REDACTED] did everything possible to be what they wanted her to be. She was in the gym more than any player on her team working on her game every day outside of practice. She averaged 6 hours a day in the gym every day. They made her change her shot 3 times during the season. Again she was [REDACTED] She didn't need to change her shot! The treatment of [REDACTED] by the coaches altered her life tremendously which in turn altered our entire family's lives. All of us worried about her wellbeing every day. We then get a call from Coach Bollant. He was upset about an e-mail from [REDACTED] that was forwarded to him by coach Krikland. The note stated that they are playing [REDACTED] out of position or something to that affect. Coach Bollant was upset and told us that we needed to back off [REDACTED] and to tell us that we were the ones putting too much pressure on [REDACTED] and it is affecting her in practice. He said, "I can tell every time you speak with [REDACTED] because she has a bad practice. We still have great plans for her. She believes in what we are trying to do here." We spoke to [REDACTED] about it and she laughed and said, "How would he know how I feel? He has never had a full conversation with me ever. They are the reason I'm struggling in practice because of their verbal and mental abuse." [REDACTED] received no support from any of the coaching staff. She was only bullied and verbally assaulted on a daily basis. There was no building back up by anyone. All of the coaches are guilty of abuse by association.

RACISM

[REDACTED] was internally tormented with not only the abuse she was receiving but by the harassment of many of her teammates as well. Only "Certain girls" were invited up to the offices. [REDACTED] and many other players were never invited up to the offices. The coaches would refer to the former coaches' players and [REDACTED] as CRABS which meant that they were a part of a losing culture and would threaten them with "D" league practices. This **threat** meant that they would sit on the sidelines so as not to infect the new culture, their players and what they were trying to do.

There was not one team. It was grossly divided by old culture and new culture. Even though [REDACTED] was brought in by Coach Bollant she was classified with the black girls as CRABS because of their style of play. They insinuated that we were trying to not play well to make them mad. Racism comes in all kinds of forms and racism was a horrible issue with the U of I basketball program.

█████ worked all summer in the gym after her first season to try to change to become what they wanted. █████ was confronted by the █████, and obviously a person with significant █████) and was asked if she respected her? █████ replied that she respected her as a player but not as a person. █████ demanded that she write everything down and get back to her. She harassed my daughter for weeks and finally gave up. █████ was afraid to put it in writing for fear that it would get back to the coaches and she would be punished as was the norm for crossing █████. This is the same player that █████ says, "She acts inappropriate with coach Divilbiss and it is uncomfortable to be around. She is always in his office and they are █████ for me. They swear at each other. It is creepy and disgusting." As it turned out this was the exact time (August) that the coaches began to shun █████ and was never spoken to again █████ said, █████ They don't talk to me at all. They don't say hello. They don't even correct me at practice anymore. They don't even yell at me anymore, but they sure have me represent the school and have all the recruits stay with me on their official visits. I guess I am good for something. It is like I am invisible and not part of the team and I am doing really well at practice too." She was then placed on the men's practice squad and never had the chance to practice with her own teammates. She was no longer part of the team. █████ was obviously distraught and devastated because she was being dismissed and disrespected which led to █████. She begged to come home at semester's end. She then sought out █████ in Champaign to help her █████ The coaches did not address her in any form. There was an incident the same day that █████ █████. █████ was in the locker room by herself after her meeting with the two head coaches and Coach Kirkland walked in, past █████r to the fridge, grabbed a drink and walked out without even looking at █████ █████ immediately went to the gym got on the treadmill and █████ said, █████ I got on the treadmill and cried for 10 straight minutes. They were tears of joy. It is finally over thank God." The damage was debilitating to her.

[illegible]

[REDACTED]

CONCLUSION

We are so disgusted with the [REDACTED] between Coach Divisibliss and a player, the verbal and mental abuse that all of the girls have endured the racism that has plagued the program and the physical neglect of our daughter that we cannot be quiet.

The two head coaches used their power to dominate these young women mentally and verbally which silenced their voices as women. We as parents have had to re- instill in our daughters that their treatment was **not** normal and **not** OK. So we are their voices now to stop their abuse. The Illinois coaching staff should be removed from their duties and should never be allowed to coach young women again. They have altered these young women's live forever.

Let me leave you with this. Liars are no different than sinners and ignorers are acceptors which is cowardly and unacceptable. Which one are you? If our voices are not heard we will take it to the next level and [REDACTED] in anyway my attorney will be contacting you directly.

Thank you for your time in this matter. If you feel as though I could be of assistance in any way, please do not hesitate to contact me. I can be reached at [REDACTED]

Yours in academics and athletics,

Concerned Parents of [REDACTED]

Former University of Illinois Women's Basketball Player

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Cc: President Bob Easter

Board of Trustees, Chairman Edward L. McMillan

Board of Trustees, Secretary Susan M. Kies

Board of Trustee Governance, Personnel and Ethics Committee: Chairman Patrick J. Fitzgerald, Timothy Koritz, James D. Montgomery, Sr., Hannah Cave


Board of Trustees, Student Representative Lucas N. Frye

President. Mark Emmert, NCAA

Honorable Michael Madigan, Speaker of the Illinois House

TAB 3

April 25, 2015


Chancellor Phyllis Wise
Swanlund Administration Building
601 E. John Street
Champaign, IL 61820

Dear Chancellor Wise,

We are writing in regards to some concerns that have become epidemic and are affecting the entire Illinois Women's Basketball Program. It is our understanding that at least some levels of the administration have been alerted to many of these concerns, but we believe that challenges are broad enough that the highest levels of authority should be made aware. It is common knowledge that some player's parents are planning to escalate these issues. It is not our intention to bring reproach upon the program or the school. In fact, it is our hope that through quick and intentional action the school can head off repercussions that could lead to challenges on several fronts.

To come to the immediate point, Head Coach Matt Bollant has created a culture of mental and emotional abuse in the Women's Basketball Program and has not been compliant in areas of NCAA rules and principles. The following would be some of the areas that will be easy to verify in a broad consensus among a majority of the players:

1. Coach Bollant has systematically tried to create racial tension among the team.
2. He has verbally abused and berated girls based on personal attributes that have nothing to do with basketball (such as their intellectual ability).
3. He has systematically tried to discourage team members to the point of voluntary scholarship withdrawal, particularly players that were in the program before he became head coach.
4. Without reasonable cause or violation, on numerous occasions he has threatened to take players scholarships, including telling them not to bother to renew their apartment leases because they would not be remaining with the team.
5. Showing extreme preference in what could only be perceived as attempts to belittle and discourage all but the favored players.

If these were isolated incidents then there would be little that any one individual could do to build a case for abuse. However, these infractions have happened on a reoccurring basis, and in certain instances, have involved the entire team. These violations have gone against the highest principles and standards of the university and the NCAA, as well as basic student rights. It is clear that the following areas of the NCAA Constitution (2014-2015), though subjective, have

been violated in principle: Article 2: 2.2.1-5. Also, the mandate of the University of Illinois for reporting objective violations of By-laws 10.1(c), 12.1.2.1.5 and 12.1.2.1.6 is plainly evident. These NCAA constitutional and by-law rules are substantially restated in paraphrase in the University of Illinois Student-Athlete Handbook (2014-2015).

It is very clear that the Women's Basketball Team is in violation of the NCAA Inclusion Rules that are mandated by the Rehabilitation Act, Section 504, and enforced by the OCR (Office of Civil Rights, U.S. Department of Education). The NCAA Inclusion guidelines refer to the OCR issue of a "Dear Colleague Letter" on January 25, 2013 that clarified the understanding of discrimination in intercollegiate sports and brings understanding to these institutions as to the necessity of abiding by federal government mandates in their sports programs. For a coach to point out a [REDACTED] and then to berate the student, violates the student athlete's civil rights and is discriminatory and harassment based on [REDACTED]. Also, announcing on a radio program that [REDACTED] is both a discriminatory violation and a violation of privacy.

Furthermore, a head coach announcing to the parents that an assistant coach is [REDACTED] can in no way mitigate the abuse that is being perpetrated upon student athletes. On the contrary, it proves a point of negligent liability showing that the school has knowledge of the abuse but has chosen to excuse it.

In the past few years much study has been done regarding abusive coaches and their relationships with the athletes that they coach. It is understood that there are many reasons why an athlete will not report a coach for his/her abuses. It has been difficult to stand by as our daughter, [REDACTED], has informed us of the violations that have affected her and her teammates. As parents it is our natural instinct to protect our children, even as they have entered into adulthood. We hope that the university will quickly take the necessary steps to bring this program into proper compliance and protect the athletes who have made great effort to properly and respectfully represent the University of Illinois under very challenging circumstances. To prevent this from becoming an open spectacle of reproach for the university, I believe it would be in order for the team to be informed, in a timely manner, of administrative actions that are being taken to rectify the serious issues. Hopefully, this will curtail further actions from being taken by the athletes and their families that would bring this matter into a more public arena.

Please understand that we do not have a vendetta in any way against the University of Illinois. We have appreciated the high values and principles that the university stands for. However, in this particular case, we believe that a lack of information has been the most likely cause of the inaction of the university. Clearly, it is too late for actions taken by the university to have any positive affect on our daughter. However, it is our desire that student-athletes remaining at the school will be protected. Also, action by the university might go a long ways toward bringing healing to players who have been embittered and wounded by the Head Coach and his staff. Although we do not purport to represent other players or their families, if you deem it of value we would be willing to discuss this further. Also, you can contact us at the following email address: [REDACTED]

Sincerely,

cc: Mike Thomas, Director of Athletics
President Bob Easter
President-designate Timothy Killeen
Board of Trustees, Chairman Edward L. McMillan
Board of Trustees, Secretary Susan M. Kies
Board of Trustees Governance, Personnel and Ethics Committee: Chairman Patrick J. Fitzgerald, Timothy Koritz, James D. Montgomery, Sr., Patricia Brown Holmes, Hannah Cave
Board of Trustees, Student Representative Lucas N. Frye

TAB 4

Statement of [REDACTED]

The following is a summary of some of the events which occurred over the past two seasons in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all of the misconduct I experienced. One considerable problem with the women's basketball program is the creation of a racially hostile environment for players.

Reference to players as "Crabs"

The Jollette Law players were constantly referred to as crabs during my [REDACTED]. It was a term that Coach Divilbiss heard from some tweet online and used it to demean the African American players recruited by Coach Law. When one crab is in a bucket, it can escape. When several crabs are in a bucket, they can't escape; they keep pulling each other down. Crabs pull down other crabs from succeeding in life. Coach Law's players were crabs. Coach Law's players were "thugs". Getting out of the bucket meant changing the culture and winning. Divilbiss & Bollant would say don't let the girls who don't want to win practice with us; kick the crabs out. They would always be careful to have one white player practice with the crabs. The white players forced to practice with the crabs were referred to as "mascots" Divilbiss would always say "that wouldn't look right; throw a "mascot" in there".

Reference to players being "toxic"

Jollette Law's players were referred to as "toxic" and considered to be losers; they could never win; they were incapable of working hard. With Bollant present, Divilbiss would call the African American players toxic; they could not win, had a poor work ethic and should leave the practice and leave the program.

Reference to [REDACTED]

Divilbiss would confront me one on one about never having to struggle in my life; saying "even with your [REDACTED] you get help and you don't have to struggle". He would refer to [REDACTED] in front of my team mates and referred to me as unintelligent & worthless in front of the team. Divilbiss would repeatedly make references about my family life and my personal life which had nothing to do with basketball. His body language and facial expressions and tone of voice would convey his disgust with me.

Use of the term "culture"

The term culture was used from day one by both Bollant and Davilbissto describe the African American players. They stated "We need to change the culture around here" and "we need to change the culture of this program". I believe this to be racist. When I made a mistake, the coaches would say "you are going to turn into the next [REDACTED]" (an African American player). They would also tell me that I needed to play in the "Dog Pound". The coaches were highly disrespectful toward [REDACTED] right in front of her and the entire team.

My Friends and Association

The coaches encouraged me not to hang around with the “crabs”. My [REDACTED] [REDACTED] the coaches wouldn’t let us be roommates with the Jolette Law recruits. If they found out that we hung out with the “ crabs”, they would make all of our lives miserable the next day at practice or completely ignore you. This put me in a very difficult social situation because these were my friends and team mates and I was prohibited from hanging out with them.

Racial Stereotyping

The coaches would stereotype the teams we were going to play.

- When we played a team like Iowa, which was predominantly white, they would say they are a smart, well disciplined and unselfish team.
- When we would play a team like Rutgers or Kentucky, which are predominantly African American, the coaches would say they lack intelligence, they were selfish, undisciplined and they play street-ball.
- When we played an African American team, the coaches would ask our African American players “what do you think our opposing black players are thinking?” “They think we are weak white girls, don’t they?”
- When an African American player would make a fancy move or fancy play, they would say “that’s a west side ghetto move”.

This made me feel very uncomfortable and a part of racism because I could not speak out.

Overwhelming Negativity

Repeated negativity over and over again throughout my 2 years at Illinois on a daily basis completely wore the majority of us down to the point of mental abuse. We were forbidden from sharing any of this with our parents and our families. They would say “make sure you tell your parents only the right things about us”.

Medical Issues

“Stay out of the fucking training room”. The coaches said that repeatedly to us. Divilbiss said that in front of my [REDACTED] who attended a practice. During [REDACTED] year, I was so [REDACTED]. Finally, after my parents’ insistence, I was [REDACTED]. My [REDACTED] took me to a [REDACTED]

[REDACTED] the coaches & trainer’s policy was if you don’t [REDACTED], you don’t know about it; therefore you can play. When I presented my test results, the trainer Mary Sam Laingen told me

that she knew that I had [REDACTED] and was told not to [REDACTED]. After my [REDACTED] and being unable to practice or play for [REDACTED] none of the coaching staff spoke to me; they completely ignored me. Once I was cleared to practice, they started me against [REDACTED] the next day. I started the game without one full day of practice. My body was clearly not ready to start a game.

My [REDACTED], my [REDACTED] and I was [REDACTED] on several occasions. I was pressured to practice thru these [REDACTED]. I told my parents and the trainer because I was [REDACTED] and being forced to practice. I was then [REDACTED]. There was no concern for my well-being and they wanted to know only when would I be able to be back on the floor. After [REDACTED], I was pressured by the coaches to return to play. Once I returned, I was [REDACTED] the first day back at practice. I was instructed by both Divilbiss & Bollant to use the Versa-Climber which I was not [REDACTED]. I was then forced to return to play in a preseason game saying that if I didn't play "I was a coward and would be letting down my team mates".

Conclusion

I have witnessed my team mates being completely ignored by the entire coaching staff for months at a time. I have seen my coaches inhumanely by ignoring them; this was especially cruel punishment for any student athlete. We were all trying to make it through and survive and needed to keep ourselves from drowning. It prevented any kind of unity on our team. It is difficult to articulate the non-verbal messages these coaches and their staff would send on a daily basis. These middle aged men took advantage of the vulnerability of me, as a [REDACTED] college [REDACTED] and my team mates. There was no way that I could possibly stay and achieve my dream of playing for and graduating from the University of Illinois. All we wanted to do was to play and compete and be a team and represent the University of Illinois.

[REDACTED]

The following responses constitute a summary of the information possessed by [REDACTED] responsive to the questions asked. This is not an exhaustive record of her observations, the events and statements that occurred over the period of time inquired about. Rather, it is an effort to respond to the investigator's inquiries with a responsive summary.

University Investigator's Inquiry Submission

- Which coaches specifically said "stay out of the fucking training room"?

Response: Divilbiss, routinely and repeatedly, on occasion in the presence of and with the obvious agreement and approval of Bollant, and directed only towards specific players of a certain group. This attitude was not directed at other specific players.

- Describe the circumstances when this was said.

Response: It is not practical to describe all circumstances when this was said because it happened so often. One example that occurred: a specific player in a certain group of players sustained an injury during a drill, Divilbiss made an example of that player and stated to the whole team "once things get hard, everyone runs into there [meaning the training room]." Another example: Divilbiss telling directly a specific player in a certain group who was complaining about a physical issue – "I don't want to hear it; you're just not tough enough." In general, Divilbiss' negative attitude toward specific girls in a certain group who got injury treatment or who reported not feeling well was pervasive, obvious and open, such as ignoring the injured player or criticizing her in front of the team and other coaches, including Bollant. Example: Divilbiss telling [REDACTED] that she was a coward and letting down her teammates if she sat out the preseason game. When Bollant was present at a time Divilbiss criticized a specific player in a certain group for seeking injury or illness treatment, Bollant expressed agreement and approval of Divilbiss' attitude. Divilbiss did not treat all injured or ill players seeking treatment this way, just specific ones in a certain group.

- Who refused to [REDACTED]?

Response: Sam Laingen

- Who told Sam not to [REDACTED]?

Response: [REDACTED] has no knowledge of who told Sam not to [REDACTED]. The environment created by the attitude and statements of Divilbiss and Bollant

generally described above created an obvious attitude of hostility toward specific players of a certain group who complained of injury or illness and sought treatment. The pervasive attitude expressed to Sam during daily injury reports by Divilbiss and Bollant directed toward specific players of a certain group was if they [the coaches] don't know about an issue, nothing is wrong and the player should tough it out and play harder. [REDACTED] has a belief that Sam's failure to [REDACTED] is either because Divilbiss or Bollant told Sam not to or because the pervasive attitude and hostile environment described directed at specific players of a certain group, which included [REDACTED], constituted an implicit direction to Sam that she should not test her.

- Describe the coaches and trainer's policy that "if you don't test for it, you don't know about it; therefore you can play."

Response: See above.

- How was this communicated?

Response: See above.

- He [REDACTED], describe the circumstances in which she was pressured to practice with [REDACTED].

Response: [REDACTED] was [REDACTED] reported as "out" for a week, but repeatedly on different days before the week elapsed both Divilbiss and Bollant pestered [REDACTED] about when she would be ready to play and Sam about when [REDACTED] would be medically cleared. Also, during this time and despite that she was not medically cleared, Bollant and Divilbiss wanted [REDACTED] to do drills.

- After her surgery, what did the coaches do or say to pressure her to return to play?

Response: The coaches told [REDACTED] to train on the Versa Climber, an exercise machine that requires [REDACTED] in the day or two after [REDACTED] was [REDACTED] cleared for practice. Because of the [REDACTED] [REDACTED] and [REDACTED] were [REDACTED] by the activity. Bollant admitted to [REDACTED] [REDACTED] that [REDACTED] did this, acknowledged that she should not have been made to train on that equipment and he apologized

TAB 5

Statement of [REDACTED]

The following is a summary of some of the events which occurred over the past two seasons in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all of the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

Over the past two years at the University of Illinois, I've personally experienced verbal attacks such as name calling and humiliation that negatively affected my self-worth. What I experienced left me [REDACTED] I truly loved my teammates. To witness my teammates being bullied everyday just added to my [REDACTED] The more I witnessed it the more I disliked being there in that environment. Due the mental abuse I [REDACTED]

[REDACTED] Here is my recollection of my experience:

BULLYING

My [REDACTED], there was more than one occasion where Coach Divilbis stopped practice to tell me that I was not the player they thought they recruited. If I would make a mistake or do something he did not approve of, he made it a point to tell me, in front of the entire team: "You're not the player we thought we recruited. You are the worst [REDACTED] I have ever seen. He would say it in a tone that made me feel as if they made a mistake in recruiting me. If he was unhappy with something I did, I do not feel a comment like that was acceptable in a full team practice. If he was so unhappy with how I was playing, I would have respected him a lot more for having a private meeting with me and him expressing his feelings that way, as opposed to humiliating me with that comment in front of my teammates. Every day of practice my freshman year consisted of verbal abuse; it is hard to give specific examples due to the frequency of Coach Divilbis' comments, but I can say that my freshman year was the [REDACTED] [REDACTED] as an athlete. His coaching strategy was to beat you down, below the ground, and leave you there. He was not going to try and build you back up. You had to figure that out on your own, with the constant badgering for every little mistake that you made throughout a practice or a game. There was not one game I played in at the University of Illinois where I did not have Coach Divilbis yelling at me every time I ran down the floor for some mistake I had made-no matter what it was.

When I got to campus my [REDACTED] I was a happy, healthy [REDACTED] athlete that was excited to be a part of something special. In six weeks I was a [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] I was verbally assaulted by my two head coaches. It took me many months to tell my parents that the coaches told us not to tell our parents about what goes on in practice because, "they would not understand what we are trying to do here." In my first game I made a pass that they did not approve of and the next day at practice I was completely demoralized in front of the entire team for "showboating" and not being their kind of player. Worst of all I was told to stop playing like a boy! The manner in which my coaches treated me altered my life tremendously which in turn altered my entire family's lives. My parents were contacted by Coach Bollant late in my freshman season. He told my parents that they needed to back off because he thought they were putting too much pressure on me. I told my parents "How would he know how I feel? He has never had a full conversation with me ever. They were the reason I was struggling in practice because of their verbal and mental abuse." I received no support from any of the coaching staff. I was only bullied and verbally assaulted on a daily basis. There was no building back up by anyone. All of the coaches are guilty of abuse by association.

A similar instance happened to one of my teammates, [REDACTED], during practice [REDACTED] [REDACTED] season. Coach Divilbis was frustrated with how her practice was going and he made it a point to stop practice and announce in front of everyone that he and Coach Bollant had given up on her. "We've done all that we can for you," he said and explained that they did not know how to help her anymore. In my opinion, it was very disrespectful to make that comment in the first place, but to disclose those sort of personal feelings that you have about a player, to the entire team, is very unprofessional.

To elaborate further on that incident, later in the season, Coach Divilibis was frustrated with [REDACTED] [REDACTED] and made the comment that if she did not change her ways, she would, "end up being the next [REDACTED] [REDACTED] referencing that she would basically no longer be coached and forgotten.

RACISM

I was internally tormented with not only the abuse I was receiving but by the harassment of many of my teammates as well. Only "Certain girls" were invited up to the offices. I and many other players were never invited up to the offices. The coaches would refer to the former coaches' players and myself as CRABS which meant that they were a part of a losing culture and would threaten them with "D" league practices. This **threat** meant that they would sit on the sidelines so as not to infect the new culture, their players and what they were trying to do.

I finished out my [REDACTED] season very strongly, and anticipated a positive spring training period; however, I was badly mistaken. I was placed within a group of my teammates that consisted of two girls who were coming back [REDACTED] and another who rarely played. All three of them were African American. The first day of workouts, Coach Divilbis gave us a speech about how we were the bottom of the barrel on the team. We were infectious crabs who were part of the "bad culture" that Illinois had established the past X-amount of years. Two of the girls in my group, [REDACTED] and [REDACTED], were former Coach Law players. Coach Divilbis once again referenced myself and the other African American players on my team as "crabs", meaning we were bad influences and pulled everybody down back into the bad culture. I myself am [REDACTED] but my style of play is much more athletic and faster paced like my [REDACTED] teammates. I was often put in the same category as them when being threatened by Coach Divilbis because I [REDACTED] more with them than I did the other [REDACTED] girls that they had recruited.

Another instance where I believed racism occurred was when four of my African American teammates went to a former teammate's wedding, and arrived back late for pre-practice. They were no more than 5-minutes late. However, our [REDACTED] spoke on behalf of the whole team about how disappointed we were in them. She had not spoken with the team about the girls being late. She just assumed we all had the same feelings. Personally, I was upset by this because the teammates who were late were more my friends than they were with the [REDACTED] therefore, I believe they were judged differently than if some of the white players on our team had done the same thing. The Coaches took their being late as an opportunity to express their authority over us. The girls who arrived back late were kicked out of practice after rushing back from Chicago from a former teammate's (who had played under Coach Bollant and Divilbis) wedding, on a Saturday in the middle of the afternoon when we had very rarely ever had Saturday practices to begin with. It was as if the coaches intentionally made it difficult and impossible for the girls to make it to the wedding and back to practice on time (Bollant and Divilbis were not invited to the wedding of their former player). The players were ticketed for speeding, called the coaches and all they said was to bring the ticket. Not to slow down and be safe.

After the [REDACTED] had embarrassed those four teammates about their being late from the wedding, within the next week or so, she herself showed up late to practice, and also hungover. She barely apologized to the team for being late. She did not find it as a big deal. She was never punished for showing up both late and hungover to practice-the coaches designated her as our captain.

HARASSMENT, INAPPROPRIATE COACH/PLAYER CONDUCT, AND MORE BULLYING

I was confronted by our [REDACTED] and asked if I respected her. I was afraid to put it in writing, as she had asked, for fear that it would get back to the coaches and I would be punished as was the norm for crossing this [REDACTED]. As it turned out this was the exact time [REDACTED] that the coaches began to shun me and I was never spoken to again. I called home and said, "Dad. They don't talk to me at all. They don't say hello. They don't even correct me at practice anymore. They don't even yell at me anymore, but they sure have me represent the school and have all the recruits stay with me on their official visits. I guess I am good for something. It is like I am invisible and not part of the team and I am doing really well at practice too." I was then placed on the men's practice squad and never had the chance to practice with my own teammates. I was no longer part of the team. I was obviously distraught and devastated because I was being dismissed and disrespected which led to [REDACTED] I [REDACTED] at semester's end. I then [REDACTED] in Champaign to [REDACTED]. The coaches did not address me in any form. There was an incident the same day that I [REDACTED]. I was in the locker room by myself after my meeting with the two head coaches and Coach Kirkland walked in, past me to the fridge, grabbed a drink and walked out without even looking at me. I immediately went to the gym got on the treadmill and [REDACTED] that it was finally over.

MEDICAL NEGLECT

To make matters worse I was [REDACTED] in October and was mistreated by your training staff for a [REDACTED]. I was forced to come back early and never was completely off my [REDACTED] for any period of time. Illinois trainer, Sam, told me, "This was the Big Ten and you have to play through it. It can't get any worse." I was never in a [REDACTED] which is normal for [REDACTED]. In fact I was [REDACTED] on it the next day. On [REDACTED] I injured her [REDACTED]. Sam told me it was [REDACTED] and once again I was told to tough it out and that it could not get any worse. I got an [REDACTED] at my father's request, on [REDACTED]. Dr. Bane confirmed it was a [REDACTED]. Sam looked at the [REDACTED] and ignored Dr. Bane's [REDACTED] and said that I can play on [REDACTED]. Three days later I was forced to play at [REDACTED]. I called my father and told him it really [REDACTED] now. The [REDACTED]. [REDACTED] the team doctor, Dr. McDougal manipulated [REDACTED] and told me it was [REDACTED]. This was the first day I found out that it was [REDACTED]. I had an [REDACTED]. [REDACTED] I was also suited up to play at [REDACTED] on the [REDACTED] after all of this. I had to go to [REDACTED] University to get proper help and to be [REDACTED]. Not only did I have to deal with the mental abuse but now I had to deal with [REDACTED] neglect. This entire time the coaches never even checked on me to see if or how I was feeling. My father demanded that I take off the necessary time to [REDACTED]. I was at practice the next day on a stationary bike, not one coach stopped by to ask me what was going on. This is unbelievable. What is also unbelievable is that I was forced by

Sam to play on what she thought was [REDACTED] especially after the point guard for the University of [REDACTED] men's team missed the last 6 weeks of the season in a boot and a cast for [REDACTED]. Not a [REDACTED]. Our [REDACTED] had [REDACTED] her [REDACTED] before the season started. She was [REDACTED] [REDACTED]. She never practiced one day but started every game. I was never [REDACTED], given only a [REDACTED], and made to play on and practice on a [REDACTED] [REDACTED]

CONCLUSION

The two head coaches used their power to dominate me and my teammates mentally and verbally which silenced our voices as women. Their actions created a racially hostile environment for the African American players and players such as myself who supported them.

[REDACTED]

The following constitutes a summary of the information possessed by [REDACTED] responsive to the questions asked. This is not an exhaustive record of her observations, the events and statements that occurred over the period of time inquired about. Rather, it is an effort to respond to the investigator's inquiries with a responsive summary.

University Investigator's Inquiry Submission

- When [REDACTED]
 - What were the circumstances of her being forced to come back early?
 - Who did she speak to about it and what was said?
 - Did she discuss her return to play with a doctor or coach?

- When she suffered a [REDACTED]
 - Who told [REDACTED] to tough it out and that it could not get worse?
 - When did [REDACTED] receive Dr. Bane's [REDACTED] before or after Dr. McDougal [REDACTED]
 - What limitations did Dr. Bane place on [REDACTED] return to play?
 - Did [REDACTED] know Dr. Bane's diagnosis when she played during the [REDACTED] game?
 - What were the circumstances of her being forced to play during the [REDACTED] game?
 - What were the circumstances of her suiting up for the Michigan State game on [REDACTED] [REDACTED] Were her activities otherwise limited leading up to the [REDACTED] game?

Response Exhibits

Attached and incorporated into this response, please find the following materials:

Exhibit 1 - Photographs (8) of October [REDACTED]

Exhibit 2 - Letter and chronology with information responsive to the above inquiries.

Exhibit 3 - [REDACTED] reports (3); [REDACTED]

Exhibit 4 - Training treatment records, [REDACTED] (4 pages)

Exhibit 5 - Office Exam Note (Dr. Bane), [REDACTED]

Response Supplement

Exhibit 2 sets out an accurate summation of the events, statements and chronology. This is not an exhaustive record of [REDACTED] observations, the events and statements that occurred over the

period of time from [REDACTED] Rather, it is an effort to respond to the investigator's inquiries with a responsive summary. The following is in supplement to the above.

[REDACTED]

In addition to the information referenced in Exhibit 1 photographs and the letter Exhibit 2, [REDACTED] was initially informed that the injury would require 6-8 weeks to heal. She practiced, trained and played with the injury continuously from the time of her return some three weeks after the injury the [REDACTED] injury occurred on [REDACTED]

[REDACTED]

The following is in addition to the information referenced in Exhibits 2 through 5. Upon the initial complaint of the injury, exams by Sam Laingen and even after initial [REDACTED] Laingen tells Taylor to tough it out it can't get any worse because it was [REDACTED] and this is the Big Ten.

[REDACTED] did as she was directed by Laingen, and practiced and played from [REDACTED] through [REDACTED] including the [REDACTED] game on [REDACTED] first learned her [REDACTED] had a [REDACTED] on [REDACTED] by Dr. MacDougall.

On [REDACTED] was put in the game late. She had no knowledge of the [REDACTED] diagnosis, and was told during the prior week by Laingen that this is the Big Ten, to tough it out and it could not get any worse; so when the coaches told [REDACTED] to go in, she did.

[REDACTED] did not practice from [REDACTED] with a medical playing status of "out." Despite the fracture and her medical playing status as "out," [REDACTED] suited up for the [REDACTED] and participated in warm up.

Dr. Bane did not provide any treatment and placed no limitations on [REDACTED] return to play from the time of the injury to the first time he examined her on [REDACTED]

No coach ever consulted or communicated with [REDACTED] about any of her injuries. Rather, Divilbiss, often in the presence of Bollant, routinely and repeatedly scolded certain specific players in a specific group about injuries, including [REDACTED] with the warning to "stay out of the training room." This was true for both the above injuries and was a direct cause, along with the other causes mentioned above, that resulted in [REDACTED] suffering through the injuries to practice, train and play when she would not have otherwise if the circumstances and team environment were different.

**Ekl, Williams
& Provenzale LLC**

Attorneys and Counselors at Law

Statement of

Exhibit 1

**Ekl, Williams
& Provenzale LLC**

Attorneys and Counselors at Law

Statement of 

Exhibit 2

Dr. Gurtler,

It is my understanding that you are the [REDACTED] that [REDACTED] for the university. If this message has reached you in error please direct this to the appropriate person. With that being said it is with great concern that I am contacting you. My daughter, [REDACTED] on the women's basketball team. She has been [REDACTED] I believe these injuries have been treated with negligence. No I am not a medical doctor but the two [REDACTED] doctors that have viewed [REDACTED] both agree that they would have treated this [REDACTED] much differently than your staff has. Neither doctor knows the other nor have they seen [REDACTED] thus far. They simply looked at the [REDACTED] I personally do not know either doctor. They looked at the [REDACTED] off the record as a favor. By the end of this letter it will be clear that I believe that [REDACTED] and overall wellness were not taken into account.

Chronological order of events:

Injury #1 [REDACTED] (I do not have all the documentation for this injury)

- [REDACTED]
- [REDACTED]
- [REDACTED] plays in exhibition on [REDACTED]
- Report on [REDACTED] states [REDACTED] it was anything but [REDACTED] I have pictures if you want to see them. Today she still has [REDACTED] and when I asked the trainer when this will [REDACTED] she stated that it will not [REDACTED] until she takes 4-6 weeks off at the end of the season.
- Both [REDACTED]

Injury #2 [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- Injury report states:
 - [REDACTED] walks to McKinley Health Center for [REDACTED]
 - Dr. Bane's evaluation states [REDACTED]
 - [REDACTED] is not told of Dr. Bane's report
 - Trainer looks at [REDACTED] and tells [REDACTED]
 - Participation status – OUT
 - A: [REDACTED]
- [REDACTED] still does not know it is [REDACTED]
- Injury report states:
 - S: able to [REDACTED]
 - A: [REDACTED] from Dr. Bane already states [REDACTED] How come this is not communicated to the trainer?)
 - P: [REDACTED] as tolerated.

- o Participation status – OUT
- [REDACTED] still does not know it is [REDACTED]
- [REDACTED] plays at [REDACTED]
- Calls home to tell me that the [REDACTED] and the [REDACTED] home was awful.
- I believe this is where the [REDACTED] takes place.
- [REDACTED] still does not know it is [REDACTED]
- Injury report states:
 - o S: Per Dr. MacDougall – [REDACTED]
 - o [REDACTED] at this point)
 - o P: [REDACTED]
 - o No [REDACTED]
 - o Participation status – Questionable
- I instruct [REDACTED] to talk with the trainer and tell her to take the necessary time off for it to completely heal.
- Trainer tells her two weeks is needed for [REDACTED] She will contact coaches to let them know.

- Injury report states: ath. Reports [REDACTED] States she wished to try to practice. (Why is she allowed to practice?)
 - o A: [REDACTED]
 - o P: ath. Tried [REDACTED] to complete [REDACTED] Removed from play. Rest x 1 week. [REDACTED] week
 - o Participation status: Questionable

- [REDACTED] (for the first time)
- [REDACTED] is told for the first time by Dr. Mac Dougall that the [REDACTED] This was after the [REDACTED] game. She has been [REDACTED] every day because she was told that it couldn't get any worse and that is what [REDACTED] to an athlete.

- [REDACTED] report from Dr. Bane states "The [REDACTED] No other [REDACTED] seen. (this is really upsetting because this shows that because she was allowed to play on the [REDACTED] it now has gotten worse and has [REDACTED] in which the trainer now has concern because, "If the [REDACTED]
- Injury report states:
 - o S: reports [REDACTED]
 - o P: [REDACTED] she is allowed to play [REDACTED] per Dr. Mac Dougall. [REDACTED] in one week.
 - o Participation status – Out

- [REDACTED] dresses and participates in all warm-ups at game speed in [REDACTED] game. (Why was she allowed to do this?)

- [REDACTED] report from Dr. Bane states [REDACTED]

- Injury report states:

- [REDACTED] as tolerated.
- Participation status – Out

- Injury report states:

- S: reports no [REDACTED] with sprinting and shooting.
- P: complete drills with coach Malone as tolerated with [REDACTED]
- Participation status – Out

- Injury report states:

- Practice with no contact

- Injury report states:

- A: [REDACTED]
- P: return to full activity with [REDACTED]

- I contacted the trainer and told her that I got a second opinion which stated another [REDACTED]

- I received another 2nd opinion and he too recommended [REDACTED]

He said that [REDACTED] would make it worse. HOW CAN TWO DOCTOR'S OPINIONS DIFFER SO MUCH FROM DR. BANE'S?)

- I contact Dr. Bane with my concerns and he could not guarantee me that if she continued to play that she would not permanently [REDACTED]. He said it was highly unlikely. I requested a [REDACTED] at this point. He stated that maybe [REDACTED] and the coaches and he should meet to discuss this. I said fine.

- Player [REDACTED] in practice which results in immediate [REDACTED]

- [REDACTED] walks to appointment at 7am.

- Dr. Bane sees [REDACTED] for the first time. (Why was she not seen immediately? Is it true that until a Dr. meets with the [REDACTED] personally they are not the doctor of record and cannot recommend

- [REDACTED] it is so hear in [REDACTED])

- [REDACTED] tells of the new [REDACTED] last night at practice

- Dr. Bane says that is normal and will hurt for a long time and that it is inevitable that she will have [REDACTED] (My question is, "If she was allowed to [REDACTED] notified of the [REDACTED] immediately, would the [REDACTED] happened thus no [REDACTED] Very displeased at this point.)

- Dr. Bane says that a [REDACTED] is out of the question. (How come I was not notified of the meeting that Dr. Bane promised to hold with the coaches regarding this matter? Was there even a meeting? My daughter was not invited if there was.)

In conclusion,

This has been a tough year for [REDACTED] with all the [REDACTED]. She is a [REDACTED] which is evident from the lack of communication and or [REDACTED]. That combined with the [REDACTED] leaves me with a bitter taste in my mouth. Leaves me wondering why my daughter's [REDACTED] was taken for granted and not [REDACTED] properly. I am more concerned at this time with my daughter's [REDACTED] and wish for her to be shut down to allow her to [REDACTED]. With that being said my hopes are that she is [REDACTED]. She has [REDACTED].

Thank you for your time in this matter and please [REDACTED] so that my [REDACTED].

If you have any questions or concerns I encourage you to contact me at your convenience. I can be reached at my [REDACTED]. I look forward to hearing your reply.

[REDACTED]

**Ekl, Williams
& Provenzale LLC**
Attorneys and Counselors at Law

Statement of 

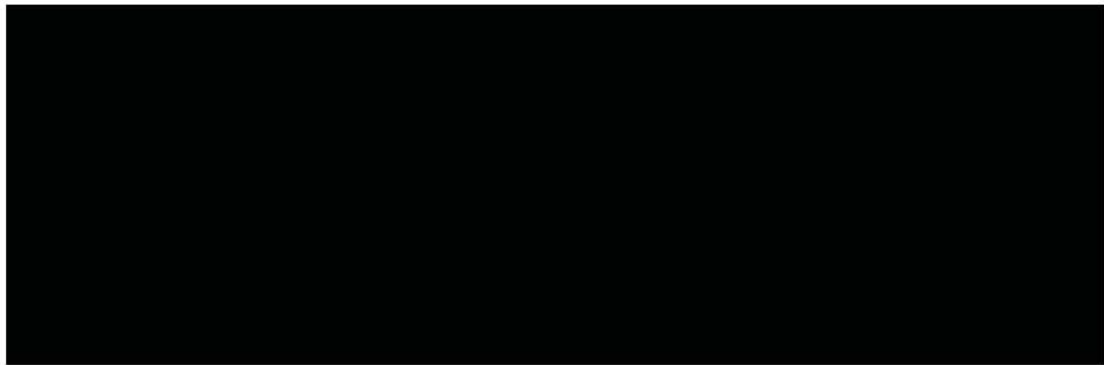
Exhibit 3

Christie Clinic Department of

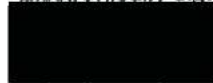
138:40 Page: 003/003

MCKINLEY HEALTH CENTER**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN**

Patient Name: [REDACTED]
Patient DOB: [REDACTED]
Patient ID: [REDACTED]
Date of Service: [REDACTED]
Ordering Provider: BANE, ROBERT M.D.



Electronically signed by Sadasiva Jampala, MD.



A handwritten signature in black ink, appearing to read 'S. Jampala'.

Ordering Provider Signature: _____

MCKINLEY HEALTH CENTER
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Patient Name: [REDACTED]
Patient DOB: [REDACTED]
Patient ID: [REDACTED]
Date of Service: [REDACTED]
Ordering Provider: BANE, ROBERT M.D.

[REDACTED]

Electronically signed by David Whippo, MD.

David J Whippo

Ordering Provider Signature: _____

Christie Clinic Department of

:38:53 Page: 002/002

MCKINLEY HEALTH CENTER

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Patient Name:

Patient DOB:

Patient ID:

Date of Service:

Ordering Provider: BANE, ROBERT M.D.

Electronically signed by Dolores Fernandez, MD.



Ordering Provider Signature: _____

Ekl, Williams
& Provenzale LLC
Attorneys and Counselors at Law


Statement of 

Exhibit 4

Injury Maintenance

Seen

Details

Seen by

Location

Participation Status

Laingen, Mary "Sam"

Ubben TR

OUT

Mary Laingen, MS, ATC

Laingen, Mary "Sam"

Ubben TR

OUT

Mary Laingen, MS, ATC

Laingen, Mary "Sam"


Ubben TR

QUESTIONABLE

Injury Maintenance





Mary Laingen, MS, ATC




Laingen, Mary "Sam"

State Farm Center

QUESTIONABLE



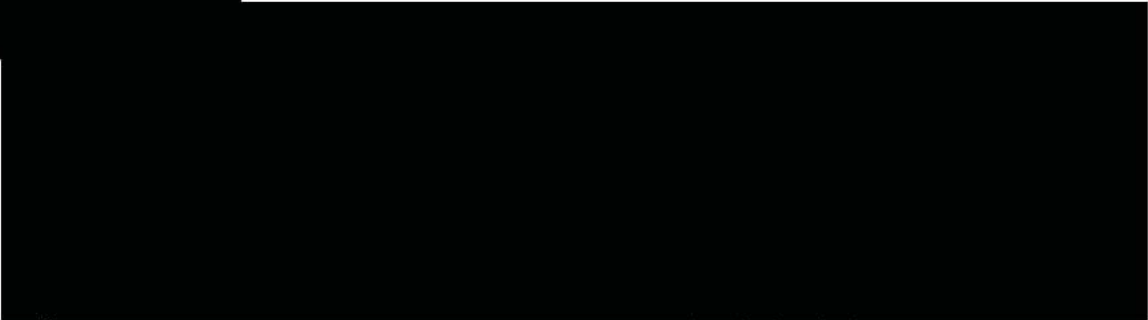
Mary Laingen, MS, ATC




Laingen, Mary "Sam"

Ubben TR

OUT



Mary Laingen, MS, ATC




Laingen, Mary "Sam"

Ubben TR

OUT

Injury Maintenance





Mary Laingen, MS, ATC



OUT


Mary Laingen, MS, ATC



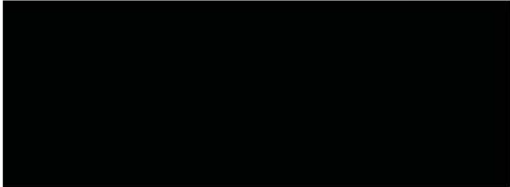
Laingen, Mary "Sam"

Ubben TR

PRACTICE/NO CONTACT



Mary Laingen, MS, ATC



Laingen, Mary "Sam"

Ubben TR

FULL PARTICIPATION

Injury Maintenance

[REDACTED]



Mary Laingen, MS, ATC

[REDACTED]

[REDACTED]

**Ekl, Williams
& Provenzale LLC**
Attorneys and Counselors at Law


Statement of 

Exhibit 5

Transcription

Author
Bane, Robert A, MD

Robert A. Bane, M.D.
YN/15527968
Billing # 15527968
Dictated: 02/02/2015 08 17 AM
Transcribed: 02/02/2015 08 59 AM
cc:
University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820

[REDACTED]

[REDACTED]

AM by Bane, Robert A,

[REDACTED]

[REDACTED]

TAB 6

Statement of [REDACTED]

The following is a summary of some of the events which occurred in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all of the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

Below you will find some of my experiences as a member of the University of Illinois Women's Basketball team which demonstrate the inappropriate actions of the coaches which contributed to the racially hostile environment on the basketball team:

I have witnessed the coaches treat the black players different from the white players. When they had a bad game they would get an "it's okay, we know you are hard enough on yourselves". When the blacks have a bad game we were insulted, disrespected, attacked, and embarrassed in front of everyone. This abuse has been [REDACTED] [REDACTED] I came to Illinois with a dream! [REDACTED] [REDACTED] attends the University along with [REDACTED] [REDACTED] I looked forward to getting my degree from University of Illinois knowing it would carry me a long way in my career. I [REDACTED] [REDACTED] because the thought [REDACTED] [REDACTED] that culture made me sick to my stomach.

I felt uncomfortable when we were preparing to play a majority African American team like Rutgers because coach Devilbiss would single out the blacks on the team to talk about what the other black team was thinking. Coach would lead off the discussion pressuring us to say "yeah they think your weak white girls". He said they are undisciplined and play street ball. The division of the team during that time made it feel like coach was thinking all blacks think alike.

In practice when a black player would do a certain move he would make a comment stating "that's the west side coming out". People should be proud of where they are from, but coach was saying it to make fun of where we come from.

During summer session myself and some of my teammates were out and attempted to [REDACTED] in a [REDACTED] We were [REDACTED] [REDACTED] to each other. Coach Bollant told me he only recruit good kids and this is not what they are about. He continued to talk about another player that was involved saying she was getting a severe punishment and I was made to run 20 suicides in 20 minutes as my punishment. I later found out that coach was aware of the white player on the team that was with us and he did not punish them.

During the [REDACTED] game coach Devilbiss walked up to me hit my shoulder with his, looked at me and said I dare you to say something. I just looked at him and said nothing.

During the [REDACTED] game during half time as I'm walking to the locker room Coach Devilbiss walked quickly up to me and said you better not walk away from me or I'm going to light your ass up. I again was confused because I was simply walking like everyone else and I was on the bench prior to halftime.

Later during summer practice while we were learning a play, coach Devilbiss stopped the practice to yell at me stating he didn't like how my face look. On days when I had a good practice he would say good job. The very next day, before practice would start, he would say you sucked yesterday and you better get you shit together. I was confused!

During another practice I [REDACTED] [REDACTED] and went to the trainer whom stated it was just [REDACTED] A couple of days later we had a game and my [REDACTED] was still hurting. I was [REDACTED] [REDACTED] and was told I could play in the game.

[REDACTED] [REDACTED]

The following responses constitute a summary of the information possessed by [REDACTED] responsive to the questions asked. This is not an exhaustive record of her observations, the events and statements that occurred over the period of time inquired about. Rather, it is an effort to respond to the investigator's inquiries with a responsive summary.

University Investigator's Inquiry Submission

- What information does she have regarding the extent of her [REDACTED] [REDACTED]

Response: None, other than she was told by Mary Laingen that she had a [REDACTED] [REDACTED]

- Who told her that she could play with a [REDACTED] [REDACTED]?

Response: Mary Laingen.

TAB 7

Statement

The following is a summary of some of the events which occurred in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

I want to first start off by saying that I absolutely love the University of Illinois (campus, community, academics etc.) However, my experience on the women's basketball team was an atrocious representation of the University. I also want to say my issues with this coaching staff are not coming from a lack of toughness (I played for coaches that were much more intense and demanding than this staff and didn't have any problems) or issues with coaching style or playing time. The issues I have are with the bullying, demeaning and disrespect of African American players, parents, and myself.

Our coaching staff did and said things that separated the black players from the white players. The black players were referred to as crabs, being toxic, and told numerous times that we were a part of an old culture and didn't know how to win. They would constantly bash our previous coach, who most of us were recruited by. There were many instances where we were preparing to play a team that had majority African American players and the coaches would say to us "they think that we're weak white girls don't they [redacted] (a black player on our team)." We were also told that we "better not poison the new kids" (referring to the players they recruited). In a practice (with recruits present) Divilbiss says to a freshman that she would be the next [redacted] or [redacted] ([redacted] and another black player). The same thing happened in a different practice but referring to [redacted] [redacted]

There were also multiple times in practice when we [redacted] [redacted] (which everyone does) and we were told that we didn't care and we just happy to have a uniform, as well as threats to take scholarships. When threatening to take scholarships, Bollant or Divilbiss said "don't even sign your apartment lease for next year, you probably won't be here." On the subject of taking scholarships, I had a meeting with Bollant, Divilbiss and myself [redacted] [redacted] and in the meeting I was told that I was a part of the 'old culture' and they wished 'they' could take my scholarship" (I assumed that 'they' was referring to the DIA).

I was also told in front of the team that I was segregating the team because I was sitting with two black players at a team dinner (who I went to high school with) and because I gave [redacted] a high five in the locker room after a game for making a good play. I couldn't believe that I was being yelled at for something so simple as a high five and that it was me segregating the team.

One thing that really bothered me about the coaching staff was when parents were around they would go out of their way to speak to white parents, have full conversations with them, sit with them if they were at team dinners and interacted with them genuinely. When it came to the black parents, there was barely any conversation if any at all. [REDACTED] [REDACTED] came to pretty much every game, banquet, or team event (before relocating to [REDACTED] and most times they were not spoken to at all. This was very confusing [REDACTED] [REDACTED] because [REDACTED] [REDACTED] have always been positive and cooperative with them before this investigation. [REDACTED] [REDACTED] came into town a week before senior day to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] came to practice and was with me in the training room. Coach Bollant walked right passed [REDACTED] and didn't say a word. There was another time on a team trip (in the Virgin Islands) that the team and parents were at dinner. Coach Divilbiss went around talking and sitting with different parents of players. I don't think it was a coincidence that the only parent he did not say anything to was black.

TAB 8

STATEMENT

The following is a summary of some of the events which occurred in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

I was considered one of the "crabs", the players that would "pull down" the other players. All of the "crabs" were black players. The spring of my [REDACTED] at the University of Illinois, I was told that the only players who would be allowed to practice with the [REDACTED] [REDACTED] would be [REDACTED] (a white player), [REDACTED] (a white player) and [REDACTED] (a white player). That meant all the African American players were excluded from playing with the incoming recruits.

During the season, Divilbiss regularly asked the black players on the team if they wanted to beat the opposing white players. Both regularly referred to the opposing team if made of black players as undisciplined and unintelligent and if made of white players as disciplined and intelligent.

Along with other teammates, I was told not to renew my lease for the next school year. It was taken as a threat that my scholarship would not be renewed. I had just signed a lease for the following year, and the coaches were well aware of that.

My [REDACTED] has [REDACTED] because of the team environment and mistreatment by the coaches. I was [REDACTED] for almost the entire year of playing basketball at the University of Illinois. I was never [REDACTED] before my time there, or have I been since [REDACTED] I also [REDACTED] and had [REDACTED] [REDACTED] [REDACTED] I attribute this to an unrealistic practice schedule set by the coaches, along with their constant badgering and lack of concern for our health and wellbeing.

For example, the first summer we arrived, practice was early morning and since I had to be taped before practice, I could not get to the dorm cafeteria while it was open. We had limited time to schedule, classes and I had to attend classes during the lunch hour. We had to be back at the gym for lifting during the dinner hours of our dorm cafeteria. I was told, "do not tell your parents what happens in practice, because they wouldn't understand".

I saw a teammate have to "weigh in" every day and text Coach Bollant with her weight. I was personally and constantly berated by Divilbiss. His outbursts were frightening. His criticisms were relentless. He bullied, intimidated, and attempted to shame me and/or whoever was the unfortunate recipient of his rants that day. Bollant and Divilbiss had a private meeting with me early in the season. I believe they used [REDACTED] [REDACTED] [REDACTED] [REDACTED] that I shared in that meeting for

"material" to later use against me in their verbal attacks. I was constantly accused of being [REDACTED]. Coach Bollant stood by silently watching, and by ALL his actions, completely approved of Divilbiss' abuse and comments. Bollant's silence spoke just as loudly as Divilbiss' rage. The other coaches saw it, too. After another day of Divilbiss' brutal verbal attacks, I [REDACTED] at the free throw line. I looked to coach Malone, and she just turned around. She turned her back on me. I currently receive [REDACTED] [REDACTED]
[REDACTED]

[REDACTED]

The following constitutes a summary of the information possessed by [REDACTED] responsive to the question asked. This is not an exhaustive record of her observations, the events and statements that occurred over the period of time inquired about. Rather, it is an effort to respond to the investigator's inquiries with a responsive summary.

University Investigator's Inquiry Submission

- How did the coaches show that they were not concerned with her health and wellbeing?

Response: A detailed response to this question is not practical, even in summary, as the instances when the coaches demonstrated an indifference to [REDACTED] health and well-being are so numerous. Furthermore, much of the conduct and indifference did not involve medical care or treatment by the coaches or training staff, such as personal attacks, humiliations and embarrassments. The following is an effort to provide a summary response addressing the specific issue subject to the investigation of medical / training treatment.

During her [REDACTED] ns after 2 intense training sessions, including [REDACTED]. She reported this to the coaches and training staff but they did nothing for her. After that, she [REDACTED] saw her and helped [REDACTED].

TAB 9

Statement of [REDACTED]

The following is a summary of some of the events which occurred over the past three seasons in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all of the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

1. Racially Charged Terms:

a. *Crabs:* used by Divilibis in the presence of Coach Bollant and the players to refer to only Coach Law's players

- **Bollant's recruits were never referred to as "crabs" or "toxic".**
- **Divilibis always reminded players of how selfish "crabs" were by using the example, "when you put crabs in a bucket, they always pull each other down!"**
- **"Toxic players" and "crabs" were used interchangeably and always referred to Coach Law's players, who were all African-American.**
- **Divilibis always mentioned that, "Toxic players and their mentalities were one of the main reasons why the Illinois Women's Basketball program was unsuccessful for the past 20 years!"**

b. *Other verbal mistreatment:*

- **Divilibis called [REDACTED] out in front of the entire team and coaching staff about her [REDACTED]**
- **[REDACTED] told me about how Divilibis demeaned her character in a meeting with her Bollant and Divilibis. Divilibis insulted her by discussing unrelated basketball topics such as, her "evil" personality and academic standings relative to the health care career she was interested in pursuing.**
- **[REDACTED] has also had several emotional breakdowns immediately after practice because she could no longer tolerate nor handle the cruel verbal abuse from Divilibis that Bollant witnessed and allowed. Two (2) accounts took place in our arena where we were practicing to prepare for a game. One situation where I [REDACTED] [REDACTED] was in the hallway [REDACTED]
[REDACTED]
practice. Another time when I [REDACTED] [REDACTED] was in the doctor's office of the athletic training room. [REDACTED]
[REDACTED]
[REDACTED]**

- Divilibis obnoxiously scolded and reprimanded [REDACTED] on several accounts during this past season. One vivid memory I have was during a game. She made an error on the court and he continuously yelled at her as she ran up and down the court several plays after she made the mistake. This verbal scolding continued into the media timeout where Bollant was talking to the other four players that were in the game and Divilibis continuously spoke to [REDACTED] with his face being only a few inches from hers as he insisted on cursing at her and reprimanding her for the mistake that took place several minutes prior. This verbal mistreatment was absolutely unacceptable in games and practices. It was absolutely sickening to watch.

2. Team culture & Intentional division of the team:

Dog Pound workouts: this term was used by the coaches to refer to workouts solely intended for the players on the team who did not play a certain amount of minutes in the game the day before.

- This group consisted of the “crabs” and “toxic” players of the team. There were only 2 people in this workout group that were not classified as “crabs”. These two players were Bollant’s recruits.
- This group was required to workout whenever the coach demanded, even if it was on the teams only “off-day” for the week.
- The starters were highly encouraged to cheer us on during this “dog-pound” workout the same way the “dog-pound” cheered them on during the game the day before.
- The coaches did not always insist that the starters watched this workout. Sometimes the starters would be in rehab or treatment while the “dog pound” workout was going on.
- One time the starters were not even in the building during one of our “dog pound” workouts.
- This was the start of the division of the team that seemed to be enforced by the coaches.

a. *Intentional division of the team:* during the first two years of Bollant’s career at Illinois, when the team traveled, everyone was eventually going to room with each teammate over the course of the year

- This past season these rooming arrangements did not take place
- All of the Caucasian players were roommates and all of the African-Americans were each other’s roommates as well. This pattern continued for the entire season, and there was never an opportunity to room with teammates of a race other than your own.

- In the middle of the season Bollant and Divilibis decided that two of the Caucasian players should lead the team by running practices and conducting scouting reports for the team as well. This also created division amongst the team because these two players were constantly in Bollant's, especially Divilibis' office. As a teammate, we no longer trusted them because we were afraid that anything we said, they would go back and tell the coaches. This created more division, created by the coaches, of the team.
- When it came to scouting other teams Divilibis always questioned the Black girls about what the opposing, predominantly Black, team was going to do. This was heavily implying that since we were Black we were automatically assumed to know their game plan, and style of play. These predominant African American teams such as Rutgers, Kentucky and Maryland were referred to as the athletic, undisciplined teams. And the predominantly Caucasian teams, such as the Iowa's of the world, were referred to as the well-disciplined teams.

3. Personal Accounts:

- a. Bollant and his staff came to Illinois at the end of my [REDACTED]). Throughout my [REDACTED] I experienced a lot of verbal mistreatment during our practices. Even though two of the thirteen players on the team were Bollant's recruits, I personally received verbal mistreatment. Bollant and Divilibis treated the starters/stars of the team differently than the non-starters. Each and every day in practice I was yelled at and reprimanded for at least one mistake I made. If a starter made the same mistake they were not reprimanded in the same manner that I was. The smallest mistake I would make, seemed like an end of the world ordeal to them (Bollant and Divilibis). Bollant and especially Divilibis' exaggerated responses to my actions on the court were ridiculous and uncalled for. It seems as if they were intentionally verbally mistreating me as a way to make me quit and leave the team. As this verbal mistreatment continued for the [REDACTED] season, I eventually had a meeting with Bollant and Divilibis at the end of the year. All players had an end of the year meeting with these two individuals. In my meeting with Bollant and Divilibis, they expressed to me that they didn't see me fitting into their rotation of 7-8 players, for the next basketball season. They offered their help in finding me another school to go to and play for if I chose to leave the University of Illinois. After this meeting, it verified for me that Bollant and Divilibis' verbal maltreatment was to try to make me quit the team and leave the program. In the end, Divilibis was still verbally abusive to my teammates, in Bollant's presence, and that was totally unacceptable.

TAB 10

Statement of [REDACTED]

The following is a summary of some of the events which occurred over the past two seasons in connection with my participation as a member of the University of Illinois Women's Basketball team. The document is not intended to be a comprehensive list of all of the misconduct I experienced. The most serious problem with the women's basketball program is the creation of a racially hostile environment for players.

The actions and events which took place within the women's basketball program caused there to be an environment which was viewed by myself and other players to be racially hostile. This environment was the product of a series of statements and actions taken by Coaches Bollant and Divilbiss.

The following represents some of the observations of [REDACTED]

- There were repeated attacks on my character by Coach Davilbiss in the presence of Coach Bollant.
- My character was always being attacked and I felt as if I was being bullied. This was done by Coach Divilbiss in the presence of Coach Bollant.
- I did everything that was required of me, I improved on the things that I was asked to improve on and I was always a respectful person.
- There was constant bullying that I felt [REDACTED] why until they started everything. Later on it became evident that they were mistreating players based upon race.
- I had done everything that these coaches had asked of me, as well as [REDACTED] [REDACTED]s but it was almost like it was never enough for these coaches.
- The verbal abuse happened for me on a day-to-day basis, but I thought that it was something that I had to push through, but then handling it my self and on my own was [REDACTED]
- Throughout the season of my junior year multiple people were [REDACTED]
[REDACTED]
- On of my academic advisors who I had known for [REDACTED] throughout my career here at the University of Illinois, saw how [REDACTED]
[REDACTED]
- There were many days when I would [REDACTED]
[REDACTED]

_____ this specific day in practice when another player had made a mistake, and I had absolutely nothing to do with the play, Coach Divilbiss came over to me and told me that he and the coaching staff did not have any faith in me or belief in me. He told me this in front of the whole team, recruits, and people from administration. _____ because it had nothing to do with anything that had happened, it was just simply an attack on me, and it was very humiliating. After this practice _____

- Coach Divilbiss, in the presence of Coach Bollant showed me a list of people who were going to play and a list of people who they didn't know what to do with. The only white girl in the list was _____, the rest were Coach Laws recruits, and Coach Divilbiss threatened me that if anyone found out about this list, he would make sure I was no longer on the team.
- One day I went to watch film with Coach Malone. Coach Divilbiss said that he didn't know why I was coming into the office to watch film.
- At the end of my _____, the Coaches Bollant and Divilbiss had a meeting with me before our spring break vacation. They told me that they wanted me to _____ because they felt like I was going to be a bad influence on the girls. Coach Bollant told me that it was best if I _____. This confused me greatly because I never started trouble on the team. They told me that it had nothing to do with talent as to why they wanted me to _____ but because I had too much of an influence on the girls and they looked up to me. They told me that they can "put up" with someone who they can control and did not say anything, but because I was a role model to these girls and they wanted "their" girl to be the team leader. They said that they didn't want me there. After being told this I was so taken back with everything because I was doing well in school, I hadn't ever gotten in trouble on the team and I was someone who my teammates respected and looked up to. When I responded that I did not want to leave and that I would stay even if that meant that I would be the best practice player they had, as long as I can be a part of this TEAM, that is when I instantly got verbally attacked. Coach Divilbis then took control of the whole meeting. He instantly looked at me with pure disgust and rage as I sat there explaining how much I wanted to be a part of this program. He then cut me off and said why? And then proceeded to attack my character. He said that I was a bully and he proceeded to accuse me of manipulating my team to dislike one of the players. As I tried to stand up for my self he immediately shut

me down. At that very moment I knew that I had to sit there in silence and allow this man to demoralize me as a person. I knew I had to sit there and take whatever negative thoughts and comments came my way, because the way I was raised you never ever disrespect an adult. Coach Divilbis then kept attacking me. He told me that I was a manipulative person who enjoys drama and bringing others down, he said that I strategically planned to live with my [REDACTED] teammates so I can poison them and bring them down, which would cause them to do bad. He then asked me what it is that I wanted to do when I got out of college and I told him that I wanted to be a [REDACTED], he then laughed and sarcastically said isn't your [REDACTED] as if I wasn't capable of reaching this goal. As I sat there and [REDACTED] there was nothing that I can say nor do, Coach Bollant stayed quiet and the attacking continued. I told them that everything that they had asked me to improve on I had done. For example, they asked me to improve on my shot and when I told them during that meeting that I improved my shot, Coach Divilbis barked back saying well you missed 2 wide open shots in [REDACTED] That is when I noticed that whatever I said was not going to help me or change his way of thinking.

- [REDACTED]
- Coach Divilbiss would tell me that I was a bad influence on the girls. He claimed that I planned to live with the [REDACTED] girls so I can bring them down and cause them to do bad. He called me manipulative.
- Coach Divilbiss was mad at me because he claimed that I had [REDACTED] back, instead of "theirs" in a situation where I thought it was appropriate to support [REDACTED]
- When they asked me to leave, they said it has nothing to do with talent, they believed that because the girls looked up to me and they did not want me to be their leader that I would try and bring the girls down.
- I was told during the meeting that if I were to stay and continue to be in the program that coach d would feel very uneasy.
- I was asked by the assistant coaches to help the [REDACTED] to understand plays even though I was specifically told not to be a [REDACTED] or have any influence on any of the [REDACTED] ... when the whole time if I was such a bad person why they would ask me to help the [REDACTED] players when "their" girl was suppose to be the leader.
- Both coaches tried to make me switch rooms because my class was the [REDACTED] of Coach Law's class. Coach Divilbiss used the derogatory term "crabs" to refer to the girls recruited by Coach Law. The coaching staff did not want me to live with

any of their girls. Coach Bollant wanted to move me out just so coach Divilbiss would not say anything.

- Coach Divilbiss also told me that if I were to stay that he would do everything in his power to make me leave.
- Very negative towards me.
- The coaches used the term “dog pound” (which were the **predominantly black**) non-starters for extra workout group).
- They told me that the reasons why they wanted me to leave was because they could control someone who “had no influence on the team.”
- The players found out Coach Divilbiss was fired from other previous coaching job because of his abuse and misconduct. When he would talk about it to our team he would be so angry and always say that he felt that his previous coaching staff and administration had “betrayed” him because they fired him because of his abuse towards his players.

TAB 11

Subject: Re: University of Illinois Medical Management Investigation

Date: 7/21/2015 7:40 AM

From: [REDACTED]

To: "Smith, Jennifer A." <jas@franczek.com>

We understand that you experienced a [REDACTED] Were you deterred in any respect from reporting the injury to the team trainer and/or physician? At Illinois, have you ever been deterred from reporting an injury? Please explain.

This is correct during a practice in [REDACTED] [REDACTED]
[REDACTED] I was immediately escorted to the locker room by our trainer Sam Laingen, without hesitation. I wasn't allowed to practice the rest of the day. I have never felt that I couldn't report an injury to my training staff. I have had several minor injuries throughout the year and I reported them all with no fear.

- Is it accurate that Dr. Gertler recommended surgery, but you decided on a different course of treatment with the support of your family?

This is also true. Dr. Gertler took a look at it that very day in the locker room and advised that I have [REDACTED] [REDACTED] done on it as soon as possible. They fit me in to an appointment very quickly and after looking it over, Dr. Gertler met with my coaches, Sam and myself privately to give us the news. He told me that I had [REDACTED] d

[REDACTED] My parents came out to Champaign as soon as they heard about his opinion and, because my [REDACTED] and based on [REDACTED] disagreed with Dr. Gertler's opinion and advised that I [REDACTED]. Instead of forcing me to [REDACTED] the sports medicine staff respected my wishes and we started on [REDACTED] measures the next day.

you experience any pressure from coaches to pursue any particular course of treatment? Please explain.

coaches have always respected both mine and my parent's, wishes and have never forced me to do any extreme measures. In fact, they support the fact that my [REDACTED] ?

[REDACTED] Of course my [REDACTED] was a set back to not only my season, but my team's season and no one expected it, but injuries do happen. Not once did I feel the pressure to return to play before I felt comfortable enough to ease back in to practice, and when my [REDACTED] was fully recovered the sports medicine staff made sure to keep an extra eye out for any other concerns.

- Did coaches follow the [REDACTED] s during you [REDACTED] [REDACTED]? Has there ever been a time that coaches did not abide by restrictions set by physicians or trainers? Please explain.

My coaches have full support and belief in Sam and the rest of our sports medicine staff, and would never do anything without running it by one of them first. They have always been concerned with our health and safety and make sure that that is the number one priority of Illinois Women's basketball

- Please explain any other concerns or issues you have regarding the management of your medical issues while you have been a player on the U of I women's basketball team.

I have played with the University of Illinois Women's Basketball team for over [REDACTED], and I have always felt comfortable approaching any one of the staff members with any concern whatsoever. There are a lot of different opinions out there about health care and how it is administered but the coaching staff, along with the sports medicine staff, have always made each and every one of their players' health and safety a top concern, and wouldn't do anything to damage that.

Hope this helps you in your interview process.

[REDACTED]
Illinois Women's Basketball

[REDACTED]

Thank you for making time to confirm some information for us as part of our investigation into the management of medical issues for women's basketball players. We are interested in your experience of any pressure to play injured or pressure to return to play from injury too quickly. Please provide any information that you think is relevant from your experience, and specifically provide your perspective on the following issues:

- We understand that you experienced a [REDACTED]. Were you deterred in any respect from reporting the injury to the team trainer and/or physician? At Illinois, have you ever been deterred from reporting an injury? Please explain.
- Is it accurate that Dr. Gertler [REDACTED], but you decided on a different course of treatment with the support of your family?
- Did you experience any pressure from coaches to pursue any particular course of treatment? Please explain.
- Did coaches follow the restrictions set by physicians during your recovery process? Has there ever been a time that coaches did not abide by restrictions set by physicians or trainers? Please explain.
- Please explain any other concerns or issues you have regarding the management of your

■■■■ while you have been a player on the U of I women's basketball team.

Again, thank you for taking time to provide us with this information. If it would be easier to discuss these issues by phone, I will make myself available anytime. I know that you are ■■■■ with significant time restraints, but I can be available anytime Monday or Tuesday—day or night—to talk.

Jennifer

Jennifer A. Smith

Partner

312.786.6589

jas@franczek.com

Franczek Radelet P.C.

300 South Wacker Drive

Suite 3400

Chicago, IL 60606

312.986.0300 - Main

312.986.9192 - Fax

www.franczek.com

Circular 230 Disclosure: Under requirements imposed by the Internal Revenue Service, we inform you that, unless specifically stated otherwise, any federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or tax-related matter herein.

For more information about Franczek Radelet P.C., please visit franczek.com. The information contained in this e-mail message or any attachment may be confidential and/or privileged, and is intended only for the use of the named recipient. If you are not the named recipient of this message, you are hereby notified that any dissemination, distribution, or copying of this message or any attachment thereto, is strictly prohibited. If you have received this message in error, please contact the sender and delete all copies.

Franczek Radelet is committed to sustainability - please consider the environment before printing this email

TAB 12



**University of Illinois – Division of Intercollegiate Athletics
Sports Medicine Department**

Injury Management Protocol

Rationale for Guidelines:

Delayed injury management during sport practice or competition can put the student-athlete at risk for further injury. The sports medicine staff needs to be given reasonable time to perform an evaluation and be able to make a return-to-play decision. The decision made is final and should not be subject to confrontation by any member of the Illinois coaching staff. This protocol has been put in place, for all sports and is in the best interest of our student-athletes' well-being.

Guidelines:

- If an injury occurs, a member of the sports medicine staff should be notified and permitted to perform an appropriate evaluation.
- The student-athlete is not available for practice/competition during the evaluation and the sport coaches will be notified.
- Once a decision has been made, the status of the student-athlete will be communicated to the Head coach and or his/her designee.

Football Specific return-to-play guidelines:

Practice: *Same as above*

Game:

- Head Football Athletic Trainer watches the field for injuries during the game.
- One Assistant Athletic Trainer assigned to offense and one Assistant Athletic Trainer to defense to observe and tend to any injuries that occur during the game. Their job is to communicate playing issues to the Head Football Athletic Trainer and also assist watching the field when their group is on the field.
- One Graduate Assistant Athletic trainer is assigned to watch substitutions going on and off the field. Their job is to communicate playing issues to the Head football athletic trainer and help with hydration of the players.

- There will be at least two team physicians at all football games (one orthopedic surgeon and one primary care sports medicine physician) who during the game help the Head Football Athletic trainer watch the field and evaluate injuries.
- When injuries occur on the field the Head Football Athletic trainer and the respective assistant athletic trainer watching the field go out and tend to the student-athlete. The Head Football athletic trainer will communicate to the physicians and assistant athletic trainers via two way radios on nature of the injury and what equipment may be needed to assist with care on the field.
- Once the student-athlete has been removed from the field, their helmet will be taken by one of the sports medicine staff and not returned until they have been cleared to return-to-play.
- One of the team physicians, along with the assistance of the assigned Assistant Athletic trainer (offense/defense) will evaluate the student-athlete.
- The Head Football Athletic Trainer will alert the appropriate coaching staff that the student-athlete has been removed from play and is being evaluated. The Head Football Athletic trainer may return to watching the field. If the Head Football Athletic Trainer evaluates the student-athlete, the Assistant Athletic Trainer whose group is on the field will watch the field.
- Once the student-athlete has been evaluated and their playing status is determined, the team physician and/or the assistant athletic trainer will notify the Head Football Athletic Trainer of their status who then notifies the Head Football coach and the appropriate other coaching staff.

TAB 13

Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as Public Acts soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the Guide.

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS

(225 ILCS 5/) Illinois Athletic Trainers Practice Act.

(225 ILCS 5/1) (from Ch. 111, par. 7601)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Declaration of findings and public policy. The General Assembly finds that athletic training in the State of Illinois affects the public health, welfare, and safety and its regulation and control to be in the public interest. It is further found and declared that, as a matter of public policy in the public interest, athletic trainers, as defined in this Act, merit and receive the understanding and confidence of the public and, to this end, that only qualified persons be permitted to hold themselves out to the public as athletic trainers in the State of Illinois. This Act shall be liberally construed to best carry out these findings and purposes.

(Source: P.A. 84-1080.)

(225 ILCS 5/2) (from Ch. 111, par. 7602)

(Section scheduled to be repealed on January 1, 2026)

Sec. 2. Title. This Act shall be known and may be cited as the "Illinois Athletic Trainers Practice Act".

(Source: P.A. 84-1080.)

(225 ILCS 5/3) (from Ch. 111, par. 7603)

(Section scheduled to be repealed on January 1, 2026)

Sec. 3. Definitions. As used in this Act:

(1) "Department" means the Department of Financial and Professional Regulation.

(2) "Secretary" means the Secretary of Financial and Professional Regulation.

(3) "Board" means the Illinois Board of Athletic Trainers appointed by the Secretary.

(4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:

A. Supervision of the selection, fitting, and maintenance of protective equipment;

B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;

C. Counseling of athletes on nutrition and hygiene;

D. Supervision of athletic training facility and inspection of playing facilities;

E. Selection and maintenance of athletic training equipment and supplies;

F. Instruction and supervision of student trainer staff;

G. Coordination with a team physician to provide:

(i) pre-competition physical exam and health history updates,

(ii) game coverage or phone access to a physician or paramedic,

(iii) follow-up injury care,

(iv) reconditioning programs, and

(v) assistance on all matters pertaining to the health and well-being of athletes.

H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;

I. With a physician, determination of when an athlete may safely return to full participation post-injury; and

J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

(5) "Referral" means the guidance and direction given by the physician, who shall maintain supervision of the athlete.

(6) "Athletic trainer aide" means a person who has received on-the-job training specific to the facility in which he or she is employed, on either a paid or volunteer basis, but is not enrolled in an accredited athletic training curriculum.

(7) "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address, and those changes must be made either through the Department's website or by contacting the Department.

(8) "Board of Certification" means the Board of Certification for the Athletic Trainer.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/4) (from Ch. 111, par. 7604)

(Section scheduled to be repealed on January 1, 2026)

Sec. 4. Licensure; exempt activities. No person shall provide any of the services set forth in subsection (4) of Section 3 of this Act, or use the title "athletic trainer" or "certified athletic trainer" or "athletic trainer certified" or "licensed athletic trainer" or the letters "A.T.", "C.A.T.", "A.T.C.", "A.C.T.", or "I.A.T.L." after his or her name, unless licensed under this Act.

Nothing in this Act shall be construed as preventing or restricting the practice, services, or activities of:

(1) Any person licensed or registered in this State by any other law from engaging in the profession or occupation for which he or she is licensed or registered.

(2) Any person employed as an athletic trainer by the Government of the United States, if such person provides athletic training solely under the direction or control of the organization by which he or she is employed.

(3) Any person pursuing a course of study leading to a degree or certificate in athletic training at an accredited educational program if such activities and services constitute a part of a supervised course of study involving daily personal or verbal contact at the site of supervision between the athletic training student and the licensed athletic trainer who plans, directs, advises, and evaluates the student's athletic training clinical education. The supervising licensed athletic trainer must be on-site where the athletic training clinical education is being obtained. A person meeting the criteria under this paragraph (3) must be designated by a title which clearly indicates his or her status as a student or trainee.

(4) (Blank).

(5) The practice of athletic training under the supervision of a licensed athletic trainer by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9 except the passing of the examination to be eligible to receive such license. This temporary right to act as an athletic trainer shall expire 3 months after the filing of his or her written application to the Department; when the applicant has been notified of his or her failure to pass the examination authorized by the Department; when the applicant has withdrawn his or her application; when the applicant has received a license from the Department after successfully passing the examination authorized by the Department; or when the applicant has been notified by the Department to cease and desist from practicing, whichever occurs first. This provision shall not apply to an applicant who has previously failed the examination.

(6) Any person in a coaching position from rendering emergency care on an as needed basis to the athletes under his or her supervision when a licensed athletic trainer is not available.

(7) Any person who is an athletic trainer from another state or territory of the United States or another nation, state, or territory acting as an athletic trainer while performing his or her duties for his or her respective non-Illinois based team or organization, so long as he or she restricts his or her duties to his or her team or organization during the course of his or her team's or organization's stay in this State. For the purposes of this Act, a team shall be considered based in Illinois if its home contests are held in Illinois, regardless of the location of the team's administrative offices.

(8) The practice of athletic training by persons licensed in another state who have applied in writing to the Department for licensure by endorsement. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of

intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.

(9) The practice of athletic training by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.

(10) The practice of athletic training by persons actively licensed as an athletic trainer in another state or territory of the United States or another country, or currently certified by the Board of Certification, or its successor entity, at a special athletic tournament or event conducted by a sanctioned amateur athletic organization, including, but not limited to, the Prairie State Games and the Special Olympics, for no more than 14 days. This shall not include contests or events that are part of a scheduled series of regular season events.

(11) Athletic trainer aides from performing patient care activities under the on-site supervision of a licensed athletic trainer. These patient care activities shall not include interpretation of referrals or evaluation procedures, planning or major modifications of patient programs, administration of medication, or solo practice or event coverage without immediate access to a licensed athletic trainer.

(12) Persons or entities practicing the specified occupations set forth in subsection (a) of, and pursuant to a licensing exemption granted in subsection (b) or (d) of, Section 2105-350 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, but only for so long as the 2016 Olympic and Paralympic Games Professional Licensure Exemption Law is operable.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/5) (from Ch. 111, par. 7605)

(Section scheduled to be repealed on January 1, 2026)

Sec. 5. Administration of Act; rules and forms.

(a) The Department shall exercise the powers and duties prescribed by the Civil Administrative Code of Illinois for the administration of Licensure Acts and shall exercise such other powers and duties necessary for effectuating the purposes of this Act.

(b) The Secretary may promulgate rules consistent with the provisions of this Act for the administration and enforcement thereof, and for the payment of fees connected therewith, and may prescribe forms which shall be issued in connection therewith. The rules may include standards and criteria for licensure, certification, and professional conduct and discipline. The Department may consult with the Board in promulgating rules.

(c) The Department may at any time seek the advice and the expert knowledge of the Board on any matter relating to the administration of this Act.

(d) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/6) (from Ch. 111, par. 7606)

(Section scheduled to be repealed on January 1, 2026)

Sec. 6. Board. The Secretary shall appoint an Illinois Board of Athletic Trainers as follows: 7 persons who shall be appointed by and shall serve in an advisory capacity to the Secretary. Two members must be licensed physicians in good standing in this State; 4 members must be licensed athletic trainers in good standing, and actively engaged in the practice or teaching of athletic training in this State; and 1 member must be a public member who is not licensed under this Act, or a similar Act of another jurisdiction, and is not a provider of athletic health care service.

Members shall serve 4 year terms and until their successors are appointed and qualified. No member shall be reappointed to the Board for more than 2 consecutive terms. Appointments to fill vacancies shall be made in the same manner as original appointments, for the unexpired portion of the vacated term.

The Secretary shall have the authority to remove or suspend any member of the Board for cause at any time before the expiration of his or her term. The Secretary shall be the sole arbiter of cause which in the opinion of the Secretary reasonably justifies such termination.

The Secretary may consider the recommendation of the Board on questions involving standards of professional conduct, discipline, and qualifications of candidates and license holders under this Act.

Four members of the Board shall constitute a quorum. A quorum is required for all Board decisions. Members of the Board have no liability in any action based upon any disciplinary proceeding or other activity performed in good faith as a member of the Board. Members of the Board shall be reimbursed for all legitimate, necessary, and authorized expenses incurred in attending the meetings of the Board, from funds appropriated for that purpose.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7) (from Ch. 111, par. 7607)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7. Applications for original licensure. Applications for original licensure shall be made to the Department in writing on forms prescribed by the Department and shall be accompanied by the required fee, which shall not be returnable. Any such application shall require such information as in the judgment of the Department will enable the Department to pass on the qualifications of the applicant for licensure. Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7.5. Social Security Number on license application. In addition to any other information required to be contained in

the application, every application for an original license under this Act shall include the applicant's Social Security Number, which shall be retained in the Department's records pertaining to the license. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license. Every application for a renewal or restored license shall require the applicant's customer identification number.
(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/8) (from Ch. 111, par. 7608)

(Section scheduled to be repealed on January 1, 2026)

Sec. 8. Examinations. If an applicant neglects, fails, or refuses to take an examination or fails to pass an examination for licensure under this Act within 3 years after filing his or her application, the application shall be denied. The applicant may thereafter make a new application accompanied by the required fee; however, the applicant shall meet all requirements in effect at the time of subsequent application before obtaining licensure.

The Department may employ consultants for the purposes of preparing and conducting examinations.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/9) (from Ch. 111, par. 7609)

(Section scheduled to be repealed on January 1, 2026)

Sec. 9. Qualifications for licensure. A person shall be qualified for licensure as an athletic trainer if he or she fulfills all of the following:

(a) Has graduated from a curriculum in athletic training accredited by the Commission on Accreditation of Athletic Training Education (CAATE), its successor entity, or its equivalent, as approved by the Department.

(b) Gives proof of current certification, on the date of application, in cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) for Healthcare Providers and Professional Rescuers or its equivalent based on American Red Cross or American Heart Association standards.

(b-5) Has graduated from a 4 year accredited college or university.

(c) Has passed an examination approved by the Department to determine his or her fitness for practice as an athletic trainer, or is entitled to be licensed without examination as provided in Sections 7 and 8 of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/10) (from Ch. 111, par. 7610)

(Section scheduled to be repealed on January 1, 2026)

Sec. 10. Expiration and renewal; continuing education requirement. The expiration date and renewal period for licenses issued under this Act shall be set by rule. As a condition for renewal of a license, licensees shall be required to complete continuing education in athletic training in accordance with rules established by the Department.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/11) (from Ch. 111, par. 7611)

(Section scheduled to be repealed on January 1, 2026)

Sec. 11. Inactive licenses; restoration. Any athletic

trainer who notifies the Department in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status.

Any athletic trainer requesting restoration from inactive status shall be required to pay the current renewal fee, shall demonstrate compliance with continuing education requirements, if any, and shall be required to restore his or her license as provided in Section 12.

Any athletic trainer whose license is in expired or inactive status shall not practice athletic training in the State of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/12) (from Ch. 111, par. 7612)

(Section scheduled to be repealed on January 1, 2026)

Sec. 12. Restoration of expired licenses. An athletic trainer who has permitted his or her license to expire or who has had his or her license on inactive status may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying active lawful practice in another jurisdiction.

If the athletic trainer has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for restoration.

Any athletic trainer whose license has been expired for more than 5 years may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, including sworn evidence certifying to active practice in another jurisdiction and by paying the required restoration fee. However, any athletic trainer whose license has expired while he or she has been engaged (1) in the federal service in active duty with the Army of the United States, the United States Navy, the Marine Corps, the Air Force, the Coast Guard, or the State Militia called into the service or training of the United States of America, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have his or her license restored without paying any lapsed renewal fees or restoration fee, if within 2 years after termination of such service, training, or education, other than by dishonorable discharge, he or she furnished the Department with an affidavit to the effect that he or she has been so engaged and that his or her service, training, or education has been so terminated.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/13) (from Ch. 111, par. 7613)

(Section scheduled to be repealed on January 1, 2026)

Sec. 13. Endorsement. The Department may, at its discretion, license as an athletic trainer, without examination, on payment of the required fee, an applicant for licensure who is an athletic trainer registered or licensed under the laws of

another jurisdiction if the requirements pertaining to athletic trainers in such jurisdiction were at the date of his or her registration or licensure substantially equal to the requirements in force in Illinois on that date or equivalent to the requirements of this Act.

Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee forfeited and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/14) (from Ch. 111, par. 7614)

(Section scheduled to be repealed on January 1, 2026)

Sec. 14. Fees; returned checks. The fees for administration and enforcement of this Act, including but not limited to original licensure, renewal, and restoration shall be set by rule. The fees shall be non-refundable.

Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50.

The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or certificate or deny the application, without hearing. If, after termination or denial, the person seeks a license or certificate, he or she shall apply to the Department for restoration or issuance of the license or certificate and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license or certificate to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/15) (from Ch. 111, par. 7615)

(Section scheduled to be repealed on January 1, 2026)

Sec. 15. Roster of licensees. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose license has been suspended or revoked within the previous year. This roster shall be available upon written request and payment of the required fee.

(Source: P.A. 89-216, eff. 1-1-96.)

(225 ILCS 5/16) (from Ch. 111, par. 7616)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16. Grounds for discipline.

(1) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary action as the Department may deem proper, including

finest not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the following:

- (A) Material misstatement in furnishing information to the Department;
- (B) Violations of this Act, or of the rules or regulations promulgated hereunder;
- (C) Conviction of or plea of guilty to any crime under the Criminal Code of 2012 or the laws of any jurisdiction of the United States that is (i) a felony, (ii) a misdemeanor, an essential element of which is dishonesty, or (iii) of any crime that is directly related to the practice of the profession;
- (D) Fraud or any misrepresentation in applying for or procuring a license under this Act, or in connection with applying for renewal of a license under this Act;
- (E) Professional incompetence or gross negligence;
- (F) Malpractice;
- (G) Aiding or assisting another person, firm, partnership, or corporation in violating any provision of this Act or rules;
- (H) Failing, within 60 days, to provide information in response to a written request made by the Department;
- (I) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public;
- (J) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety;
- (K) Discipline by another state, unit of government, government agency, the District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;
- (L) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this subparagraph (L) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this subparagraph (L) shall be construed to require an employment arrangement to receive professional fees for services rendered;
- (M) A finding by the Department that the licensee after having his or her license disciplined has violated the terms of probation;
- (N) Abandonment of an athlete;
- (O) Willfully making or filing false records or reports in his or her practice, including but not limited to false records filed with State agencies or departments;
- (P) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

(Q) Physical illness, including but not limited to deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety;

(R) Solicitation of professional services other than by permitted institutional policy;

(S) The use of any words, abbreviations, figures or letters with the intention of indicating practice as an athletic trainer without a valid license as an athletic trainer under this Act;

(T) The evaluation or treatment of ailments of human beings other than by the practice of athletic training as defined in this Act or the treatment of injuries of athletes by a licensed athletic trainer except by the referral of a physician, podiatric physician, or dentist;

(U) Willfully violating or knowingly assisting in the violation of any law of this State relating to the use of habit-forming drugs;

(V) Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

(W) Continued practice by a person knowingly having an infectious communicable or contagious disease;

(X) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to the Abused and Neglected Child Reporting Act and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act;

(Y) (Blank);

(Z) Failure to fulfill continuing education requirements;

(AA) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act;

(BB) Practicing under a false or, except as provided by law, assumed name;

(CC) Promotion of the sale of drugs, devices, appliances, or goods provided in any manner to exploit the client for the financial gain of the licensee;

(DD) Gross, willful, or continued overcharging for professional services;

(EE) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety; or

(FF) Cheating on or attempting to subvert the licensing examination administered under this Act.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issuance of an order so finding and discharging the licensee.

(3) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied in accordance with subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(4) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual who is licensed under this Act or any individual who has applied for licensure to submit to a mental or physical examination or evaluation, or both, which may include a substance abuse or sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination.

Failure of any individual to submit to a mental or physical examination or evaluation, or both, when directed, shall result in an automatic suspension without hearing, until such time as the individual submits to the examination. If the Department

finds a licensee unable to practice because of the reasons set forth in this Section, the Department shall require the licensee to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or renewed licensure.

When the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the licensee's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals licensed under this Act who are affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their license.

(5) The Department shall deny a license or renewal authorized by this Act to a person who has defaulted on an educational loan or scholarship provided or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(6) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 98-214, eff. 8-9-13; 99-469, eff. 8-26-15.)

(225 ILCS 5/16.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16.5. Suspension of license for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or the Criminal Code of 2012. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

(225 ILCS 5/17) (from Ch. 111, par. 7617)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Violations; injunction; cease and desist order.

(a) If any person violates a provision of this Act, the Secretary may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois

or the State's Attorney of the county in which the violation is alleged to have occurred, petition for an order enjoining such violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in such court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall hold himself or herself out in a manner prohibited by this Act, any interested party or any person injured thereby may, in addition to the Secretary, petition for relief as provided in subsection (a) of this Section.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him or her. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/17.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17.5. Unlicensed practice; violation; civil penalty.

(a) In addition to any other penalty provided by law, any person who practices, offers to practice, attempts to practice, or holds oneself out to practice as a licensed athletic trainer without being licensed under this Act shall, in addition to any other penalty provided by law, pay a civil penalty to the Department in an amount not to exceed \$10,000 for each offense as determined by the Department. The civil penalty shall be assessed by the Department after a hearing is held in accordance with the provisions set forth in this Act regarding the provision of a hearing for the discipline of a licensee.

(b) The Department has the authority and power to investigate any and all unlicensed activity.

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty or in accordance with the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/18) (from Ch. 111, par. 7618)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18. Investigations; notice and hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before refusing to issue or to renew a license or disciplining a registrant, at least 30 days prior to the date set for the hearing, notify in writing the applicant or licensee of the nature of the charges and the time and place that a hearing will be held on the charges. The Department shall direct

the applicant or licensee to file a written answer under oath within 20 days after the service of the notice. In case the person fails to file an answer after receiving notice, his or her license or certificate may, in the discretion of the Department, be suspended, revoked, or placed on probationary status, or the Department may take whatever disciplinary action deemed proper, including limiting the scope, nature, or extent of the person's practice or the imposition of a fine, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act. At the time and place fixed in the notice, the Department shall proceed to hear the charges, and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to their defense. The Department may continue a hearing from time to time. The written notice and any notice in the subsequent proceeding may be served by registered or certified mail to the licensee's address of record.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/18.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18.5. Confidentiality. All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Department and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department may not disclose the information to anyone other than law enforcement officials, other regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19) (from Ch. 111, par. 7619)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19. Record of proceedings. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Board and order of the Department shall be the record of such proceeding. Any licensee who is found to have violated this Act or who fails to appear for a hearing to refuse to issue, restore, or renew a license or to discipline a licensee may be required by the Department to pay for the costs of the proceeding. These costs are limited to costs for court reporters, transcripts, and witness attendance and mileage fees. All costs imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19.5. Subpoenas; oaths. The Department may subpoena and bring before it any person and may take the oral or written testimony of any person or compel the production of any books, papers, records, or any other documents that the Secretary or his or her designee deems relevant or material to an investigation or hearing conducted by the Department with the same fees and mileage and in the same manner as prescribed by law in judicial procedure in civil cases in courts of this State.

The Secretary, the designated hearing officer, any member of the Board, or a certified shorthand court reporter may administer oaths at any hearing which the Department conducts. Notwithstanding any other statute or Department rule to the contrary, all requests for testimony or production of documents or records shall be in accordance with this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/20) (from Ch. 111, par. 7620)

(Section scheduled to be repealed on January 1, 2026)

Sec. 20. Attendance of witnesses; contempt. Any circuit court may, upon application of the Department or its designee or of the applicant or licensee against whom proceedings pursuant to Section 20 of this Act are pending, enter an order requiring the attendance of witnesses and their testimony, and the production of documents, papers, files, books, and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/21) (from Ch. 111, par. 7621)

(Section scheduled to be repealed on January 1, 2026)

Sec. 21. Findings of Board. At the conclusion of the hearing the Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding of whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The Board shall specify the nature of the violation or failure to comply, and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendations of the Board shall be the basis for the Department's order refusing to issue, restore, or renew a license, or otherwise disciplining a licensee. If the Secretary disagrees with the report of the Board, the Secretary may issue an order in contravention of the Board report. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/22) (from Ch. 111, par. 7622)

(Section scheduled to be repealed on January 1, 2026)

Sec. 22. Report of Board; motion for rehearing. In any case involving the refusal to issue or renew a license or the discipline of a licensee, a copy of the Board's report shall be

served upon the respondent by the Department as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may enter an order in accordance with recommendations of the Board except as provided in Section 23 of this Act. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/23) (from Ch. 111, par. 7623)

(Section scheduled to be repealed on January 1, 2026)

Sec. 23. Rehearing. Whenever the Secretary is satisfied that substantial justice has not been done in the revocation or suspension of a license or refusal to issue or renew a license, the Secretary may order a rehearing by the same or other examiners.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/24) (from Ch. 111, par. 7624)

(Section scheduled to be repealed on January 1, 2026)

Sec. 24. Hearing officer appointment. The Secretary shall have the authority to appoint any attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any action for refusal to issue or renew a license, or for the taking of disciplinary action against a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the Board and the Secretary. The Board shall have 90 days from receipt of the report to review the report of the hearing officer and present its findings of fact, conclusions of law and recommendation to the Secretary. If the Board fails to present its report within the 90 day period, the Secretary may issue an order based on the report of the hearing officer. If the Secretary determines that the Board's report is contrary to the manifest weight of the evidence, he or she may issue an order in contravention of the Board's report.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/25) (from Ch. 111, par. 7625)

(Section scheduled to be repealed on January 1, 2026)

Sec. 25. Order or certified copy; prima facie proof. An order or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary, shall be prima facie proof:

(a) That such signature is the genuine signature of the Secretary;

(b) That such Secretary is duly appointed and qualified;

(c) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/26) (from Ch. 111, par. 7626)

(Section scheduled to be repealed on January 1, 2026)

Sec. 26. Restoration of license from discipline. At any time after the successful completion of a term of indefinite probation, suspension or revocation of any license, the Department may restore the license to the licensee, unless, after an investigation and a hearing, the Secretary determines that restoration is not in the public interest or that the licensee has not been sufficiently rehabilitated to warrant the public trust. No person or entity whose license, certificate, or authority has been revoked as authorized in this Act may apply for restoration of that license, certificate, or authority until such time as provided for in the Civil Administrative Code of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/27) (from Ch. 111, par. 7627)

(Section scheduled to be repealed on January 1, 2026)

Sec. 27. Surrender of license. Upon the revocation or suspension of any license, the licensee shall forthwith surrender the license or licenses to the Department, and if he or she fails to do so, the Department shall have the right to seize the license.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/28) (from Ch. 111, par. 7628)

(Section scheduled to be repealed on January 1, 2026)

Sec. 28. Summary suspension of a license. The Secretary may summarily suspend the license of an athletic trainer without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 20 of this Act, if the Secretary finds that evidence indicates that an athletic trainer's continuation in practice would constitute an imminent danger to the public. In the event that the Secretary suspends, summarily, the license of an athletic trainer without a hearing, a hearing shall be commenced within 30 days after such suspension has occurred and shall be concluded as expeditiously as possible.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/29) (from Ch. 111, par. 7629)

(Section scheduled to be repealed on January 1, 2026)

Sec. 29. Administrative review; venue. All final administrative decisions of the Department are subject to judicial review pursuant to the provisions of the "Administrative Review Law" and all rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides; but if the party is not a resident of this State, the venue shall be in Sangamon County.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/30) (from Ch. 111, par. 7630)

(Section scheduled to be repealed on January 1, 2026)

Sec. 30. Certifications of record; costs. The Department shall not be required to certify any record to the Court or file any answer in court or otherwise appear in any court in a

judicial review proceeding, unless and until the Department has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the Department. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court shall be grounds for dismissal of the action.
(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/31) (from Ch. 111, par. 7631)

(Section scheduled to be repealed on January 1, 2026)

Sec. 31. Criminal penalties. Any person who is found to have violated any provision of this Act is guilty of a Class A misdemeanor for a first offense. On conviction of a second or subsequent offense, the violator shall be guilty of a Class 4 felony.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/32) (from Ch. 111, par. 7632)

(Section scheduled to be repealed on January 1, 2026)

Sec. 32. Administrative Procedure Act applicable. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the certificate holder has the right to show compliance with all lawful requirements for retention, continuation or renewal of certification is specifically excluded. For the purpose of this Act the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party.

(Source: P.A. 88-45.)

(225 ILCS 5/33) (from Ch. 111, par. 7633)

(Section scheduled to be repealed on January 1, 2026)

Sec. 33. Public policy. It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

(Source: P.A. 84-1080.)

(225 ILCS 5/34) (from Ch. 111, par. 7634)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34. Persons currently practicing. Any person currently holding an active Illinois license as an athletic trainer on the effective date of this amendatory Act of the 94th General Assembly shall be considered licensed under this Act.

Applications for a license under this Section must be made within 180 days from the effective date of this Act.

(Source: P.A. 94-246, eff. 1-1-06.)

(225 ILCS 5/34.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34.1. Partial invalidity. If any portion of this Act is held invalid, such invalidity shall not affect any other part of

this Act, which can be given effect without the invalid portion.
(Source: P.A. 94-246, eff. 1-1-06.)

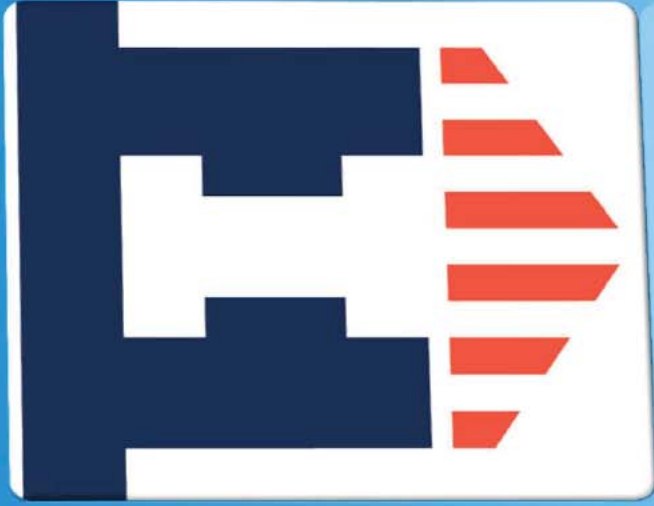
(225 ILCS 5/35)

(Section scheduled to be repealed on January 1, 2026)

Sec. 35. Deposit of fees and fines; appropriations. All of the fees and fines collected under this Act shall be deposited in the General Professions Dedicated Fund. All monies in the fund shall be used by the Department, as appropriated, for the ordinary and contingent expenses of the Department.

(Source: P.A. 89-216, eff. 1-1-96.)

TAB 14



University of Illinois
Division of Intercollegiate Athletics
Sports Medicine Department

Sports Medicine Services Presentation 2014



Sports Medicine Department Mission

The University of Illinois's Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state-of-the-art health care and wellness services designed to protect and enhance the well-being of the student-athlete.

The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.



Sports Medicine Team

- * The Sports Medicine Team Consists of
 - * 18 Certified Athletic Trainers
 - * Sports Medicine Orthopedic Surgeons
 - * Sports Medicine Primary Care Physicians
 - * Registered Sports Dietitians
 - * Psychologists
 - * Other Allied Health Care Providers



Sports Medicine Team cont.

Athletic Training Staff

- * Paul Schmidt MS, ATC/L PES
- * Director of Sports Medicine/Head Athletic Trainer
- * Men's Basketball
- * Randy Ballard, Associate Athletic Trainer
- * Volleyball
- * Mary "Sam" Laingen, Associate Athletic Trainer
- * Women's Basketball

Football Athletic Training Staff

- * Jake Naas, Head Football Athletic Trainer
- * Chris Walker, Assistant Athletic Trainer
- * Eric Streeter, Assistant Athletic Trainer
- * Cole Hartwigsen, Graduate Assistant



Sports Medicine Team, cont.

Stadium Training Room Athletic Training Staff

- * Melissa Brungard, Assistant Athletic Trainer
 - * Men's Gymnastics
- * Shanti Calabrese, Assistant Athletic Trainer
 - * Softball, Cheerleading
- * Jim Halpin Assistant Athletic Trainer
 - * Baseball
- * Meaghan Naas, Assistant Athletic Trainer
 - * Men's/Women's Tennis
- * Rachel Rudy, Assistant Athletic Trainer
 - * Women's Gymnastics
- * Brittany Scott, Assistant Athletic Trainer
 - * Soccer, Women's golf
- * Meagan O'Grady, Graduate Assistant Athletic Trainer
 - * Swimming & Diving



Sports Medicine Team, cont.

Huff Sports Medicine Staff

- * Randy Ballard, Associate Athletic Trainer
 - * Volleyball
- * Jeff Jahnel, Assistant Athletic Trainer
 - * Wrestling
- * Kristen Streeter, Assistant Athletic Trainer
 - * Men's and Women's Track & Field
- * Kevin Moehn, Graduate Assistant
 - * Track & Field
- * Ann Schaafsma, Graduate Assistant
 - * Track & Field



Sports Medicine Team, cont.

Team Physicians

- * Dr. Robert Gurtler, MD – Orthopedic Surgeon
 - * Head Team Physician
- * Dr. Robert Bane MD – Orthopedic Surgeon
- * Dr. Jerrad Zimmerman MD, Primary Care Sports Med
- * **Dr. Amy MacDougall MD, Primary Care Sports Med**
- * Dr. Jeremy Henricks MD, Primary Care Sports Med



Sports Medicine Team, cont.

Nutrition Staff

- * Chelsea Burkart MS, RD, CSSD, LDN
 - * Director of Sports Nutrition
- * Katie McKinney RD, LD
 - * Team Sports Dietitian
- * Anna Turner RD, LD
 - * Sports Nutrition Assistant

Support Staff

- * Lori Stalter
 - * Insurance Specialist



Physical Examinations

- * All student-athletes will undergo an initial physical exam completed by one of the team physicians.
- * The team physician has final decision on medical clearance or disqualification.
- * Each subsequent year each student-athlete will fill out a follow up health history questionnaire.



What happens if I get hurt or feel sick?

- * Report ALL injuries and illnesses to your athletic trainer within three days of injury or start of your illness.
- * The athletic trainer will evaluate the injury or illness and provide the appropriate care and referral.



What happens if there is an emergency?

- * Call 911 or proceed to the CARLE Foundation Hospital emergency department (University and Lincoln Ave).
- * Inform the emergency that you are a student-athlete
- * Contact your team athletic trainer as soon as possible.



What if I want to see a doctor?

- * Your team AT will make an appointment for you to see the doctor.
- * You may request to see the team doctor for “confidential” matters.
- * Physicians are available in the mornings at the Northwest stadium athletic training room daily, but appointments must be scheduled by your team’s athletic trainer.



Who will know my medical history?

- * Only pertinent information concerning your ability to participate in you sport will be shared with your coach.
- * Per signed FERPA student-athlete release form
- * No personal information will be disclosed to anyone without your permission.



What if I want a second opinion?

- * Second Opinions
 - * If you want a second opinion - discuss with your team athletic trainer and assigned team physician.
 - * Second opinions must be approved by the Head Team Physician and Director of Sports Medicine prior to any appointments being scheduled.
 - * If you obtain a second opinion on your own without the knowledge of the Sports Medicine Team, you will assume full financial responsibility.



Dental Services

- * All dental injuries are to be reported to the athletic trainer assigned to your sport during that practice or immediately thereafter in the Athletic Training Room.
- * The DIA will be responsible for all dental problems caused by an injury while participating in an authorized, regularly scheduled practice or intercollegiate contest.
- * If you participate in a sport that requires you to wear a mouthpiece and you get hurt while not wearing it, the DIA will not pay for any bills.
- * Routine dental care such as routine examinations, cleaning, dental cavities, wisdom tooth extractions, etc., are the responsibility of each individual athlete.
- * We can help facilitate your care but will not be responsible for any bills



Vision

- * All athletic glasses must be safety glasses with shatterproof lenses and frames.
- * Contact lenses will be purchased for only those athletes who are in definite need of them for practice and competition.
- * Replacement of lost lenses by DIA occurs only if they are lost or damaged during practice or competition. If you lose or break your lenses, you must report it immediately.



Medical Bills

* Insurance Policies

- * DIA Athletics will pay for athletically related medical expenses.
- * DIA Policy is to use both -
 - * Parental Insurance – primary
 - * Student Insurance – secondary (United Health Care)
 - * **Mandatory – do not exempt**
 - * NCAA Catastrophic Injury Insurance
 - * \$90,000 deductible
 - * In excess of other valid & collectible insurance
- * The athletic department will pay any remaining balances after primary and student insurance coverage.



Medical Bills

- * Athletically related treatments/services are covered by the Athletic Department
- * Accounts are in student athlete's name
- * Give medical bills to your athletic trainer or mail them to Lori Stalter at:
 - 1402 South First Street
 - Champaign, IL 61820
- * An on-line account is created for UHC bills
 - * Use U of I user name and email
 - * Ask team athletic trainer for your password
 - * Forward any emails you receive to your team athletic trainer



I keep getting bills – What do I Do?

- * All Medical bills are in your name and may be sent directly to you or your parent's house.
- * Bring in all bills and Explanation of Benefits to your athletic trainer
- * DO NOT ASSUME that we get copies of your bills.
- * Failing to bring in bills to get processed will have YOUR bills ending up in collections. THIS WILL AFFECT YOUR CREDIT RATING and may prevent you from getting a loan in the future.



Drug Testing

- * University of Illinois drug testing
- * Big Ten drug testing
- * NCAA drug testing
 - * Year round
 - * Recreational drugs
 - * Performance enhancing drugs
 - * Anabolic steroids



Drug Testing

- * All samples collected by NCAA, Big Ten and the DIA will be observed.
- * Witnessed by an athletic trainer or collection professional.
- * All samples are sent to an independent lab for analysis.



Be Cautious of Supplements

- * Not Regulated by FDA
- * May contain banned supplements
 - * Several Student athletes have tested positive and lost a year of eligibility by the NCAA & Big Ten for taking a supplement that had a banned substance
- * Many have not been tested for long term side effects
- * Check all supplements with your team's nutritionist or athletic trainer



Concussions: What should I know?

- * What is a concussion?
- * A complex injury to the brain caused by a traumatic force resulting in many different signs and symptoms.



Concussions: What should I know?

- * Concussion Myths:
 - * 1. You have to be hit in the head to have a concussion
 - * False: A concussion can result from a large blow to the head, neck or body.
 - * 2. You should get a CT or MRI of your head for EVERY concussion.
 - * False: A concussion is a brain injury that results in no changes being seen on a CT or MRI of your brain. The studies may be helpful in ruling out other possible injuries when warranted.



Concussions: What should I know?

Concussion Symptoms

- * Headache
- * Feeling in a fog, sluggish or groggy
- * Increased emotions
- * Amnesia
- * Confusion
- * Nausea
- * Loss of consciousness
- * Balance problems
- * Dizziness
- * Blurred or double vision
- * Sensitivity to light/noise
- * Concentration/memory problems
- * Slowed reaction time
- * Change in sleep patterns



What should I do if I think I have a concussion?

- * Immediately inform/contact your athletic trainer or team physician.
- * If your AT or physician is not around, inform your coach.



Concussion Baseline Testing

- * All student athletes will undergo baseline neuropsychological testing using the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) computer based program as well as balance testing.
- * These tests will help the Sports Medicine team better care for you if you do suffer a concussion.



Iron and Vitamin D Testing

- * **Why do we test iron and vitamin D levels?**
- * Iron helps your red blood cells carry oxygen.
- * Athletes with low iron fatigue more quickly and recover slower between sets.
- * Vitamin D is vital for bone health and helps the body absorb calcium.
- * Athletes with low vitamin D are at greater risk for bone injury, muscle injury, get sick more often, and may have more inflammation (slower healing).



Iron and Vitamin D Testing

- * **How do I complete the testing?**
- * Athletic trainer will provide you with a lab request form for McKinley Health Center. (Repeat every 2 months)
- * Report to the McKinley Health Center with your form
- * Check-in at Medical Records on lower level.
 - * Inform the clerk you are a student-athlete and need to complete lab work.
 - * Sign waiver for your records to be sent to DIA Sports Medicine.
- * Proceed to the lab to have your blood drawn.

BE POLITE – YOU ARE REPRESENTING YOUR TEAM AND DIA



DIA Medical Services

- * Conclusion
 - * We are here to help.
 - * If you have any questions please contact your team's athletic trainer.
 - * All of the covered information is in your student-athlete handbook.
- * Website: Fighting Illini, Inside Illinois
 - * <http://www.fightingillini.com/genrel/sportsmedicine.html>



Thank You



TAB 15

UNIVERSITY OF ILLINOIS
Sports Medicine/Athletic Training
Policy and Procedures

Mission:

The University of Illinois's Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete. The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.

Sports Medicine Team and Medical Facilities

The Sports Medicine staff is comprised of team 14 full time Certified Athletic Trainers, four graduate assistant Certified Athletic Trainers, five Sports Medicine physicians, two full time Sports nutritionists, a Sports nutrition intern and multiple other allied health care professionals that are at our disposal.

Carle Foundation Hospital

Carle Foundation Hospital is a multi-specialty hospital, which consists of Sports Medicine trained physicians and certified specialists in all fields. It provides both in and out-patient care and is oriented towards providing optimum care for their patients. Their professional staff provides us with the best and most convenient medical care possible.

McKinley Student Health Center

The Sports Medicine Department works with the Student Health Center to provide general medical care, as well as Mental Health, Sexual Health, Preventive Health Awareness and Health Education Programs for all students. McKinley is open 8:00 a.m. - 4:30 p.m., Monday-Saturday with 24 hour a day phone service called Dial-A-Nurse to answer health related questions and give advice.

Physical Examinations

All incoming freshman and transfer student-athletes must receive a pre-participation physical exam by one of the DIA team physicians prior to participation in any DIA sport or cheerleading at the University of Illinois. During subsequent years all student-athletes will complete a returning health questionnaire and have their previous medical history reviewed by the Athletic Training staff and team physicians.

"Each student athlete and cheerleader shall have an initial physical examination when they enter a Conference intercollegiate sports program. The extent of the physical examination including laboratory studies and other diagnostic procedures will be determined by our team physician. Thereafter, an annual review of their health status shall be performed. This may include a physical examination at the discretion of the team physician. The final decision on physical qualification or reason for rejection shall be the responsibility of the team physician. [Regulation 2, Section 1, Handbook of the Intercollegiate (Big Ten) Conference.]"

Immunization Records/Health History

The University of Illinois requires that all students submit information to McKinley Health Center regarding immunizations and family/personal medical history. **We have not included this form in our packet.** You should have already received it by way of the admissions office. It is necessary to fill out and return the form according to MHC's instructions. **Do not send this form to us. Mail it directly to the Health Center.** Failure to provide all the necessary information, especially the immunization records, will result in your inability to register for the spring semester.

Injuries and Illnesses

All injuries incurred during practice or competition must be reported to the Athletic Training staff within three days. The student-athlete will be evaluated by the Athletic Training staff and the appropriate care will be delivered. If an illness occurs, report to the athletic trainer staff and they will evaluate and refer to the appropriate medical provider.

Any non-sport related injuries or ailments such as the removal of tonsils, wisdom teeth or appendix by surgical procedure are medical problems which will be addressed on a case by case basis by the Director of Sports Medicine.

Out of Sport Injury

The Athletic Department cannot be responsible for medical services or fees incurred while participating out of your sport. Out of your sport means, anytime you are not participating in your designated sport. Student Insurance will cover a percentage of your bills, but it would be your responsibility to file with Student Insurance. Examples would be Intramurals, Fraternity/Sorority functions, off campus activities.

The Athletic Department will not be responsible for any pre-existing injury, illness or any operation. We will not be responsible for the payment of any medical bills occurred 52 weeks after the date of the initial injury unless a specific extension request by the student-athlete is initiated.

Referral/Consultation

The team physicians have at their disposal medical consultants in every field of medicine. If you are sent for consultation, you will be given a referral form or a phone call will be made on your behalf to arrange for an appointment. If, for any reason, other than a life-threatening situation, a student-athlete goes to a doctor, hospital, or other healthcare provider without prior approval of the team physicians or the athletic training staff, the student-athlete will be responsible for the fees incurred.

Second Opinion Policy

Any student-athlete has the right to obtain a second opinion from a physician of their choosing, provided that the initial examination was performed by a University of Illinois Team Physician. If the assigned team Staff Athletic Trainer, Director of Sports Medicine, and Team Physician approve and sign the *Request for Second Opinion Form*, the University of Illinois will be responsible for all bills generated. If the student-athlete seeks a second opinion without receiving prior approval and completion of the *Request for Second Opinion Form*, all bills will be the responsibility of the student-athlete. The University Of Illinois Division Of Intercollegiate Athletics will assume no liability or be responsible for any further medical attention that comes as a result of decisions and/ or actions of the outside physician.

The sports medicine staff will make every effort to complete any treatment or rehabilitation prescribed by the outside physician, provided that the recommendation is agreed upon by a University of Illinois Team Physician.

Coaches, student-athletes and other athletic department personnel are strictly prohibited from facilitating, arranging or requiring any visit to a medical provider. Any student-athlete who seeks the services of a medical provider without notifying their Staff Athletic Trainer and/or Director of Sports Medicine will abide by all restrictions placed on them by that medical provider. The athlete must provide their Staff Athletic Trainer with documentation of the exam, diagnosis and restrictions for review by a University of Illinois Team Physician as any final decision concerning return to participation, regardless of the outside physician will be made solely by a University of Illinois Team Physician.

Dental Care

All dental injuries are to be reported to the athletic trainer assigned to your sport during that practice or immediately thereafter at the Training Room. Routine dental care such as routine examinations, cleaning, dental cavities, wisdom tooth extractions, etc., are the responsibility of each individual athlete. The Athletic Department will be responsible for all dental problems caused by an injury while participating in an authorized, regularly scheduled practice or intercollegiate contest.

Eye Glasses and Contact Lenses

All athletic glasses must be safety glasses with shatterproof lenses and frames. Contact lenses will be purchased for only those athletes who, in the opinion of the Head Coach and Head Athletic Trainer, are in definite need of them for practice and competition. Replacement of lost lenses by the Athletic Department occurs only if they are lost or damaged during practice or competition. If you lose or break your lenses, you must report it immediately.

Unauthorized Equipment and Drugs

The use of unauthorized equipment not approved by the Athletic Training Staff or use of unauthorized drugs not covered by the team physician or illegal use of drugs by an athlete shall be grounds for disciplinary action. The student may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved (see current Substance Abuse Program information).

Hospitalization and Surgery

If an athlete requires hospitalization or surgery, the team physician or athletic trainer will call the parent and advise them of the situation.

INSURANCE REMINDER

It is the policy of the Division of Intercollegiate Athletics to utilize the Student Insurance Program of the University of Illinois and the athlete's parents' medical insurance, if there is any. Only after all insurance benefits have been paid or denied is the Athletic Department responsible for medical bills, providing the student was injured in practice or competition in their own sport. If the student-athlete's parents do not have medical insurance coverage, then the Student Insurance Program is the primary source for handling medical bills. The Athletic Department is then responsible for the remainder of the bill from our Sports Medicine budget.

It is the responsibility of the student athlete and their parents to provide up to date insurance information including a copy of their card to the Sports Medicine Department and to assist in the process by which their medical/dental claims are paid. This would include coordination of benefits and/or accident reports requested by the parental insurance.

The Athletic Department is only responsible for injuries or illnesses related to the athlete participating in their own sport. However, Student Insurance has benefit coverage for other illnesses and injuries. If a student-athlete exempts him/herself from Student Insurance and has treatment during the time he/she is not covered (before they are reinstated), then he/she is responsible for paying the bill.

PLEASE MAIL/BRING BILLS TO: Lori Stalter, Insurance Coordinator
Memorial Stadium Training Room
1402 South First Street
Champaign, IL 61820-6916

217-333-6718
217-333-6460 fax

TAB 16

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

DIVISION OF INTERCOLLEGIATE ATHLETICS - GOVERNANCE STANDARDS

Basic Principles

Established in 1867, the University of Illinois at Urbana-Champaign (“University”) is dedicated to serving the public through research, teaching our students and preparing them to have lives of impact in whatever fields they decide to pursue, and addressing critical societal needs. As a founding member of the Big Ten, leaders at the University have long held the belief that intercollegiate athletics can benefit the University’s mission, especially as it relates to learning and public service. A varsity athletics program provides to the campus a unifying sense of identity and pride while, at the same time, providing student-athletes with an opportunity to supplement their academic experiences with all the benefits typically associated with participating in intercollegiate athletics, such as developing discipline, commitment to hard work and a sense of sportsmanlike behavior. Ensuring that the college athletics experience of a student-athlete complements, but does not supersede, his or her educational experiences, strengthens the University’s commitment to the Big Ten’s Guiding Principle of Academic Priority – that “[t]he student-athlete is student first, athlete second.”

Because college athletics are part and parcel of a student-athlete’s educational opportunities, responsibility for governance of the University’s Division of Intercollegiate Athletics (“DIA”) is shared throughout the institution between University officials, DIA officials and faculty, as discussed below. An important theme running throughout all levels of this governance structure is a commitment to the fundamental principle of integrity, which is perhaps best expressed by the DIA’s [Statement of Integrity](#):

The success we seek to achieve must be success that is earned by honest and ethical effort, and must be guided by our desire to achieve the highest level of integrity in all of our endeavors. Division of Intercollegiate Athletics administrators, coaches and student-athletes will communicate honestly and develop relationships that are built upon trust. The University of Illinois Division of Intercollegiate Athletics will continually monitor itself in an effort to maintain the highest level of integrity and to help ensure that all personnel and student-athletes conduct themselves in a manner consistent with institutional and departmental policies and procedures, as well as NCAA and Big Ten Conference rules.

Organizational Governance Standards

The following paragraphs describe the allocation of authority, responsibility and accountability for intercollegiate athletics at the University of Illinois at Urbana-Champaign. Documents establishing this governance structure include, but are not limited to, the [University of Illinois Statutes](#), the [Bylaws](#) of the University of Illinois Senate of the Urbana-Champaign Campus, the University’s [Basis for Institutional Control at the University of Illinois at Urbana-Champaign](#) (Attachment 1), DIA policies and procedures and the DIA Employee Handbook (Attachment 2).

Numerous lines of communication between the entities discussed below support the University’s dedication to compliance and integrity while also creating multiple avenues through which potential instances of undue and/or improper influence can be identified and addressed.

1. Authority of Chancellor

The Chancellor/Vice President serves as the chief executive officer for the Urbana-Champaign campus, as set forth in Article I, Section 5 of the [University of Illinois Statutes](#); as such, the Chancellor has the ultimate authority, responsibility and accountability for the institutional control, governance and administration of the DIA. The Chancellor and the Director of Athletics regularly meet, one-on-one, to ensure an open line of communication between the two and to ensure the Chancellor is aware of key DIA issues and initiatives. Additionally, the Chancellor has designated an Associate Chancellor as a liaison between the Office of the Chancellor and the DIA. The designated Associate Chancellor's responsibilities include working closely with the DIA and the DIA's Director of Athletics on the DIA's goals, initiatives and strategic plans, keeping the Chancellor informed of all relevant information regarding the DIA and providing advice to the DIA or the Director of Athletics, when necessary.

2. Authority of Director of Athletics

As described in the Basis for Institutional Control at the University of Illinois at Urbana-Champaign (Attachment 1), the Chancellor has delegated day-to-day operations of the DIA to the Director of Athletics ("Director") who, in turn, reports directly to the Chancellor. All DIA staff and coaches work for and report to, either directly or indirectly, the Director. As discussed above, the Director regularly meets individually with the Chancellor as well as the Chancellor's designee to discuss a variety of DIA matters, including initiatives, successes and concerns.

3. Roles and Responsibilities of Other Individuals/Entities Associated with Athletics

a. University of Illinois Board of Trustees

The Board of Trustees of the University of Illinois formulates University policies, as set forth in Article 1, Section 1 of the [University of Illinois Statutes](#).

b. President

The President is the chief executive officer of the University and is responsible for the enforcement of University rules and regulations on all three campuses (Urbana-Champaign, Chicago and Springfield), as set forth in Article 1, Section 2 of the [University of Illinois Statutes](#).

c. Athletic Board

As set forth in the [Part E of the Bylaws of the University of Illinois Senate of the Urbana-Champaign Campus](#) ("Senate"), the Athletic Board is a committee of the Senate and has two primary duties. First, it represents the Senate's interests in making sure that the DIA and its practices adhere to the University's academic and educational objectives, as defined by the Senate. Second, it serves as an advisory committee to the Chancellor and the Director on issues related to financial management, marketing, public affairs, personnel, and other operational aspects of the DIA. The Athletic Board consists of: (a) nine faculty members, appointed by the Chancellor (this group of nine includes the University's two Faculty Representatives); (b) four graduates of the University, appointed by the Chancellor; (c) three student members, appointed by the Chancellor (one student comes from a pool nominated by the Student Athlete Advisory Committee; two students come from a pool nominated by the Illinois Student Senate); (d) an ex officio Designee of the Chancellor; (e) the University Comptroller (or a designee); and (f) the Director (who sits *ex officio*).

Twice per year, the Athletic Board reports on its activities to the Senate. At least once per year, the Director provides input on that report.

d. Academic Progress and Eligibility Committee ("APEC")

APEC, a committee that reports to the Senate and the Athletic Board, monitors the academic progress of all student-athletes, approves all intercollegiate schedules for competition, and makes recommendations concerning academic policy to the Athletic Board. (Attachment 3).

e. Faculty Representatives

Appointed by the Chancellor, the University's two Faculty Representatives ("FR"s) are charged with ensuring a close relationship between the DIA and the University's faculty. Additional duties of the FRs include being active participants in DIA efforts related to academic integrity, student-athlete well-being and overall institutional control of the DIA. Serving as the DIA's representatives to the NCAA and the Big Ten, FRs are responsible for all formal communication between the campus and these two organizations, including reporting rules violations to these conferences. FRs also rule on all certifications of athletic eligibility and review petitions to the Big Ten and NCAA on behalf of student-athletes.

f. University of Illinois Office of Ethics and Compliance

The DIA has partnered with the [University of Illinois Office of Ethics and Compliance](#) to ensure that DIA employees and student-athletes have an external reporting avenue (the Ethics Line) through which they can anonymously report any allegations of wrong-doing, including attempts at improper or undue influence upon DIA officials by any other University/DIA official, coach, employee, booster or third party. Use of the Ethics Line is promoted through posters found within the DIA's administrative offices and team locker rooms; references in the Student-Athlete Handbook, the DIA Employee Handbook and the DIA Announcements (the DIA's monthly newsletter); and information provided during new employee orientation. As discussed more fully below in Section 7, all University employees and members of the general public are able to use the Ethics Line and other reporting avenues to report allegations of wrong doing by University staff and students.

g. Office of Campus Legal Counsel

The [University of Illinois Office of University Counsel](#) provides advice and counsel to the University of Illinois and its various campuses, departments and units on a wide-variety of legal issues, including those associated with DIA and its legal- and compliance-related matters. As discussed in more detail later in this document, the Urbana/Champaign [campus legal counsel](#) (the legal unit supporting the Urbana-Champaign campus) is an active participant in the DIA governance process, serving on an advisory group to whom concerns of undue and/or improper influence can be brought.

Operational Standards for Athletics

The following operational standards are designed to ensure the integrity of the institutional governance of the athletics program and, to the greatest extent possible, prevent improper influence from being exerted on key decision makers involved with this governance.

1. Academic Services Department

The DIA's [Academic Services](#) staff is dedicated to helping student-athletes achieve academic, athletic and personal success during their academic tenure at the University through graduation, job placement or graduate school. This department provides student programming to support five basic pillars of success: (a) academic excellence; (b) athletic excellence; (c) personal development; (d) career development; and (e) community service.

- a. *Prevention of Undue Influence*
 - i. Hiring and Supervision

Direct responsibility for and final decisions regarding the hiring of and supervising members of the DIA's Academic Services Department rests with the unit head, in this case, the Associate Director of Athletics, Academic Services. (Direct responsibility for hiring and supervising the Associate Director of Athletics, Academic Services, rests with the Director or his/her designee.) That said, varsity coaches may sit on hiring committees for employees within the Academic Services Department, including the Associate Director of Athletics, Academic Services, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. All searches and offers of hire within the University are reviewed by the hiring unit's College Equal Employment Opportunity ("EEO") officer (in DIA's case, the Office of the Chancellor's EEO officer) as well as the campus Office of Diversity, Equity and Access. The process for hiring Academic Professionals (the category held by Academic Services Department employees with the discretion to make decisions such as those discussed in this document) is described in the Office of Diversity, Equity and Accesses "Guidelines and Procedures for Academic Appointments." (Attachment 4).

Regarding supervisory issues, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Academic Services Department. Coaches are also free to provide input regarding the provision of such services at any time throughout the year. Although the Associate Director of Athletics, Academic Services reviews and evaluates all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

ii. Academic Eligibility of Student-Athletes

The determination of student-athlete eligibility to practice and compete is a cooperative effort that requires participation by student-athletes, coaches, college officials, FRs, Academic Services Department personnel, Compliance Office personnel, Office of Undergraduate Admissions personnel, and the Director. However, final decisions regarding academic eligibility are made by the Registrar's Office and the FRs, based on information provided to them by the DIA Assistant Director of Athletics, Compliance/Eligibility and Financial Aid. All academic eligibility decisions are solely based on the standards identified and developed by the NCAA and the Conference. Any attempts by a coach, or any other individual, to improperly influence the eligibility process will be addressed by the Associate Director of Athletics, Compliance pursuant to those practices discussed in Section 2 below.

b. *Monitoring of Independent Studies and Clustering, and Prevention of Academic Misconduct*

i. Academic Misconduct

The University's [Student Code \(Attachment 5\)](#) outlines various rights and responsibilities of all University students. Article I, Part 4 of the Student Code, Academic Integrity Policy and Procedure, dictates that it is "the responsibility of each student to refrain from infractions of academic integrity, from conduct that may lead to suspicion of such infractions, and from conduct that aids others in such infractions" Student-athletes are notified of their responsibilities under the University's Student Code in a variety of ways. First, the DIA Student-Athlete Expectations section of the Student-Athlete Code of Conduct (Attachment 6)¹ states that all student-athletes are required to comply with the University's Student Code. This same document informs student-athletes that "Student-athletes must take their academic responsibilities seriously. ... Cheating and other forms of academic misconduct are prohibited."

¹ Although usually included in the Student-Athlete Handbook, the Student-Athlete Code of Conduct was sent to student-athletes as a stand-alone document this year.

Additionally, during a class all freshmen student-athletes are required to take during their first semester, an Academic Services Department learning specialist presents information regarding academic integrity — including discussions on plagiarism, cheating, and fabrication. Beginning next year, all incoming student-athletes, including transfer students, will be required to attend this session on academic integrity.

As for monitoring for academic misconduct, the University's Student Code's Academic Integrity Policy and Procedure mandates that it is the responsibility of each faculty member and instructor to "establish and maintain an environment that supports academic integrity," which includes enforcing existing standards of academic integrity. Additionally, as discussed below, if any DIA employee learns of alleged violations of the University's academic misconduct policies, such information should be reported to the Director or his/her designee, who shall, in turn, report such information to the FRs.

ii. *Independent Study and Clustering of Student-Athletes in Majors/Classes*

At least once per year, the DIA Academic Services Department will generate reports in order to obtain the following information: (a) the number of individuals taking independent study courses; (b) the declared majors of all student-athletes (to identify potential issues related to clustering within majors) and (c) a class enrollment roster listing classes taken by all student-athletes (to identify potential issues related to clustering within classes). These reports will be reviewed by the DIA Academic Services Department, the FRs and APEC. Any areas of concern or anomalies discovered through such reviews will be referred to the Office of the Provost for review and, if necessary, investigation. If allegations of abuse in any of the areas discussed above are raised with the FRs, APEC or the DIA Academic Services Department, the appropriate report will be provided to the Office of the Provost, along with any additional information regarding the allegation.

c. *Adequate and Appropriate Academic Support*

The DIA Academic Services Department provides to student-athletes a full range of academic support services, including counseling and tutorial services, learning specialists, peer tutoring, monitored study tables and an academic success monitoring program. In addition to their assigned academic counselor within DIA, student-athletes are also assigned academic advisors within their respective academic programs. Finally, student-athletes are also provided with programming aimed at their personal development to assist them with their life-skills needs as well as obtaining their career objectives.

The DIA maintains minimum qualifications for all full-time academic staff working with the University's student-athletes. For example, the DIA requires that learning specialists hold a Master's degree in education, possess strong written and oral communication skills, and be able to design and execute individualized learning plans for student-athletes in need of assistance; academic counselors must hold a Master's degree in Education, Counseling, Sports Management or a related field and have demonstrated oral and written communication skills. Similarly, the DIA Academic Services Department tutoring program (which allows student-athletes to access tutors for many subjects with which they need assistance) selects tutors based on their qualifications in the subjects on which they will be working with student-athletes. Before they begin working with student-athletes, tutors receive training on academic integrity, cheating and plagiarism. Tutors are also notified that their role is to provide assistance with the material and constructive criticism on papers or other writings by the student-athletes; they (tutors) are prohibited from completing the student-athletes' homework, take-home tests, online quizzes or writing assignments.

d. *Communications regarding student-athletes' performance in classes*

Through both the DIA's [Conduct Expectations for Coaches](#) policy (Attachment 7) and the DIA Employee Handbook (see Attachment 2), DIA employees are informed that any communications regarding student-athletes' performance must be directed through the Associate Director of Athletics, Academic Services or his/her designee. That individual (be it the Associate Director or his/her designee), in turn, will communicate with the student-athletes' faculty or instructors. When necessary, the Associate Director of Athletics, Academic Services or his/her designee will request the assistance of the FR.

e. *External Reporting Relationship*

As defined more thoroughly below in Section 6, the Associate Director of Athletics, Academic Services will have an independent reporting relationship with the Vice Provost for Undergraduate Education and Innovation. Additionally, the Associate Director of Athletics, Academic Services should utilize the FRs as a resource when dealing with issues related academic support for student-athletes.

2. Institutional, Conference and NCAA Rules Compliance

The [DIA Compliance Office](#) is charged with creating an atmosphere of compliance within the DIA and ensuring all aspects of DIA's operations comply with NCAA and Big Ten rules. The DIA Compliance Office accomplishes these goals through education, monitoring, and investigating allegations of rules violations.

a. *Prevention of Undue Influence*

i. *Hiring and supervision*

Direct responsibility for and final decisions regarding the hiring of and supervising members of the DIA's Compliance Office rests with the unit head, in this case, Associate Director of Athletics, Compliance. (Direct responsibility for hiring and supervising the Associate Director of Athletics, Compliance, rests with the Director or his/her designee.) That said, varsity coaches are permitted to sit on hiring committees for employees within the Compliance Office, including the Associate Director of Athletics, Compliance, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. As discussed previously, all DIA searches and offers of hire are reviewed by the Office of the Chancellor's EEO officer as well as the campus Office of Diversity and Equity and Access. (See Attachment 4).

Regarding the supervision of these employees, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Compliance Office. Of course, coaches are also free to provide such input at any time throughout the year. Although the Associate Director of Athletics, Compliance will review and evaluate all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

ii. *Improper or Undue Influence of the Compliance Office staff*

Any attempts to improperly or unduly influence any Compliance Office staff with regard to their various duties related to compliance, including detecting, investigating and preventing breaches of the rules and regulations of the University's governing bodies will be reported to the Director as well as the Office of the Chancellor.

b. *Detecting and Preventing Breaches of the Institution's, Conference's and NCAA's Rules*

Although the Compliance Office has ultimate responsibility for monitoring the DIA and its employees to detect and investigate breaches of the University's, Conference's or NCAA's rules, DIA employees are taught during their orientation that each and every one of them plays an important role in this process – they must understand the relevant rules and regulations, follow them, and report those individuals who do not follow them. Throughout the year, DIA employees are reminded of the various reporting options available to them, including reporting alleged violations to the Director or the Associate Director of Athletics, Compliance, or through the previously discussed Ethics Line. Additionally, the DIA participates in internal and external audits on a periodic basis to ensure compliance with institutional rules and policies. All allegations of rules violations are investigated by the appropriate University authority, usually the DIA Compliance Office staff; if allegations of NCAA or Conference rules are discovered such rules are reported to the appropriate NCAA and Conference authorities. Furthermore, appropriate corrective action and/or discipline, ranging from re-education to dismissal, depending on the circumstances, will be taken against the employee or student-athlete engaging in such conduct.

One key component of the Compliance Office's efforts to prevent violations of applicable rules is a thorough educational program for all DIA staff, which begins during an employee's first week on the job (with new employee orientation) and continues with regular and timely e-mails, information in the DIA Employee Handbook, presentations, columns in the DIA's monthly newsletter, and one-on-one meetings. Similarly, student-athletes go through rules education at the beginning of their school year and have periodic e-mail reminders and presentations regarding relevant rules. Additionally, the Compliance Office has established a Compliance Policy and Procedure manual designed to assist staff and student-athletes in complying with all relevant policies and procedures.

c. *Adequate and Appropriate Staffing for the Institution*

The University and the DIA are committed to providing adequate and appropriate staffing to meet all needs of the University related to rules compliance. To ensure it employs an adequate number of appropriately qualified staff, the DIA conducts periodic assessments of its Compliance Office staffing and also conducts benchmarking amongst similarly-sized schools within the Big Ten. Currently, the Compliance Office consists of six employees, all charged with ensuring compliance with NCAA and Big Ten rules as well as Federal and State laws and University policies and practices. In addition to the Associate Director of Athletics, Compliance, the office has an Assistant Director of Athletics, a Compliance Coordinator, two Compliance Monitoring Coordinators and a Grant-In-Aid Specialist. All Compliance Office personnel receive training in University, NCAA and Big Ten rules, and are provided continuing professional development opportunities on these topics, including attending NCAA or Conference meetings.

d. *External Reporting Relationship*

As defined more thoroughly below in Section 6, the Associate Director of Athletics, Compliance will have an independent reporting relationship with the Chancellor or his/her designee to DIA. If the independent reporting relationship is with the Chancellor's designee, the Chancellor shall meet with the Associate Director of Athletics, Compliance on at least an annual basis to ensure a clear line of communication between these two individuals. Additionally, the Associate Director of Athletics, Compliance should utilize the FRs as a resource when dealing with issues related to rules compliance.

3. Admissions

a. *Admission of Student-Athletes: [Committee on the Admission of Student-Athletes](#)*

Student-athletes are admitted to the University through one of two processes. First, they may be admitted through the standard admissions process (described more thoroughly at [Freshman Admissions](#)

[Policies](#) and [Detailed Admission Requirements](#)). The final decision-making authority for student-athletes admitted through the standard admissions process resides with the freshman/undergraduate admitting units [primarily consisting of the University's colleges (e.g. the College of Engineering, the College of Media and the College of Fine and Applied Arts) plus other admitting units such as the Division of General Studies and the School of Social Work] with the concurrence of the Office of Undergraduate Admissions. Second, student-athletes can be admitted to the University by the Committee on the Admission of Student-Athletes ("CASA") (Attachment 8), a committee comprised of the senior admissions officer (or his/her designee) from each freshman/undergraduate admitting units as well as the Associate Provost for Enrollment Management and a representative from the Office of Undergraduate Admissions. The Associate Director of Athletics, Academic Services (or his/her designee) also sits on CASA as a non-voting member. The Office of Undergraduate Admissions may refer a student-athlete's application to the CASA for a number of reasons, including reviewing applications from: applicants who would not be selected for their first choice of undergraduate academic programs (or college) if reviewed as a general applicant and applicants submitting their applications after the University's published application deadline. Two things must happen for a prospective student-athlete to be admitted to the University through CASA: the committee must approve the prospective student-athlete's admission to the University and at least one undergraduate admitting unit must agree to admit the prospective student-athlete into their program. When voting on whether to admit a prospective student-athlete to the University, CASA members are charged with determining whether the student's objective academic record and demonstrated academic motivation, plus the academic support services available to the student-athlete, would combine to give the student-athlete a reasonable chance for academic success. If the CASA members deny a prospective student-athlete's admission to the University, that decision is binding for all undergraduate admitting units. The final decision making-authority for all student-athletes admitted through this second process rests with the CASA members, pursuant to the procedures just described.

b. *Communications Regarding Prospective Student-Athletes*

The University has several policies and/or procedures in place designed to ensure that all communications about the application status of prospective student-athletes are routed through the Director's designee, the Associate Director of Athletics, Academic Services.

i. *Ethical Code of Practice*

In order to ensure that no individuals, including University of Illinois Board of Trustees, donors, or alumni, influence the outcome of any admissions decisions, the University established an Ethical Code of Practice for Admissions ("Ethical Code") (Attachment 9), which dictates that "[a]ll admissions to the University of Illinois at Urbana-Champaign shall be based strictly on admissions criteria, policies and guidelines as stipulated in the campus Admissions Policy established by the Academic Senate, the Urbana campus administration and the Board of Trustees." Employees who violate the Ethical Code are subject to discipline up to and including dismissal from employment; violation of the Ethical Code by members of the Board of Trustees is considered malfeasance and, therefore, grounds for removal from the Board.

ii. *Policy Prohibiting Improper Influence in Admissions to the University of Illinois at Urbana-Champaign*

The University's "Policy Prohibiting Improper Influence in Admissions to the University of Illinois at Urbana-Champaign" (Attachment 10) establishes the practices through which the Ethical Code is instituted on campus. This policy strictly prohibits any individual (including university employees, Trustees and government officials) from attempting to communicate with any admissions staff about

any undergraduate applicant file. (Limited communication with admissions staff is allowed for graduate applications, but only under very specific conditions.) Attempts at prohibited communications are logged by the admissions staff for review by the Senate Admissions Committee. To further negate the influence of such prohibited communications, admissions personnel do not consider any unsolicited expressions of support when making admission decisions. To further limit any external influence, only the applicant, the applicant's parents/legal guardians, spouse or high school guidance counselor are permitted to communicate with the admissions office about of the applicant's application.

iii. *Communications with CASA*

All communications between the DIA and CASA must go through the DIA's designee to CASA, the Associate Director of Athletics, Academic Services. As is the case with the general application process, third party communication regarding any applicant with CASA members by anyone not specifically identified in the CASA operating procedures is prohibited.

iv. *Conduct Expectations for Coaches*

DIA coaches are notified in the Conduct Expectations for Coaches that all communications regarding the admissions status of any prospective student-athlete must be routed through the Director's designee, the Associate Director of Athletics, Academic Services.

c. *Reporting of Inappropriate Communication Regarding a Prospective Student-Athlete*

The Associate Provost for Enrollment Management shall notify the Chancellor (or his/her designee) and the FR of any communication regarding the admission status of a prospective student-athlete not allowed by University rules, regulations or policy. The Associate Provost may also be required to log the inappropriate communication for review by the Senate Admissions Committee.

4. Disciplinary Code of Conduct

a. *Student Code of Conduct*

The University's Student Code (discussed above) outlines the rights and responsibilities of each and every University student. Article I, Part 3 of the Student Code deals specifically with the student discipline process. (See Attachment 5). In addition to being informed of their responsibilities under the University's Student Code through traditional University channels and methods, student-athletes are reminded of their responsibilities to read and follow the University's Student Code in the Student-Athlete Code of Conduct. (See Attachment 6). Student-athletes are also notified in the Student-Athlete Code of Conduct that discipline for violations of the Student Code will be determined by the University and that any action taken by the DIA or the coaches will be in addition to, not in lieu of, the University discipline.

As described in the University's Student Discipline Procedures, the Office of the Executive Director of the Senate Committee on Student Discipline ("Office of the Executive Director") receives, investigates and, in most cases, resolves behavioral violations of the University's Student Code committed by individuals or student groups; cases that might lead to a student's suspension or dismissal are either be resolved by a hearing before a Senate Committee on Student Discipline subcommittee or, if the student waives rights to such a hearing, through an Expedited Case Disposition with the Office of the Executive Director. It is only through these two avenues that violations of the Student Code will be resolved. Coaches, athletic trainers, academic staff, compliance staff, FRs and DIA administrators learning of any allegations of violations of the Student Code must report such information to the Director or his/her designee for

such disciplinary matters, currently the Executive Senior Associate Director of Athletics. This information is then provided to the Office of the Executive Director or, in the case of violations of the Academic Integrity policy, to the FR.

b. *Communication between the DIA and the Office of the Executive Director*

With the following two exceptions, all communications between the Office of the Executive Director and the DIA regarding the investigation or discipline of any student-athlete for violation of the Student Code are transmitted through the Director or his/her designee. First, the Student Code allows a student attending a disciplinary or appeal hearing to bring an advisor who does not play an active role in the proceedings, but is there to support the student. Based on the non-participatory nature of the advisor's role, a DIA employee may attend these proceedings with a student-athlete as the student-athlete's advisor, upon the student-athlete's request. Second, if, as part of the investigatory process, the Office of the Executive Director employee assigned to a matter involving a student-athlete determines that a DIA employee may have pertinent evidence to the investigation, the Office of the Executive Director employee may directly contact the DIA employee to obtain such information.

c. *Reporting of Inappropriate Communication Regarding a Student-Athlete's Disciplinary Matters*

On behalf of the Office of the Executive Director, the Dean of Students or his/her designee shall report to the Vice Chancellor for Student Affairs (or his/her designee), the Chancellor (or his/her designee) and the Director (or his/her designee) any inappropriate communications on behalf of a student-athlete in connection with an allegation of a violation of the Student Code.

5. Medical and Athletic Training Staff

a. *Undue Influence*

i. Hiring and supervision

Direct responsibility for and final decisions regarding the hiring and supervising members of the DIA's [Sports Medicine Department](#) (excluding physicians) rests with the Director of Sports Medicine. (Direct responsibility for hiring and supervising the Director of Sports Medicine rests with the Director or his/her designee.) That said, varsity coaches may sit on hiring committees for employees within the Sports Medicine Department, including the Director of Sports Medicine, and may interview candidates for such positions. Their input, however, is given no more weight than any other member of the hiring committee or interviewer. As discussed previously, all DIA searches and offers of hire are reviewed by the Office of the Chancellor's EEO officer as well as the campus Office of Diversity and Equity and Access. (See Attachment 4).

Regarding the supervision of employees of the DIA's Sports Medicine Department, at the end of each school year coaches are asked to provide input on the performance of any auxiliary services working with their sports, including the Sports Medicine Department; coaches are also free to provide such input at any time throughout the year. Although the Director of Sports Medicine will review and evaluate all such input, he or she has final say as to what, if any, action will be taken based upon such reports (unless the input involves violations of Federal or Illinois law, NCAA or Conference rules or University or DIA policies or procedures – which will be handled by the appropriate governmental, university or DIA officials).

Physicians directing the care and treatment of the student-athletes are not University employees; instead, they are employees of [Carle's Sports Medicine department](#) (Carle is a full-service health care

provider servicing central Illinois). Carle is responsible for the hiring and supervision of physicians working in its Sports Medicine department.

ii. *Medical treatment of student-athletes*

The University's health care model is physician-driven. Thus, the independent team physicians and the DIA's Sports Medicine staff are given final say regarding: (a) the management and treatment of student-athletes and (b) the determination of when, if ever, an injured student-athlete is ready to return to practice and/or play as well as any limitations upon that student-athlete's participation. Any attempts to improperly or unduly influence any team physician or member of the DIA Sports Medicine staff with regard to medical decisions related to a student-athlete's participation will be reported to the Director and the Office of the Chancellor.

b. *Priority on Student-Athlete's Health and Safety*

The DIA's [Sports Medicine Department](#) mission statement makes clear that its first commitment is to the well-being of the University's varsity student-athletes:

The University of Illinois Division of Intercollegiate Athletics Sports Medicine Department is committed to providing comprehensive, state of the art health care and wellness services designed to protect and enhance the well-being of the student-athlete. The Sports Medicine staff and physicians are committed to providing health care in a professional, service-oriented environment in which the welfare of the student-athlete is of the principal concern.

c. *Concussion Safety Protocol*

The Director of Sports Medicine shall be responsible for maintaining an institutional Concussion Safety Protocol. In accordance with NCAA Bylaws, the Concussion Safety Protocol shall be submitted to the NCAA Concussion Safety Protocol Committee on an annual basis and will include a written certificate of compliance signed by the Director of Athletics.

The Concussion Safety Protocol shall grant ultimate authority to the team physicians and the Sports Medicine staff in implementation of the Protocol. Any attempts to improperly or unduly influence any team physician or member of the Sports Medicine staff with regard to implementation of the Concussion Safety Protocol will be reported to the Director of Athletics and the Office of the Chancellor.

d. *External Reporting*

As defined more thoroughly below in Section 6, the Director of Sports Medicine will have an independent reporting relationship with the Director of the University's McKinley Health Center (a nationally accredited, professionally staffed ambulatory care unit serving the University's students). When the Director of the McKinley Health Center receives notification of any attempts to unduly or improperly influence an employee in the DIA Sports Medicine department, this information should be reported to the Associate Vice Chancellor for Student Affairs and/or the Vice Chancellor for Student Affairs. Additionally, the Director of Sports Medicine should utilize the FRs as a resource when dealing with issues related to student-athlete health and safety.

6. Office of Student Financial Aid

a. Undue Influence

i. *Improper or Undue Influence of staff members in the Office of Student Financial Aid*

Any attempt by a booster, university official, coach or DIA staff member to improperly or unduly influence any staff member of the Office of Student Financial Aid with regard to the calculation of cost of attendance values to better serve recruiting or other athletically related interests will be reported to the Director as well as the Chancellor (or his/her designee).

ii. *Communications with the Office of Student Financial Aid*

Through both the DIA's Conduct Expectations for Coaches policy (Attachment 7) and the DIA Employee Handbook (see Attachment 2), DIA employees are informed that any communications with the Office of Student Financial Aid must be directed through the DIA Compliance Office.

c. *Reporting of Inappropriate Communication Regarding a Prospective Student-Athlete*

The Director of Student Financial Aid shall notify the Chancellor (or his/her designee) and the Faculty Representative of any inappropriate communication from any booster, university official, coach or DIA staff member relating to a student-athlete's financial aid award or general financial aid policy.

7. Definition of Independent Reporting Relationship External to DIA

Best practices suggest that, in order to ensure the integrity of the governance system of an intercollegiate athletics program, certain units within that program have reporting lines external to the program itself. Specifically, the units/processes that must be protected from undue and/or improper influence through these external reporting relationships are: (a) academic support services; (b) compliance; (c) admissions; (d) student discipline; (e) sports medicine, and (f) the Office of Student Financial Aid. As described above, admissions, student discipline and financial aid operate outside of the confines of the DIA and, therefore, maintain the necessary autonomy through the practices described previously. Academic support services, compliance and sports medicine, on the other hand, are all DIA units with primary reporting lines to the Director. In order to ensure the integrity of these positions, at least one external reporting line with campus leadership outside of the DIA has been established for each of these units.

These reporting relationships do not include typical managerial duties (such as establishing work responsibilities, conducting annual performance evaluations, or setting salary/raises). Instead, campus leaders to whom these DIA units and unit heads have external reporting relationships serve as an avenue through which attempts at undue and/or improper influence could be reported while also serving as a source of advice and advocacy for that DIA employee. To that end, these external campus leaders are expected to develop strong working relationships with their respective DIA unit heads.

In order to ensure the proper functioning of these external relationships, each reporting relationship shall have, at a minimum, the following components:

- i. Each affected DIA unit heads and their assigned campus leader shall meet at least once per quarter. Discussions held during these meetings should focus on the operational responsibilities of the unit head as well as any difficulties the unit head has encountered related to performing his or her job duties. Additionally, any time a DIA unit head feels they are facing undue and/or improper influence to act in a way the unit head feels would not be in accordance with their professional responsibilities or judgment, they are free to discuss such issues with their assigned campus leader.
- ii. At least once per year, the Director will meet, individually, with each campus leader to discuss the functioning of the unit.

- iii. If a DIA unit head has raised an issue of concern regarding undue and/or improper influence to their assigned campus leader, the campus leader, the DIA unit head and the Director (or his or her designee) shall meet to discuss and try to resolve the matter.
- iv. In the event that a concern regarding undue and/or improper influence cannot be resolved following a meeting between the DIA unit head, the assigned campus leader and the Director (or his or her designee), the matter can be forwarded for discussion to an advisory group consisting of any three of the following: (a) the Chancellor (or his or her designee); (b) the Campus Counsel (or his or her designee); and (c) one or both FRs.
- v. In accordance with University policies and Illinois law, retaliation against DIA unit heads or campus leaders who, in good faith, report and/or pursue advisory reviews of allegations or concerns of undue and/or improper influence pursuant to these Governance Standards is strictly prohibited.
- vi. Prior to taking any corrective or disciplinary action against a DIA unit head or instituting any substantial changes to the DIA unit head's duties, salary or supervisory responsibilities, the Director (or his or her designee) shall provide notification of the impending actions to the DIA unit head's assigned campus leader and shall allow that campus leader the opportunity to discuss the proposed action with the Director.

8. Reporting Avenues for Individuals Not Associated With DIA

Employees of the University who do not work for DIA and members of the general community have a number of avenues through which they can report allegations of violations of NCAA or Conference rules, undue or improper influence, or violations of any other applicable laws or policies by DIA staff, students or other individuals associated with the University's varsity athletics program:

- i. The [Ethics Line](#): As discussed earlier, this reporting tool is operated by the University Ethics and Compliance Office. If they choose to do so, individuals contacting the Ethics Line can anonymously report their concerns.
- ii. [The Office of the Executive Inspector General for the Agencies of the Illinois Governor \("OIEG"\)](#): The OIEG is authorized to investigate allegations of misconduct against employees at a variety of levels of state government, including state public universities. Complaints may be made by anyone via the internet, fax or mail.
- iii. The DIA Office of Compliance: Any individuals, including all University employees, University students and members of the community, can report violations of NCAA and Conference rules through the DIA Office of Compliance's ["Report a Potential Violation"](#) website.

TAB 17



**Sports Medicine Department
Concussion Management Protocol**

Baseline Testing and Education

1. Prior to on-field or on-court team activities, all student-athletes who participate in intercollegiate athletics and the cheerleading team at the University of Illinois will complete baseline assessment. The baseline assessment will consist of an ImPACT Baseline Test and Balance Error Scoring System (BESS) administered by a Certified Athletic Trainer (ATC).
 - a. A new baseline concussion assessment will be completed six months or beyond for any student-athlete with a documented concussion.
2. All student-athletes will receive the NCAA concussion fact sheet for student-athletes and brief education about concussion signs/symptoms and risks from an ATC during their annual pre-season team meeting. Athletes will then complete the acknowledgement form stating they accept responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussion.
 - a. See Appendix B: NCAA “Concussion: A Fact Sheet for Student Athletes”
 - b. See Appendix A: “Big Ten Injury and Illness Reporting Acknowledgment Form”
3. All coaches will receive the NCAA concussion fact sheet for coaches and brief education about concussion signs/symptoms and risks from an ATC annually. Coaches will then complete the acknowledgement form stating they accept responsibility for reporting any signs and symptoms of a concussion to the sports medicine staff.
 - a. See Appendix B: NCAA “Concussion: A Fact Sheet for Coaches”
 - b. See Appendix A: “Big Ten Coaches Concussion Acknowledgement Form”

Response to Signs and Symptoms of a Concussion

Any student-athlete with signs/symptoms/behaviors consistent with concussion:

1. Must be removed from practice or competition
2. Must be evaluated by ATC or team physician

****A student-athlete who is diagnosed with a concussion shall not return activity for at least the remainder of that calendar day.***

Any student-athlete diagnosed with a concussion will complete the following:

1. Initial Evaluation (See steps below)
2. Physician evaluation
3. Follow up ImPACT and BESS testing. (Follow ImPACT & BESS protocol)
4. Follow up with physician regularly or if symptoms increase until all symptoms resolve.
5. Return to Play – Follow “Return to Play Progression” listed below.

Initial Evaluation

1. Primary Survey: Evaluation of ABC's (care for any life threatening problems first).
2. Signs and Symptoms:

Symptoms	Signs
Headache	Loss of consciousness
Nausea	Poor balance
Vomiting	Slowed or slurred speech
Balance problems/dizziness	Poor concentration
Sensitivity to light/noise	Delayed response to questions
Ringing in ears (tinnitus)	Appears to be dazed or stunned
Tiredness	Forgets plays
Irritability	Unusual emotions, personality change and/or inappropriate behavior
Confusion, disorientation	

3. Orientation x3 (aware of time, date, place)
4. 3 word recall: immediate and 10 minutes after initial assessment
 - a. ex. Huskie, Orange, Chicago
5. BESS follow-up assessment
6. If symptoms not improving or increasing, consult with a physician to determine if student-athlete needs to see a physician for further evaluation.
7. Send written instructions home with a parent or roommate.
 - a. See Appendix C: "Head Injury Instructions"
8. Follow-up the next day with physician and/or athletic trainer.

Continuing Care through Recovery

1. Discuss class attendance and academic recommendations with physician at each visit.
 - a. Obtain written documentation from the physician for missing class or extra time allowance for completion of academic assignments.
2. Notify academic counselor of injury and provide with any required documentation for academic exceptions.
3. Complete "Post-Concussion Symptoms Scale" daily.
 - a. Best practice is to complete before attending class or completing daily tasks.
4. Instruct athlete on importance of rest.
 - a. Sleep at night.
 - b. No video games, TV, electronics, etc.
 - c. Limit computer usage to academic necessity.
5. Complete ImPACT Post-Injury test once all symptoms resolved – note hours of sleep, caffeine use, and external distractions per ImPACT recommendations for accurate testing.
 - a. Evaluate ImPact Post-Injury results with physician.
 - i. If within normal limits, follow return-to-play protocol.
 - ii. If outside of normal limits, repeat in 48 hours if asymptomatic.

Return to Learn Plan

1. Follow the Sports Medicine Department Concussion Management Protocol for appropriate referral to team physician for assessment.
 - a. If a S-A suffers a concussion, the team athletic trainer will contact the *academic counselor by phone* to notify him/her of the concussion – clarify if the team physician has or has not made recommendations for class accommodations.
 - i. Note: No specific information regarding the S-A's health should be left in a voicemail as voicemails are sent as electronic messages.
 - b. The academic counselor will contact the learning specialist to notify him/her of the concussion.
 - c. **If the team physician recommends accommodations should be made for class attendance or coursework**, the *team physician* will complete the form letter on letterhead noting the date the concussion occurred.
AT may complete letter(s) but MD must sign
 - i. The team athletic trainer will provide the initial letter(s) to the *academic counselor*.
 - ii. The academic counselor will notify the learning specialist of the recommendations.
 - iii. The learning specialist will work with the S-A to set-up an evaluation with DRES.
 - iv. Follow-up documentation, i.e. physician office visit notes, will be provided to the academic counselor/learning specialist upon request.

Graduated Return to Play Protocol

Step 1: No Activity – Complete physical and cognitive rest.

Step 2: Light Aerobic Activity – walking, swimming or stationary cycling, keeping intensity to <70% of maximum predicted heart rate; no resistance training.

Step 3: Sport Specific Exercise – skating drills in ice hockey, running drills in soccer; no head impact activities.

Step 4: Non-Contact Training – progression to more complex training drills, e.g. passing drills in football and ice hockey; may start progressive resistance training.

Follow-up with physician for final evaluation to return to full contact activity.

Step 5: Full-contact practice – participate in normal training activities.

Step 6: Return to play – normal game/competition play.

Note: The student-athlete should progress to the next step only if completely asymptomatic at the current step. If any post-concussion symptoms occur while in the stepwise program, the athlete should stop all activity and follow-up with a physician. After asymptomatic for 24-hours, the athlete should drop back to the previous asymptomatic step and try to progress.²

Reducing Exposure to Head Trauma exposure management plan

1. All student-athletes will receive the education about safe play incorporating the Safety first approach and taking the head out of contact as ways to limit head contact during both practice and competition. This educational training will be from the sports ATC during their annual pre-season team meeting.
2. All coaches will receive the education about safe play incorporating the Safety first approach and taking the head out of contact as ways to limit head contact during both practice and competition. This educational training will be from the sports ATC on an annual basis.

Appendix A

Big Ten Acknowledgment Forms

Appendix B

NCAA Concussion Fact Sheets



Reference to any c
as an endorsement



Appendix C

Take Home Head Injury Instructions

UNIVERSITY OF ILLINOIS SPORTS MEDICINE

HEAD INJURY INSTRUCTIONS

Athletes with suspected head injuries will follow the instructions listed below:

This sheet should be read by yourself and given to your roommate or family member who will be with you for the next 24 hours.

- A. Do NOT take any aspirin, ibuprofen or any other pain medication or any anti-inflammatory medication unless directed by the team physician.
- B. You are out of ALL activity; including no contact sports and no weight lifting, until cleared by the Sports Medicine Staff.
- C. If you experience any of the following conditions:
 - a. Persistent, intense headache or headache that worsens in intensity
 - b. Nausea and/or Vomiting
 - c. Ringing in the ears
 - d. Slurring of Speech
 - e. Blurred or double vision
 - f. Difficulty breathing
 - g. Memory loss
 - h. Confusion or irritability
 - i. Convulsions
 - j. Lack of coordination, difficulty walking
 - k. Unconsciousness or unresponsiveness

Please contact one of the athletic trainers or the physician at the phone numbers listed below, regarding any of the symptoms listed above or if any questions arise concerning your condition.

- D. If there is a true medical emergency, call for an ambulance by dialing 9-911 (campus) or 911 (off campus).
- E. Your normal follow-up care will include:
 - Report to the _____ Training Room
 - On: _____
 - At: _____ AM/PM

Phone numbers:

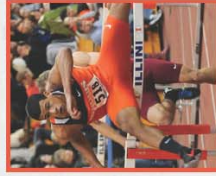
Athletic Trainer: _____

Training Room: _____

Emergency/Ambulance 9-911 (campus) 911 (off campus)

TAB 18

FIGHTING ILLINI



2014-15 STUDENT-ATHLETE HANDBOOK



Dear Student-Athlete:

I would like to welcome our returning student-athletes back to campus and also welcome all freshmen and transfer student-athletes to our Fighting Illini Family! You have been given the opportunity and responsibility to continue the longstanding tradition of athletic and academic success of our student-athletes at Illinois.

It is the mission of the Academic Services staff to help you balance your athletic, academic, and social responsibilities so that you perform at the highest level possible in every aspect of your life. Our goal as an athletic department is to produce and support the best student-athletes in the country. Your coaches, support staff, and trainers are committed to helping you achieve success athletically. The Irwin Academic Services Center will provide individual guidance to make sure you are achieving academic success. The directors and advisors at Irwin will be with you every step of the way as you work each day to reach your goals.

Achieving excellence as both a student and an athlete is possible through hard work and dedication. The *University of Illinois Student-Athlete Handbook* is one tool that can help you on your journey towards success. This handbook has been produced to assist you in managing your time and will help improve your organizational skills. You will find detailed information about the resources available to you at Illinois which will assist you in your success. This includes athletic department services and campus services. The reference section at the back of the handbook provides tips and strategies for managing your time, setting goals for yourself, improving your study skills, and planning your career options. I also encourage you to regularly visit your team's academic advisor to ensure that you are doing everything you can to be a successful student-athlete.

We are so excited to have you at Illinois! We look forward to supporting you and working together to help you reach your goals. Let's make 2014-15 a year to remember for Illini Athletics.

GO ILLINI!

A handwritten signature in black ink that reads "Mike Thomas". The signature is written in a cursive, flowing style.

Mike Thomas
Director of Athletics

GUIDING PRINCIPLES.....	6
Mission Statement	6
Criteria for Excellence	6
Rights and Responsibilities of Student Athletes.....	6
Overall Responsibilities	6
Sportsmanship Policy	7
Academic Responsibilities and Integrity	7
Class Attendance	7
Responsibilities of Coaches	7
Prohibited Relationships Policy.....	8
KEY POLICIES GOVERNING STUDENT-ATHLETE CONDUCT	9
Code of Conduct.....	9
Levels of Misconduct	9
Category I Misconduct.....	9
Category II Misconduct.....	9
Notice	10
Appeal Procedure for Sanctions following Commission of Category I or Category II Misconduct.....	10
Request for Review Based on Substantial Change in Circumstances.....	10
Substance Abuse (Drug and Alcohol Program)	11
Education	11
Treatment Program.....	11
Drug Testing	11
Method of Drug Testing	11
Confidentiality.....	12
Physician-Patient Conference	12
Prescription Drugs.....	12
Medically Qualified to Participate.....	12
Outcomes following a positive drug test	12
Refusal to Participate	12
Scholarships and Financial Aid	13
Student-Athlete Hazing Policy.....	13
Sanctions	13
Gambling, Bribery and other Sports Wagering Activities	13
Sanctions	14
Social Networking Policy	14
Public Media	14
Social Networks.....	14

Guidelines	15
Conduct.....	15
Sanctions.....	16
ACADEMIC SERVICES	17
Irwin Academic Services Center	17
Student-Athlete Advisory Committee (SAAC)	17
Douglas C. Roberts Illini Life Skills	17
Commitment to Academic Excellence	17
Commitment to Athletic Excellence.....	18
Commitment to Personal Development	19
Commitment to Career Development	19
Commitment to Community Service.....	20
Illini Life Skills Team Competition	20
Academic Expectations and Eligibility	20
Academic Progress	20
Eligibility Requirements (NCAA, Big Ten Conference and DIA)	21
Class Attendance and Absences Procedures:.....	21
Residency Requirements:.....	22
Summer School Policy:.....	22
Navigating the University	22
Academic Counseling (DIA-assigned)	22
Academic Advising (Department-assigned)	22
Registering for Courses	22
Early Enrollment.....	22
Schedule Changes	22
Registration Charges, Payments & Refunds.....	23
Encumbrances.....	23
Classification of Students	23
Grades and the Grading System.....	23
Grade Reports:.....	23
Grading Scale	24
Calculating Grade Point Average (GPA):	25
Credit/No Credit Grading Option	25
Challenging Alleged Capricious Grades.....	26
Nontraditional Courses	26
Declaring a Major	26
Changing Colleges or Curriculum	27

College Degree Audits (Progress towards Degree)	27
Failure to Make Satisfactory Progress towards a Degree	27
SPORTS MEDICINE/ATHLETIC TRAINING SERVICES	28
Policies for Care of Student-Athletes	28
Physical Examinations	28
Treatment	28
Out-of-Sport Injury or Illness	28
Unauthorized Equipment.....	28
Reporting of Injury/Illness.....	28
Team Physicians	28
Referral/Consultation	28
McKinley Student Health Service	29
Dental Care	29
Eye Glasses and Contact Lenses.....	29
Hospitalization and Surgery	29
Payment of Medical Bills Program	29
Athletic Training Facilities	30
Student-Athlete Pregnancy Policy and Guidelines	30
COMPLIANCE	32
Amateurism.....	32
Employment.....	32
Extra Benefits	32
Examples of Extra Benefits.....	33
Discounts and Credits	33
Free or Reduced-Cost Services	33
Student-Athletes Selling Items Received for Participation in Intercollegiate Athletics	33
Telephone and Credit Cards.....	33
Entertainment Services.....	33
Representatives of Athletic Interests	34
Practice and Competition Time.....	34
Team Travel.....	35
Ticket Policy.....	35
Involvement with Recruits	35
Agents and Advisors.....	36
Prohibitions and Restrictions	36
Transfer Rules	37
Transfer Grievances	38
Transfer Athletic Review Panel	38

FINANCIAL ASSISTANCE	39
Types of Financial Assistance	39
Institutional Financial Aid.....	39
Non-Institutional Financial Aid.....	39
Limits on Financial Assistance	39
Questions Regarding Non-Institutional Financial Aid.....	40
Monitoring Financial Aid	40
Incoming Freshmen Eligibility for Financial Aid and Assistance	40
Offers (Tenders) of Institutional Financial Assistance.....	40
Terms of Awards	41
Institutional Financial Aid Renewal and Non-Renewal Procedures	41
Reasons for Reducing or Failing to Renew a Student-Athlete’s Institutional Financial Aid	41
Renewal Tender and Change of Aid Status	41
Voluntary Withdrawal from a Team	42
Outside Aid.....	42
Summer School and Fifth-Year Aid.....	42
Summer School for Current Student-Athletes	42
Summer School for Incoming Student-Athletes.....	43
Fifth Year Aid.....	43
Financial Aid Grievances	43
Other Financial Aid Matters	44
Book Policy.....	44
Additional Sources of Aid	44
NCAA Special Assistance Fund	44
Student-Athlete Opportunity Fund (SAOF).....	45
STUDENT-ATHLETE AWARDS	46
Varsity Awards	46
Student-Athlete Celebration Awards	46
Scholar-Athlete of the Week Award	47
Big Ten Awards.....	47
National Awards.....	47
VARSITY “I” ASSOCIATION	48

GUIDING PRINCIPLES

Mission Statement

The mission of the University of Illinois (“University”) Division of Intercollegiate Athletics (“DIA”) is to provide a superior experience for all of our student-athletes and create the highest quality athletic program that will support and enhance their ability to compete for championships in the Big Ten Conference (the “Big Ten”) and the National Collegiate Athletic Association (the “NCAA”).

Criteria for Excellence

The following criteria for excellence will guide all of DIA’s efforts to achieve its mission:

- Integrity
Our successes will be achieved through honest and ethical efforts.
- Academic Performance
Student-athletes will be supported and encouraged to achieve their full academic potential.
- Financial Health and Stability
DIA will make sound financial decisions to sustain fully funded and nationally competitive programs.
- Championship Programs
Programs and student-athletes will be provided with the resources needed to achieve at the highest levels.
- Equity and Diversity
DIA will achieve diversity, equity and fairness in the number and quality of opportunities available to student-athletes.
- Facilities
Excellent facilities will enhance our student-athletes’ experience and create in each sport a “home court advantage.”
- Student-Athlete Welfare
DIA programming for student-athletes will protect and enhance their physical and educational well-being and provide them with opportunities for leadership and personal development.
- Engagement
Student-athletes will be provided with opportunities to engage all our constituent groups in a positive manner.

Rights and Responsibilities of Student Athletes

Overall Responsibilities

Admission to the University and its baccalaureate programs is a privilege which must be earned by each student’s academic promise and continuing performance. Representing the University in intercollegiate competition is also a distinct privilege and it too must be earned and maintained by promise and continuing performance.

Student-athletes who participate in intercollegiate athletics are highly visible representatives of their team, DIA, the University as well as of the missions and goals of each of these entities. Therefore, student-athletes must conduct themselves with integrity, sportsmanship and character and must uphold the University’s and DIA’s high ethical and moral standards at all times, whether they are on the field or court, in the classroom or in the community.

Student-athletes must understand and follow the rules and regulations governing all University students, found in the Student Code (a copy of which is available on the University’s website), as well as any rules and regulations established by their college and the departments from which they take courses. Student-athletes must also understand and comply with the rules, regulations and requirements of their team, DIA, the Big Ten and the NCAA.

NOTE: Student-athletes also enjoy all rights and privileges common to all University students.

Sportsmanship Policy

Student-athletes represent the mission and goals of this athletic program and their conduct is a direct reflection upon DIA and the University. Student-athletes shall conduct themselves in a manner that exemplifies honesty and good sportsmanship, including fundamentals such as maintaining the integrity of the competition, observing the rules of fair play, and acting with civility and respect towards all, especially opponents and officials. Student-athletes' behavior shall, at all times, reflect the high standards of honor and dignity that characterize participation in competitive sports at the University of Illinois. [See the Big Ten Sportsmanship Policy (Agreement 10)].

Academic Responsibilities and Integrity

The primary purpose of DIA is to have all student-athletes pursue and obtain an academic degree. To achieve this goal, student-athletes must attend class on a regular basis, complete all classroom assignments, and conduct themselves in all academic matters in ways that are consistent with acceptable classroom performance. Student-athletes must give their full cooperation and attention to college, departmental, and DIA personnel in all academic matters.

Students at the University must share in the values common to all members of the University community. These values include "the freedom to learn, free and open expression within limits that do not interfere with the rights of others, free and disinterested inquiry, intellectual honesty, sustained and independent search for truth, the exercise of critical judgment, respect for the dignity of others, and personnel and institutional openness to constructive change." [Student Code Preamble].

In order to protect the atmosphere of distinguished education and research found at the University, all students are expected to "refrain from infractions of academic integrity," such as:

- **Cheating:** "Using or attempting to use in any academic exercise materials, information, study aids, or electronic data that the student knows or should know is unauthorized."
- **Plagiarism:** "Representing the words or ideas of another as one's own in any academic endeavor."
- **Fabrication:** "Unauthorized falsification or invention of any information or citation in an academic endeavor."

[Student Code 1-402].

Class Attendance

All University students are expected to regularly attend classes. Student-athletes are encouraged to inform their instructors of any known conflicts which will keep them out of the classroom the first week of the semester, and are advised to remind their instructors of conflicts no later than one week before the date of a quiz/examination or the due date of an assignment. Professors must reasonably accommodate student-athletes who miss class because of formal participation in their team's scheduled athletic events.

The maximum number of school days a team can miss for athletic contests is ten per semester, excluding estimates for championship and other postseason events. No athletic events are allowed during final examinations period. Refer to the procedures for notifying about absences in the Academics Section of this handbook.

[For more detailed discussion of these and other attendance policies, see The Student Code 1-501 and 1-502].

Responsibilities of Coaches

Coaches also have responsibilities in a number of areas. They have the responsibility to represent DIA, the University, and the State of Illinois in a manner that will enhance the athletic program and promote confidence in the program. They have a responsibility to all student-athletes to take a sincere interest in their academic and

athletic activities and ensure that they are all treated with fairness and provided with the optimal opportunity to excel. Finally, coaches must operate all programs and activities within the rules and regulations of the University, DIA, the Big Ten and the NCAA.

Prohibited Relationships Policy

Coaches, DIA administrators and other employees with authority over or direct service relationships with student-athletes are prohibited from entering into a sexual, dating or romantic relationship with any University of Illinois varsity student-athlete, so long as that individual remains a member of a varsity team. [DIA Policy 03-B].

KEY POLICIES GOVERNING STUDENT-ATHLETE CONDUCT

Code of Conduct

Student-athletes are subject to the rules and regulations that govern all students at the University, as stated in the Student Code, which can be found online at: <http://admin.illinois.edu/policy/code/>. Each year, student-athletes should review the Student Code to make sure they understand their rights and responsibilities as a University student. Violations of the Student Code could result in discipline such as: reprimand, censure, conduct probation, suspension, and dismissal from the University as well as denial of future admission to the University.

In addition to these University sanctions, DIA reserves the right to take additional sanctions against student-athletes who fail to abide by any of the rules, regulations or requirements governing their conduct, as described below.

Levels of Misconduct

DIA has identified two levels of misconduct (Category I Misconduct and Category II Misconduct). Engaging in such misconduct may result in student-athletes not being allowed to fully participate in the University's inter-collegiate athletic program.

Category I Misconduct

Category I Misconduct is defined by DIA as any:

- Violation of a criminal law that is classified as a felony by the State of Illinois.
- Violation of a term of probation or other condition imposed by a court in a criminal proceeding.
- Serious violation of a term of probation or other condition imposed by a University official or a DIA administrator.

Preliminary Action:

The director of athletics ("director") or the director's designee may take preliminary action to temporarily suspend a student-athlete from participation in practice or competition and/or access to any athletic department services when the director has verified that a felony charge or charges have been filed against a student-athlete or when there is specific and credible information (for example, arrest records, statements of law enforcement officers, University records, third-party or witness statements, or admission by the student-athlete) for reasonably believing that the student-athlete may have committed a Category I Misconduct.

Sanctions for Category I Misconduct:

The director, in consultation with the Faculty Athletics Representative (FAR) and/or the appropriate University officials, will determine from specific and credible information whether there is a reasonable basis for concluding that the student-athlete has committed a Category I misconduct. Thereafter, the Director shall suspend the student-athlete from participation in practice, competition, and/or from receiving services provided by DIA. Furthermore, the Director may pursue revocation or modification of any athletically-related financial aid received by the student-athlete in accordance with NCAA and University procedures.

Category II Misconduct

Category II Misconduct is defined as any:

- Violation of a criminal law that is not classified as a felony by the State of Illinois, including laws pertaining to alcohol (such as driving while under the influence or possession of alcohol under the legal age).
- Violation of a term of probation imposed by a University official or DIA administrator that does not constitute a Category I Misconduct.
- Violation of a University discipline (such as a violation of terms of probation or suspension).
- Violation of University or DIA policies, rules, and/or regulations, including violations of the Student Code, violations of the University's rules regarding academic integrity, and willfully giving false and/or malicious information to University officials or police officers.

Preliminary Action:

The director or the director's designee will determine from specific and credible information that there is a reasonable basis for concluding that the student-athlete has committed Category II misconduct. The Director shall determine the appropriate sanction after consulting with the student-athlete's Head Coach and assigned Sports Administrator. The Director may also consult with the FAR and appropriate University officials for recommendations regarding the appropriate sanction(s).

Sanctions for Category II Misconduct:

If a student-athlete commits a Category II Misconduct, sanctions that may be taken against the student-athlete include, but are not limited to: warning, reprimand, probation with or without conditions, requirements for restitution, conditions to encourage personal rehabilitation (e.g., counseling and community service), conditions related to satisfactory academic performance, suspension from practice, suspension from the competition, suspension from access to DIA services, and, if the student-athlete's conduct is severe or frequent enough, dismissal.

Notice

If the University has a reasonable belief that a student-athlete committed Category I or Category II misconduct that is sufficiently serious to warrant a suspension of 10 days or more, the director or the director's designee shall take the following action before making a determination that the student-athlete has committed the misconduct in question: (i) notify the student-athlete and University officials of the specific charge(s) of misconduct and substantiation concerning the charges; and (ii) provide an opportunity for a meeting at which the student-athlete may explain the circumstances, orally or by submission of a written statement. The director shall notify the student-athlete and appropriate University officials, in writing, of any decision to impose sanctions based on the alleged misconduct. If sanctions are imposed, the written notice shall include a complete description of the appeal procedures available to the student-athlete.

Appeal Procedure for Sanctions following Commission of Category I or Category II Misconduct

Step 1: To appeal sanctions imposed by the director or the director's designee for committing Category I or Category II Misconduct, student athletes may submit, in writing, an appeal to the director or the director's designee. In this written appeal, student-athletes must provide a full explanation of the basis for their appeal. The director or the director's designee shall issue a written statement with the director's decision.

Step 2: If student-athletes wish to continue to appeal the director's decision after it has been issued, student-athletes must submit a request for a hearing before the Disciplinary and Welfare Athletic Review Panel (members of this panel include appointees from the Chancellor's Office, the Director of Athletics' Office, the Athletic Board, the Faculty Athletics Representatives, and an officer of the SAAC Committee).. Requests for appeal to the Athletic Review Panel must be submitted within five (5) University business days of the issuance of the director's decision. Following the hearing, the Athletic Review Panel will provide the student-athlete with a written decision.

Step 3: If student-athletes are not satisfied with the decision of the Athletic Review Panel, they may appeal the Athletic Review Panel's decision to the Office of the Chancellor within five (5) University business days following receipt of the written decision. The Office of the Chancellor shall render a decision within thirty (30) calendar days.

Request for Review Based on Substantial Change in Circumstances

If there is a substantial change in circumstances affecting student-athletes who have been suspended from participation in practice, competition, and/or services provided by DIA, they may petition the director to review their suspension, based on the changed circumstances. Such petitions may include written statement in support of the request. Thereafter, the director shall consult with the FAR and other appropriate University officials on whether the suspension should be modified. If circumstances warrant a change in a suspension, a stu-

dent-athlete may be reinstated by the director of athletics to resume participation in practice, competition, and/or services provided by DIA.

Dismissal or reduction of a criminal charge is a change of circumstances that may or may not justify revision of a suspension from participation in practice, competition, and/or services by DIA depending on the facts underlying the dismissal or reduction of charges.

Substance Abuse (Drug and Alcohol Program)

Use of alcohol and drugs can impair mental and physical performance and have a negative effect on the health and safety of student-athletes. The use of unauthorized drugs not covered by the team physician, the abuse of alcohol or the use of illegal drugs by student-athletes shall be grounds for disciplinary action. Student-athletes may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved.

Education

DIA has educational programs in place for student-athletes to increase their awareness of the dangers of drug and alcohol use and abuse. All DIA coaches attend lectures where the Drug Testing Policy and Procedures are explained.

Treatment Program

Student-athletes desiring substance abuse treatment are encouraged to utilize the resources available to all University of Illinois students, such as the Counseling Center and the McKinley Health Center. Student Health Insurance also covers some off-campus resources which can be accessed by student-athletes through referrals from the team physician or the McKinley Health Center. Student-athletes can utilize these resources before, during or after the drug testing program.

If the student-athlete has negative drug screens for a total of 12 months and the medical care team feels the student-athlete no longer requires drug counseling and treatment, further care may be at the student-athlete's own expense. Such expenses can also be paid through the appropriate sport program's budget as determined by DIA. Student-athletes can be discharged from treatment at the discretion of the medical treatment team when counseling and treatment requirements have been met.

Drug Testing

DIA's Drug and Alcohol program includes a drug testing program administered under the authority of the team physician. All student-athletes shall submit urine specimens to be analyzed under medical procedures designated by the team physician at various intervals throughout the year. DIA uses drug testing in its Drug and Alcohol program in order to: (1) to protect the health and safety of its student-athletes; (2) to identify substance abusers and to provide counseling and treatment for them; (3) to serve as a deterrent to drug use by the student-athlete; and (4) to promote education of the student-athlete;

Method of Drug Testing

Tests will be conducted for street drugs such as amphetamines, cocaine, marijuana, synthetic cannabinoids, and PCP as well as anabolic steroids and other so-called "performance enhancing" drugs. Alcohol related blood, breath, and urine testing may also be conducted in some cases to evaluate treatment compliance or suspected problems.

The testing may occur at any time, announced or unannounced.

New student-athlete testing results will commence for student-athletes when their respective team reports for their first official practice prior to the start of classes or after the first day of fall or spring classes, whichever occurs earlier.

A certified athletic trainer or other professional staff will collect the urine specimens. The urine specimens will be transported to a licensed laboratory for analysis. Appropriate precautions will be observed to correctly identify the urine specimens, assure accuracy and maintain confidentiality of test results.

Confidentiality

Confidentiality of the information and documents resulting from the student-athlete's participation in this medical program will be in accordance with the law. During the course of the examination, the team physician will acquire information necessary to enable the physician to professionally serve the patient. The medical records are not subject to review by any person other than the physician and the patient and shall remain in the custody of the physician. The medical information (including urine specimens, codes and other identification of specimens and test results) shall remain confidential information. The team physician may inform only the student-athlete, his/her parents (when appropriate), his/her athletic trainer; his/her head coach, his/her sport program administrator, the athletic director, and other medical treatment personnel of the test results. Those notified shall not inform any other person of the test result.

Physician-Patient Conference

The team physician will meet privately with the student-athlete to discuss positive test results and provide the student-athlete an opportunity to comment on the test results or medical findings and, in particular, to explain why a false positive test result may have been received. The team physician shall give those comments such consideration as may be appropriate in arriving at medical conclusions.

Prescription Drugs

Student-athletes who are taking drugs pursuant to a prescription from a physician may register this fact with the team physician in writing. This information helps enable the team physician to determine the medical qualification of a student-athlete to participate in the sports program. Further, it is possible that some prescription drugs may result in a positive test in this program.

PRIOR DISCLOSURE OF THE USE OF A PRESCRIPTION DRUG HELPS AVOID A FALSE POSITIVE TEST RESULT

Medically Qualified to Participate

Under medical regulations established by the Big Ten, the team physician has final authority to determine whether the student-athlete is medically qualified to participate in practice and competition. The team physician's decision shall be made bearing in mind one of the fundamental purposes of the program, namely, protection of the student-athlete's health and safety.

Outcomes following a positive drug test

Student-athletes who test positive for any of the following substances are subject to medically appropriate actions (including mandatory treatment), increased levels of drug testing and appropriate disciplinary action, up to and including dismissal from their team: marijuana; synthetic cannabinoids; benzodiazepines; barbiturates; opioids; cocaine; amphetamines; heroin; other stimulant-type drugs not prescribed by a licensed practicing medical provider; anabolic steroids; and other performance-enhancing drugs. Alcohol-related incidents involving legal action (such as a DUI charge or citations for public intoxication or underage drinking) may also subject student-athletes to these actions.

DIA is in the process of reviewing and renewing its Drug and Alcohol Program policy. More specific descriptions of the outcomes for positive drug tests will be included in any revised policy. Student-athletes will receive a copy of the revised policy once it has been completed.

Refusal to Participate

Student-athletes who refuse to participate in any part of the drug testing program or any other medical procedure under the authority of the team physician will be withheld from practice and competition in all varsity intercollegiate sports.

Scholarships and Financial Aid

Renewals of financial assistance are not automatic. A tender may not be renewed if the student-athlete is suspended from an athletic team for participating in the use of, sale of, or distribution of any narcotic drug or controlled substance.

Student-Athlete Hazing Policy

Hazing is strictly prohibited and will not be tolerated among or between student-athletes.

In the section 1-302(d) of the Student Code, the University defines hazing as “any action taken or situation created for the purpose of initiation into, admission into, affiliation with, or as a continued membership in, a group or organization, to produce physical discomfort or injury, mental discomfort, embarrassment, or ridicule.”.

Examples of hazing include, but are not limited to, the following:

- Use of alcohol;
- Paddling in any form;
- Creation of excessive fatigue;
- Physical and psychological shock;
- Wearing of apparel which is conspicuous or not in good taste;
- Engaging in public stunts;
- Degrading or humiliating games and activities; or
- Any activities which are not consistent with the academic mission, organizational ritual or policy, applicable state or local law, DIA policies or Big Ten and NCAA rules or regulations.

An individual’s willing participation in an activity does not justify participation in or sponsorship of the activity.

Any violation of this policy should be reported to DIA, Dean of Students, or the Office for Student Conflict Resolution.

Note: Hazing activities may also violate the Illinois Hazing Act 720 ILCS 120/0.01

Sanctions

Any activity or language that amounts to hazing in violation of the above policy is subject to investigation and possible sanction by the University and/or DIA.

Sanctions imposed by the director of athletics may include but are not limited to, the following:

- Written notification from the director of athletics to the student-athlete outlining the hazing policy.
- Suspension from the team for a prescribed period.
- Indefinite suspension from the team.
- Dismissal from the team.
- Non-renewal or reduction of athletic grant-in-aid

Gambling, Bribery and other Sports Wagering Activities

Sports wagering is a serious issue that can have tragic consequences for student-athletes who participate in such activities.

Student-athletes are strictly prohibited from participating, directly or indirectly, in any gambling activity involving intercollegiate or professional athletics.

Prohibited sport wagering activities include, but are not limited to:

- Putting up anything of value (money, merchandise, gift certificates, meals) in order to potentially win anything else of value. Examples of this type of prohibited wagering include, but are not limited to:
 - Betting with a bookie or with your friends, family or teammates;
 - Participating in fantasy leagues;

- Participating in internet contests and betting pools; and
- Participating in March Madness or other similar brackets.
- Providing any information concerning intercollegiate competition to any individual involved in gambling activities. (Thus, student-athletes and their families should be alert for individuals who are inquiring about the expectations of the team or the status of a key player for an upcoming competition); and
- Engaging in activities designed to influence the outcome of an intercollegiate contest or in an effort to affect win-loss margins ("point shaving").

Sanctions

Gambling on intercollegiate athletic events or bribing participants is against federal, state, and local laws, contrary to NCAA rules and carries stiff penalties for offenders. Per NCAA rules, any violation of the rules regarding gambling by prospective or enrolled student-athletes will result in a loss of ineligibility for further intercollegiate competition for a minimum of one season. Involvement in point shaving or wagering on DIA teams will result in student-athletes losing all remaining regular-season and post-season eligibility in all sports.

Student-athletes may be expelled from the University for failure to report a solicitation to be a party to sports bribery or if they become agents of the gambling industry through the process of distributing handicap information or handling bets.

Finally, student-athletes engaged in point shaving, bribery and other activities might be subject to criminal fines and incarceration.

Social Networking Policy

Public Media

Public media refers to techniques used to communicate messages (dissemination of fact, opinion, and entertainment) and whose mission is to serve or engage a public. Public media domains include print outlets (such as newspapers, books, magazines, posters, flyers, etc.), traditional public and commercial broadcasts (such as TV, radio, film), digital (such as the Internet, e-mail, social networks, podcasting, chat rooms and blogging), and any new platforms and distribution mechanisms to expand reach and engage audiences (listeners, users).

When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, DIA, and our University.

Social Networks

Social network sites such as Facebook, MySpace, and Twitter and any other new digital platforms and distribution mechanisms facilitate student communicating with others. Participation in such networks has both positive appeal and potentially negative consequences. It is important that our student-athletes be aware of these consequences and exercise appropriate caution if they choose to participate.

Student-Athletes are not restricted from using any on-line social network sites and digital platforms (such as the Internet, e-mail, podcasting, chat rooms, and blog sites). However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, State of Illinois, University, DIA, Big Ten and NCAA rules and regulations.

Facebook and similar directories are hosted outside the University server. Violations of University policy (e.g., harassing language, University alcohol or drug policy violations, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the University's Student Code, DIA policies, and other University policies. Matters may also be pursued by law enforcement officers and student-athletes may be sued in a civil proceeding for abusive or false statements made about another person.

It is incumbent upon student-athletes to be aware of University regulations. Ignorance of these regulations does not excuse student-athletes from adhering to them.

Guidelines

The following guidelines are intended to provide the framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. Student-athletes at Illinois should:

1. Be careful with how much and what kind of identifying information is posted on on-line social network sites. Virtually anyone with an e-mail address can access social networking pages. It is unwise to make available information such as full date of birth, social security number, address, resident hall room number or other home addresses, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All can facilitate identity theft or stalking. Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information.
2. Be aware that potential current and future employers often access information placed on on-line social network sites. Student-athletes should think about the impact any information posted on Facebook or similar directories might have on prospective employer's image of them. The information posted is considered public information. Student-athletes should maintain a self-image that they can be proud of several years from now.
3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails.
4. The University respects its students' freedom to examine and discuss all questions of interest to them and permits them to express their opinions publicly and privately as guaranteed by the First Amendment and the Student Code. However, not all speech is protected speech. Speech that is threatening, vulgar, lewd, or that invades the rights of others will not be protected, even if done in an on-line social network forum.

Conduct

The University and DIA prohibit inappropriate behavior that seriously undermines the goals and integrity of the University and the mission of DIA when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletics program, and the University.

Student-athletes are expected to communicate about their teammates and coaches respectfully while using on-line social networks or any public media domain. Examples of disrespectful comments and behavior that will not be tolerated are:

1. Derogatory language and personal comments about their teammates or coaches; other Illinois student-athletes or coaches; student-athletes, coaches, athletics administrators or representatives of other universities or colleges; University faculty or staff; or other athletics officials, administrators, or representatives.
2. Threats to any person.
3. Comments that create a serious danger to the safety of another person or that make a credible threat of serious physical or emotional injury to another person.
4. Incriminating photos or statements depicting violent conduct; hazing; sexual harassment; gambling; vandalism; stalking; underage drinking; selling, possessing, or using controlled substances; or any other illegal or prohibited conduct.

If student-athletes are found to be inappropriately using an on-line social network, they will be in direct violation of this policy and subject to the appropriate sanctions administered by the University and/or DIA.

Sanctions

Any activity or language in violation of the above policy is subject to investigation and possible sanction by the University and/or DIA, as well as civil authorities.

Sanctions imposed by the director of athletics may include, but are not limited to, the following:

- Written notification to the student-athlete outlining the policy and requiring that content in violation of this policy be removed or the social network account be deactivated;
- Temporary suspension from the team until prescribed conditions are met;
- Suspension from the team for a prescribed period;
- Indefinite suspension from the team;
- Dismissal from the team; or
- Non-renewal or reduction of athletic grant-in-aid.

ACADEMIC SERVICES

DIA is committed to providing an academic support program to assist student-athletes with their transition into college and to help them achieve academic, athletic and personal success. The Academic Services staff, which includes full-time counselors, learning specialists, graduate assistants and a sports nutritionist, provides continuous support to student-athletes through graduation, job placement, or graduate school.

Irwin Academic Services Center

Located at 402 East Armory Avenue, the Irwin Academic Services Center is the home to many of the support services for student-athletes discussed below; the Center's primary business number is (217) 333-2240.

*Some services for football student-athletes are also available at Memorial Stadium.

The Irwin Academic Services Center has the following hours of operation:

Monday – Thursday	8:00 am	-	11:00 pm
Friday		8:00 am	-
5:00 pm			
Saturday	10:00 am	-	5:00 pm
Sunday		11:00 am	-
11:00 pm			

Student-Athlete Advisory Committee (SAAC)

Two student-athletes from each of the University's varsity athletic teams serve on this committee designed to allow student-athlete input on NCAA, Big Ten and University policies regarding the welfare of student-athletes. The SAAC provides recommendations to DIA administration on improving student life within DIA, represents DIA at various campus and community functions, takes the lead on organizing community service events like the SAAC Clothing Drive and Jock Jams variety show, and, when necessary, meets with campus leaders on issues affecting students.

Douglas C. Roberts Illini Life Skills

Balancing academics and athletics is challenging and requires effort. Student-athletes should remember that the skills that have made them successful as athletes, such as commitment, discipline, determination, and hard work are also going to help them achieve academic, personal and professional success.

The Douglas C. Roberts Illini Life Skills Program, winner of the prestigious Program of Excellence Award by the Division 1A Athletic Directors Association in 2005, is the primary program through which high-quality support is provided to our student-athletes. The Life Skills Program strives to support student-athlete development in the following five areas:

- Academic Excellence
- Athletic Excellence
- Personal Development
- Career Development
- Community Service

Commitment to Academic Excellence

In order to promote and support the academic progress of student-athletes toward intellectual development and academic excellence towards the goal of graduation, the Illini Life Skills Program offers the following support:

- **Academic Counseling.** Academic services counselors are assigned to work with specific athletic teams and to help those teams' student-athletes balance academics with the demands of a competitive Division I athletic schedule and the student-athletes' personal growth. The athletic academic counselor also assists student-athletes with designing academic plans to ensure that they are making sufficient progress towards a degree for eligibility purposes.

- **Learning Specialist.** Learning specialists serve as valuable resources for student-athletes who have or think they might have a learning disability, ADHD or any other condition that might impact their educational performance. First, learning specialists can assist student-athletes and athletic academic counselors in identifying possible learning disabilities and conditions and in coordinating appropriate testing. Second, if student-athletes do have a learning disability or condition, the learning specialist will: work closely with these student-athletes to identify any necessary accommodations, assistive technology, and resources; develop effective strategies and academic support plans to facilitate their academic success; act as their liaison with the Disability Resources and Educational Services (DRES); and assist them with understanding applicable policies and procedures for individuals with disabilities. Student-athletes may also make an appointment with a learning specialist to help them gain insight into their learning styles, help them develop academic strategies and support them in identifying appropriate academic services.
- **Monitoring academic progress.** Athletic academic counselors regularly meet with student-athletes to monitor their academic performance. Twice each semester, academic progress reports are sent to the instructors of all student-athletes in an effort to gain additional information concerning their progress towards a degree.
- **Study Table Program.** In an effort to ease the transition to college life and to ensure academic success, student-athletes at the University of Illinois have supervised study table hours. Weekly requirements are set by team coaches and academic counselors.
- **Computer access.** The Irwin Academic Services Center is home to three computer labs equipped with computers, printers and scanners. An additional lab is located in the football stadium academic center. Lab monitors and IT staff are available to assist student-athletes with the use of DIA computers. Academic counselors also have laptops available for student-athletes to use when they are away from campus for athletic competitions.
- **CHAMPS 101: Freshman Success Seminar.** At the start of the fall semester, all first-year University student-athletes participate in this non-credit course designed to assist them in making a successful transition into college. Sessions on study skills such as note-taking, test-taking, writing essay exams or papers, time management, and communication with professors are provided.
- **Life Skills workshops.** Other academic workshops, open to all student-athletes, are offered periodically throughout the year. Student-athletes are encouraged to contact the Life Skills Coordinator to learn about the current year's offerings.
- **Tutoring program.** The Tutoring Program offers student-athletes the opportunity to receive academic assistance to encourage successful class performance. Tutors supplement the student-athletes' own study skills, help the student-athletes understand course content, and help them develop successful course strategies. Drop-in tutoring and review sessions prior to exams are offered for some of the more frequently taken courses. Student-athletes request tutor appointments online through Grades First.
- **Game Theory Group.** Academic Services has partnered with The Game Theory Group to provide a comprehensive development program called, the Game Plan, to prepare student-athletes for their professional careers. All freshmen student-athletes complete an I Start Strong Assessment in their fall semester to help them: recognize their strengths and interests and align their choices of classes, majors, and career choices. The Game Plan curriculum also provides course modules on time management and study skills for freshmen student-athletes. Athletic academic counselors can access the student application exercises in order to provide feedback and support to individual student-athletes as they complete their assigned modules.

Commitment to Athletic Excellence

The University strives to provide athletic programs that are broad-based, equitable, and dedicated to the well-being of the student-athlete. DIA is committed to the athletic excellence of its sports teams and each individual student-athlete. This commitment is apparent in the construction of new facilities, the hiring of the best coaches available, and by supporting our athletic teams and student-athletes through the following Illini Life Skills programs:

- **Illini Leadership Academy.** As one of the nation's premier leadership development programs in collegiate athletics, the Illini Leadership Academy will develop, challenge and support student-athletes and coaches in their continual quest to become world class leaders in athletics, academics and life. The academy provides comprehensive and cutting edge leadership development programming through interactive workshops, 360 degree feedback, one-on-one coaching, peer mentoring and educational resources.
- **Illini Life Skills workshops.** Workshops are provided each year to assist student-athletes in achieving peak performance in their current sports and to prepare them for life after sports. Workshops are also available to help student-athletes who have the opportunity to continue competing in their sport professionally prepare for that process.

Commitment to Personal Development

A fundamental component of the Illini Life Skills Program is fostering the development of emotional well-being and personal growth in our student-athletes. Examples of programming efforts listed below focus on assisting student-athletes in developing well-balanced, healthy lifestyles, while also encouraging leadership abilities and decision-making skills.

- **Illini Sports Nutrition.** Recognizing that nutrition plays a key role in enhancing student-athletes' athletic performance and competitive successes, Illini Sports Nutrition helps student-athletes learn the many benefits of a well-balanced, high-energy diet (such as decreasing their risk of injury, helping to boost their lean muscle mass, and maintaining optimal body composition).
- **Illini Fuel Stops.** Illini Fuel Stops are also held once a month in the Irwin Academic Services building to provide student-athletes with opportunities to take a break from studying and taste test easy, nutritious snacks that they can quickly prepare for themselves at home.
- **Personal Growth Workshops.** Workshops, designed to educate student-athletes on important personal growth issues, include: Freshmen Leadership, Guide to Leasing an Apartment, Staying On Good Credit Terms, Salsa Dancing, Personal Pita Pizzas, Simple Stir-fry, It's All About Time, Relaxation of the Mind and Body, and Navigating the Grocery Aisle.
- **Student-Athlete Advisory Committee.** As discussed earlier, this organization helps student-athletes develop their leadership skills by taking an active role in policy making that directly affects their well-being and activities.

Commitment to Career Development

A key goal of DIA is helping student-athletes develop the knowledge and skills they will need to have rewarding careers and productive lives after they leave the University. Working closely with the University's Career Center, the Illini Life Skills Program's Athletic Career Services helps prepare our student-athletes for the end of their intercollegiate athletic careers and life after college by providing them with the following types of programs:

- **Workshops.** Starting their freshman year, student-athletes are encouraged to participate in self-exploration workshops about career choices to assist them with finding the right major for them. Recent examples of such workshops include:

Dress for Success	Mock Interviewing
Resume Preparation	Ins-and-outs of Professional Etiquette
Interview Skills Training	Career Paths
Job Search Skills	Preparing for Life after Sports
Career Networking	Exploring Grad School Options
- **Degree Completion Program.** DIA has created opportunities for fifth-year student-athletes who have exhausted their athletic eligibility to continue their involvement in intercollegiate athletics through its Degree Completion program.
- **Game Plan.** This progressive curriculum, delivered in an interactive web-based format, focuses on communicating and applying simple disciplines important to a student's success. During their academic career, student-athletes will complete course modules on resume writing, building a network and developing job search skills. Academic counselors provide feedback and support to individual student-athletes as they complete these modules.

- **Career Athletes.** Career Athletes is a career networking organization that provides current and former student-athletes with comprehensive career education through resume development, job search tips, professional interviewing advice, and career coaching. Career Athletes provides a medium for student-athletes to search for jobs with a variety of companies and to maintain communication with teammates, alumni, and DIA, even after their playing days are over.
- **Illini Career Networking Forum.** Each spring, Career Athletes assists DIA in hosting a career fair to provide student-athletes the opportunity to network with recruiters interested in hiring them for internships and full-time positions. Select recruiters take part in a “Meet the Experts” panel discussion to help educate and prepare the student-athletes for the job search process. Student-athletes also participate in round table discussions with the recruiters on topics such as resume development, proper dress and interviewing.

Commitment to Community Service

Recognizing the importance of student-athletes connecting to the world around them, the Life Skills Program presents student athletes with numerous opportunities to be involved in community service projects on campus, throughout the surrounding communities and around the world (our students have helped raise funds to build schools in Kenya and Ecuador). The SAAC, discussed earlier, takes an active lead in organizing many of these projects, including the following:

- **Hometown Heroes.** This community outreach program provides student-athletes with opportunities to serve our community and individuals who are in need through a variety of projects with local schools, nursing homes, hospitals, and community organizations.
- **Reading Illini.** This outreach program is designed to assist local elementary schools in promoting the importance of literacy to their students. Student-athletes interact with elementary school students one-on-one or in small groups, readings books, or playing word games with a goal of helping students improving their reading skills and vocabulary in a positive, fun environment.
- **Jock Jams.** The Jock Jams variety show, where many of our student-athletes put on various types of skits and performances, raises money for local charities, such as American Red Cross, Camp Kesem, and The Chez Family Foundation Center for Wounded Veterans in Higher Education.
- **SAAC Clothing Drive.** Each November, the SAAC organizes a clothing drive and donates all clothing collected to a local shelter.

Illini Life Skills Team Competition

In this friendly competition between all DIA athletic teams, student-athletes are awarded points in six categories: Academic Achievement, Athletic Achievement, Community Outreach, Student-Athletes Supporting Student-Athletes, SAAC Participation/ Communication, and Personal Development. The Douglas C. Roberts Illini Life Skills Team Competition Champion is recognized at the Scholar-Athlete Reception each spring.

Academic Expectations and Eligibility

Student-athletes must meet all University and college academic requirements as well as all eligibility rules established by the University, the Big Ten and the NCAA. If students have questions regarding these academic rules and requirements, they should consult with the Associate Athletic Director for Academic Services.

Academic Progress

Academic progress and eligibility are monitored by DIA. However, it is the responsibility of the student-athlete to ensure that applicable requirements are being met. For questions regarding eligibility requirements, student-athletes should consult with an academic counselor or the Associate Athletic Director for Academic Services.

Eligibility Requirements (NCAA, Big Ten Conference and DIA)

- To be eligible to practice, compete, and receive aid, undergraduate students must remain enrolled in and complete a minimum of 12 semester hours.
 - ***Student-athletes whose hours drop below the twelve (12) hour minimum, become immediately ineligible, unless they are in their final semester of school and require less than twelve (12) hours to graduate.***
- To be eligible to compete the next academic semester, student-athletes must pass at least 6 degree-applicable hours each semester.
- To be eligible to compete the during the next academic year, student-athletes must *also* pass at least 18 degree-applicable hours during their fall and spring semesters of each academic year (not including summer terms).
- Prior to their third year of college enrollment, student-athletes must designate a program of studies leading towards a specific University baccalaureate degree (in other words, declare a major). After declaring a major, all hours used to determine a student-athlete's eligibility must count towards degree requirements, as certified by the dean of the student-athlete's college.
- To remain academically eligible for competition and aid, student-athletes must meet or exceed minimum grade point average (GPA) and progress towards degree requirements established by the NCAA and the Big Ten (see the table below). Academic counselors will discuss these requirements with student-athletes and assist with working to meet these requirements.

BY THE END OF:	MINIMUM GPA	PROGRESS TOWARDS DEGREE - CREDIT HOURS
1 st Semester	N/A	carry 12 to completion
1 st Year	1.80/4.00	24
2 nd Year	1.90/4.00	40% of degree requirements
3 rd Year	2.00/4.00	60% of degree requirements
4 th Year	2.00/4.00	80% of degree requirements

Class Attendance and Absences Procedures:

Student-athletes may be suspended from competition for one or more games, matches, meets or contests, if they fail to make a good-faith effort to complete the academic requirements of one or more their classes, as evidenced by unsatisfactory performance in their class(es) and:

- Unexcused absences from examinations, tests, or quizzes,
- Repeated failure to complete classroom assignments, or
- Repeated absences from class or required Study Table.

Travel-related absences

Student-athletes are expected to communicate with instructors prior to leaving campus for athletic competition. Travel verification letters for instructors are available from your academic counselor.

Medical-related absences

Letters for instructors verifying class absences due to medical reasons can be obtained from the attending staff member at the McKinley Student Health Center or from athletic trainers in the Sports Medicine Department.

Residency Requirements:

All student-athletes entering the University as a freshman, must take and pass their first 24 hours of degree credit at the University. Transfer credit, advanced placement credit and CLEP credit will not count toward degree progress until after the student-athlete's residency has been established. The residency rule does not apply to transfer students.

Summer School Policy:

The NCAA limits the number of hours a student-athlete may take during summer terms. As discussed in the Navigating the University Section, student-athletes are required to enroll in a minimum of 6 summer school hours to receive grant-in-aid for that summer. If a student-athlete fails to successfully complete enrolled summer hours, they may be required to reimburse the athletic department for summer tuition.

Summer coursework can be taken, at the student-athlete's expense, at other institutions with prior approval. Please see an academic counselor for the paperwork to complete this process.

Navigating the University

Academic Counseling (DIA-assigned)

DIA provides academic counseling to every student-athlete. Athletic academic counselors help student-athletes develop strategies that will assist them in balancing athletics, academic commitments, and personal commitments.

Academic Advising (Department-assigned)

Additionally, University students are assigned a departmental academic adviser to help guide them through the academic requirements of the University, their college, and their department. Advisers assist with the selection of courses and majors as well as making progress toward a degree. If student-athletes change colleges and/or majors, the University will reassign an appropriate adviser.

Registering for Courses

Student-athletes register for classes using the UI Enterprise Self-Service, which can be accessed through any computer lab on campus, including DIA computer labs. All student-athletes must meet with their departmental academic adviser and an athletic academic counselor to discuss the upcoming semester before registration. More information regarding registration information dates, and deadlines can be found at the University's course web site at: <https://my.illinois.edu/>

Early Enrollment

Continuing student-athletes who remain in good standing are able to *advance enroll* in courses for the upcoming term. Student-athletes are strongly encouraged to take advantage of this opportunity because it increases their chances of getting the courses they need for their selected course of study.

A "time ticket" will be e-mailed to the student-athlete's University e-mail address on record approximately two weeks before the start of the Early Registration Period. The "time ticket" will list the assigned *Earliest Registration Time* (ERT), which offers student-athletes the date and time to access the UI Integrate system to register for the upcoming term.

Schedule Changes

Students also use the UI Enterprise Self-Service to make course adjustments, subject to campus and/or college policies. Before adding or dropping courses, student-athletes must first consult with their departmental academic adviser and then with their athletic academic counselor. Additionally, schedule changes after the designated add or drop deadline can only be made through a special petition to the dean of their respective college.

REMEMBER: Student-athletes must be enrolled in 12 semester hours at all times to maintain eligibility, unless a student-athlete is in their last semester and needs fewer than twelve hours to complete their degree.

Registration Charges, Payments & Refunds

Tuition and fee assessments will appear on the Registration Statement of Charges and Aid which will be e-mailed to the student-athlete's University e-mail address. **Student-athletes are responsible for reviewing their bill and paying any tuition, registration charges and required University fees not covered by their athletic scholarship (such as the Student Organization Resource Fee and Krannert Fee).** Student-athletes must also immediately report any discrepancies in their bill statement to the grant-in-aid specialist in the Irwin Academic Center.

Payment may be made online, by U.S. Mail, by using University drop boxes, or in person at Room 100 of the Henry Administration Building.

Tuition refunds might be available to student-athletes who withdraw from classes. Information regarding the collection of any refunds is published on the University's course registration web site.

Encumbrances

Student-athletes who owe money to the University or who fail to meet the academic obligations of their college may be encumbered. An encumbered student may not be allowed to participate in early registration, may have all of their courses dropped, may not be allowed to register for future classes or may not be allowed to obtain copies of their college transcripts until the encumbrance is cleared. Additionally, freshmen who have incomplete medical records will be encumbered for the second semester. Once their medical information has been updated, the encumbrance will be lifted.

Student-athletes on scholarship will have financial encumbrances deducted from their room and board checks prior to direct deposits into their student-athlete bank accounts.

Classification of Students

Classification of an undergraduate student is made by the Office of Admissions and Records based upon the number of credit hours earned, which includes credit earned by examination or accepted for transfer by the University, whether or not such credit is applicable to the degree program. Classification for registration, certification, and assessment purposes is based on the following scale:

Freshman standing	0-29.9 hours
Sophomore standing	30-59.9 hours
Junior standing	60-89.9 hours
Senior standing	90 hours or more

The above scale is based on a 15 hour enrollment per semester. Since classification is based solely on the number of credit hours achieved, the length of time enrolled does not always coincide with official class standing.

Grades and the Grading System

Grade Reports:

Grade reports are available to all students through their UI Enterprise Self-Service account after the end of each term of enrollment; freshmen will also receive official mid-semester grade reports. With limited exceptions, University policy prohibits the disclosure of grades to any individual other than the student without the student's consent.

Grading Scale:

The University's grading system is based on a four-point scale. The most commonly used symbols, quality points and explanations are as follows:

Symbol	Quality Points	Explanation
A+	4	Excellent
A	4	
A-	3.67	
Symbol	Quality Points	Explanation
B+	3.33	Good
B	3	
B-	2.67	
C+	2.33	Fair
C	2	
C-	1.67	
D+	1.33	Poor
D	1	
D-	.67	
F	0	Failure
W	0	Approved withdrawal without credit
I	0	Incomplete, approved extension
S	0	Satisfactory
U	0	Unsatisfactory
CR	0	Credit earned
NC	0	No credit earned
PS	0	Test-based credit

NOTE: The decision to use the "plus" and "minus" grading scale will be at the discretion of the individual department.

Calculating Grade Point Average (GPA):

The basic formula for determining GPA is: Total Quality Points/Total Graded Hours of Enrollment = GPA.

The example below demonstrates how GPA is calculated:

Class	Hours	Grade	Quality Points	Quality Points x Hours
Astr 100	3	B	3	$3 \times 3 = 9$
Ger 101	4	A	4	$4 \times 4 = 16$
Phil 100	3	B+	3.33	$3 \times 3.33 = 9.99$
Rhet 105	4	A-	3.67	$4 \times 3.67 = 14.68$

1. Determine the number of Quality Points received for each class completed. This can be done by multiplying the classes' hours (the second column above) by the quality points earned by the grade received in the class (the fourth column above). In the example above, this student earned a "B" grade in the **three (3)** hour Astr 100 class. So, multiplying the **three (3)** hours assigned to the class by the **three (3)** Quality Points the student received for receiving a "B" grade, means the student earned **nine (9)** total quality points for Astr 100 (the fifth column above).
2. Add the total number of quality points earned in all the classes taken during the time frame to determine the Total Quality Points (here, one semester). In this example, the **Total Quality Points is 49.67 (9 + 16 + 9.99 + 14.68)** for the four classes.
3. Add the total number of hours completed and assigned a grade during the time frame to find the Total Graded Hours of Enrollment. Here, the student's **Total Graded Hours of Enrollment is 14 hours**.
4. Finally, to find the GPA, divide the Total Quality Points earned during the time frame (**here, 49.67**) by the Total Graded Hours of Enrollment in the time frame (**here, 14**) to get the GPA (**here, 3.55**).

Thus, 49.67 (Total Quality Points)/14 (Total Graded Hours of Enrollment) = 3.55 GPA

*To compute the cumulative GPA, all graded hours would be included from each semester.

Note: Courses with grades of S (Satisfactory), U (Unsatisfactory), CR (Credit), NC (No-credit) and PS (Pass) are assigned no quality points. Therefore, they are not included in Total Graded Hours, which means they are not used to calculate GPA. However, these courses will count when calculating the total hours completed. For eligibility purposes, incomplete grades are computed as failing grades until the course is completed and a grade is reported.

Credit/No Credit Grading Option

The University also offers a credit/no credit grading option which allows students to explore areas of academic interest that they might otherwise avoid for fear of poor grades. Students must achieve a grade of "C-" or better to receive credit for a course when this option is chosen. Instructors are not informed of the student's decision to exercise this option because it is a department/college procedure. However, because there might be consequences and departmental regulations regarding this option, student-athletes should talk to a departmental academic adviser and athletic academic counselor before pursuing this option for any classes.

Challenging Alleged Capricious Grades

The University has developed procedures through which students can challenge grades they feel are capricious, meaning that: (a) the grade received by the student was based on something other than the student's performance in the class; (b) the grade received by the student was based on a more demanding standard than the standard other students were held to; or (c) the grade received by the student represented a substantial from the instructor's previously announced standards.

Student-athletes who question a grade they receive should first consult with their instructor and request verification of that grade. If the student and the instructor cannot arrive at a mutually agreeable solution, the student can file an appeal with the department or unit executive officer (or his or her designee). A more thorough discussion of this appeal process can be found in the University's *Student Code*. If student-athletes feel that they received a capricious grade in a course, they are encouraged to consult with their departmental academic adviser or athletic academic counselor to determine their best course of action.

Nontraditional Courses

The University of Illinois has established basic policies and procedures for certain nontraditional courses such as distance-learning, correspondence, extension, independent study or any other course or credit that is not earned in a face-to-face classroom environment with regular interaction between the instructor and the student or that is not a structured online course with specific start and end dates. It should be recognized by all student-athletes that correspondence courses are not recommended for the purpose of improving grade point average or meeting additional hours required for eligibility for competition. Therefore, a deficiency in GPA or required hours for competition should be satisfied by attending summer school as opposed to taking one of the nontraditional courses mentioned above, specifically when a traditional course is available.

The University of Illinois has established the following basic policies in regards to the aforementioned types of nontraditional courses.

1. Students may not complete more than three lessons per week.
2. Lessons must be graded and returned before further lessons may be submitted.
3. A student must be enrolled in the course a minimum of six weeks before a final exam can be scheduled.
4. Final exams are not scheduled until all graded lessons have been returned to the student for review.
5. Nontraditional courses do not count as enrolled hours and are only recorded upon completion of the final exams.

DIA does not believe the above conditions are conducive to a student-athlete's successful completion of requirements which may be necessary to obtain eligibility. Student-athletes are strongly discouraged from attempting nontraditional courses as a solution for correcting an eligibility deficiency.

Declaring a Major

Remember, to maintain eligibility, student-athletes must declare a major prior to the beginning of their fifth academic semester. Declaring a major requires formal application for a specific baccalaureate degree program or approval for the coursework and program leading to the designated degree program. Student-athletes should discuss the procedures and requirements for declaring a major with their departmental academic adviser as well as their athletic academic counselor. If student-athletes decide to change a major, they should discuss their plans with an academic counselor prior to making any final decisions so that satisfactory progress may be monitored.

In most colleges, students may declare a major upon entering the University. However, a number of colleges also offer a general program of study for those students who choose not to declare a specific major upon admission.

Changing Colleges or Curriculum

Students may change colleges after their first year of enrollment. Prior to changing colleges, however, student-athletes should first meet with their athletic academic counselor to discuss what impact such a change might have on their eligibility. Student-athletes should also meet with the departmental academic advisor in the college they are considering transferring to in order to determine that college's specific admission requirements and college change procedures. The academic advisers of their newly chosen college can also help ensure a smooth transition.

Students may initiate an inter-college transfer during the following periods within each term:

- Two weeks prior to the beginning of the Early Registration Period for each term. (Curriculum changes will not be allowed after early registration begins.)
- One week prior to the start of instruction for the term and through the first week of instruction.
- Other times designated by the specific college or department.

College Degree Audits (Progress towards Degree)

Following the conclusion of each academic year, each college will conduct an audit of all courses taken to determine whether each course taken by student-athletes fulfill degree requirements. **These audit hours, not the total hours earned by a student-athlete, are used to determine continuing eligibility.** This means, student-athletes should always be aware of the total audit hours and, when enrolling for courses, should choose courses that will allow continual progress towards a degree. Student-athletes are strongly encouraged to discuss all course selections with their departmental academic adviser and athletic academic counselor.

Failure to Make Satisfactory Progress towards a Degree – Possible Outcomes: Undergraduate Students

Failure to make satisfactory progress toward a degree might result in the dean of a college placing a student on one of several types of probation or, in extreme cases, dropping the student from the University.

Reasons a Student Might be Placed on Probation (Probation Codes):

- 1 - A beginning freshman must earn at least a 2.0/4.0 in his/her first semester or the student will be placed on level 1 probation.
- 1A - A student with at least a 2.0 cumulative average, who did not earn at least a 2.0 semester GPA, will be placed on level 1A probation and will be required to achieve a 2.0 GPA during the next semester.
- 1B - A student with a cumulative average between 1.75 and 1.99 will be placed on level 1B probation and will be required to achieve a 2.25 GPA during the next semester.
- 1C - A student with a cumulative average less than 1.75 will be placed on level 1C probation and will be required to achieve a 2.33 GPA during the next semester.
- 1G, 1H, 1P, 1T - A student may be placed on probation at any time, and be required to obtain an established GPA, if the dean of the college judges that the student's academic performance warrants such action. This "discretionary probation" may be level 1G, 1H, 1P, or 1T.

Note: Unless approved by a student's college dean, grades earned in courses taken at another educational institution may not be used by that student to clear probationary status.

Additionally, transfer hours below "C" level may result in probationary status if the student total cumulative GPA is less than 2.0.

Reasons a Student Might be dropped from the University of Illinois (Drop Codes):

- 17 - The student fails to earn at least a 1.0 (D) GPA in any academic semester, not including the summer.
- 17 - The student on probation fails to earn the established semester GPA unless the student achieves at least a 2.0 GPA during the semester or the student's cumulative GPA reaches a 2.0.
- 18 - The student fails to make satisfactory progress toward a degree (such as repeated failure of a required course or failure to meet other conditions of progress towards degree).
- 18 - A non-degree or part-time student fails to complete conditions for admission or progress toward degree.

SPORTS MEDICINE/ATHLETIC TRAINING SERVICES

DIA is concerned with the health care of all its student-athletes. The Sports Medicine/Athletic Training Program is primarily responsible for the delivery of the health care system to these student-athletes. This includes prevention, evaluation, treatment and rehabilitation of injuries or illnesses sustained during practices or games.

Good facilities with certified athletic trainers are available for the prevention, evaluation, treatment and rehabilitation of injuries or illnesses sustained during practices or games. Should it be necessary to utilize specialists, excellent consultants are available in all areas.

Polices for Care of Student-Athletes

Physical Examinations

Student-athletes must have a physical examination by a team physician, a sickle cell status, and medical insurance form on file before participating in any intercollegiate sport at the University. The final decision on physical qualifications or reason for rejection shall be the responsibility of the team physician. It is the policy of the NCAA that only one athletic physical exam is required during a college sports career. All eligible student-athletes who are returning will complete a health questionnaire and will have their previous medical history reviewed by the athletic training staff and team physicians.

Treatment

DIA is responsible for services administered to student-athletes who are injured in a practice and/or competition. The word injury applies only to those ailments that are caused by the participation in a practice or competition.

Out-of-Sport Injury or Illness

DIA is not responsible for any injury or illness not caused by the participation in a practice or competition, such as the removal of tonsils or appendix by surgical procedure. However, the sports medicine department may review, on a case-by-case basis, any medical services or fees incurred during the time student-athletes are not participating in their sport.

Unauthorized Equipment

The use of unauthorized equipment not approved by the athletic training staff shall be grounds for disciplinary action. Student-athletes may be suspended from the team by the head coach and from further practice and/or competition until the problem has been resolved.

Reporting of Injury/Illness

All injuries received during practice or competition must be reported to the athletic training room within three days of the injury, where an examination will take place and treatment prescribed.

Team Physicians

Team physicians pride themselves on their availability to the student-athletes. Team physicians play an integral part in the overall administration of the sports medicine program and always have the best interest of the student-athletes at heart. Team physicians assist in providing a quality health care system for all student-athletes and as well as sustaining a strong rapport between the University and the medical community. Team physicians conduct a medical clinic daily

Referral/Consultation

The team's physicians have at their disposal medical consultants in every field of the medical profession. If student-athletes are sent to a medical consultant, they will be given a referral form or a phone call will be made on their behalf to arrange for an appointment. If, for any reason other than a life-threatening situation, student-athletes go to a doctor or hospital without prior approval of the team physicians or the athletic training staff, the student-athletes will be responsible for those fees incurred.

McKinley Student Health Service

The student health service provides Preventive Health Awareness and Health Education Programs for all students.

Dental Care

All dental injuries are to be reported to the athletic training staff during practice or competition where such injuries take place or immediately thereafter. Routine dental care, such as routine examinations, dental cavities, wisdom tooth extractions, etc., will be reviewed on a case-by-case basis by the sports medicine department. DIA will be responsible for all dental problems caused by an injury while participating during official Illinois-supervised practice and/or competition.

Eye Glasses and Contact Lenses

All athletic eye glasses must be safety glasses with shatter proof lenses and frames. Contact lenses will be purchased for student-athletes who, in the opinion of the individual sports athletic trainer, are in definite need of them for practice and competition. Replacement of lost lenses will be furnished by DIA only if they are lost or damaged during practice or competition. If student-athletes lose or break their lenses, they must report the loss or break during that practice. Student-athletes are highly encouraged to carry a contact lens insurance policy.

Hospitalization and Surgery

If student-athletes require either hospitalization or surgery, the team physician or the athletic trainer will call the student-athlete's parents and advise them of the information concerning the case.

Payment of Medical Bills Program

The DIA program for paying student-athletes' medical bills is an excess coverage. Any claim for benefits must first be filed with the student-athlete's family group insurance and then filed with the University student insurance program. After all insurance benefits have been exhausted and the claim has been paid or denied according to the explanation of benefits, the DIA will pay any remaining amounts up to the limits of the program. If a student-athlete has family group insurance coverage, it must be utilized prior to filing with the student insurance. The premiums do not rise in cost when you file a claim.

Every student-athlete is automatically enrolled in the university student insurance program regardless of whether they have family group insurance. If an individual has previously signed a waiver for student insurance, it must be rescinded so that the student insurance will be reinstated. Any individual who does not have an insurance policy will not be issued equipment and will not be allowed to participate in organized athletics.

The DIA athletic insurance program covers injuries sustained by a student-athlete only during official Illinois-supervised practice and/or competition. Any injury must be reported by the student-athlete and evaluated by the sports medicine staff within three days of the injury, or within 24 hours of receiving emergency care. After evaluation, the student-athlete may be referred to a specialist in the local medical community. If a student-athlete wishes to seek other medical attention (i.e. Physical therapy, etc.), prior written approval must be obtained from the sports medicine staff. Unapproved consultations or treatments are not covered by DIA.

The DIA program for paying student-athlete a medical bill is an accident policy and thus does not cover the following:

- An injury sustained in an activity, which is not associated with a Illinois-supervised intercollegiate activity and/or competition
- A chronic or recurrent injury, which was, sustained prior to or outside of participation in athletics at Illinois
- Any degenerative or overuse problem as diagnosed by a physician
- Any sickness or illness (prescriptions will be covered if needed)

The DIA does not assume any financial responsibility for any bills. The student-athlete and/or student-athlete's family are ultimately responsible for payment pending the insurance company's decision. However, if the proper referral and insurance procedures are followed, DIA will pay the remaining amounts generated from the care of an athletic injury and thus minimize the out-of-pocket expenses to the student-athlete. If student-athletes receive any bills, they should forward the bills to the sports medicine department as quickly as possible so that bills may be processed in a timely manner. DIA will not be responsible for the payment of any medical bills or outside medical treatment incurred 52 weeks after the date of the initial injury unless a specific extension request by the student-athlete is initiated and approved by the team physician, head trainer and director of athletics.

Athletic Training Facilities

The Main Training Room is located in the northeast tower of Memorial Stadium. Huff Hall Athletic Training Room is located in the northeast corner of the basement. Other satellite athletic training rooms are available at the various practice facilities.

Treatment of athletic injuries prescribed by the team physician will be done daily. Treatment times will be scheduled by the team's athletic trainer. It is the student-athlete's responsibility to be present at the scheduled time, unless arrangements are made in advance.

All student-athletes must participate in practice and games except when declared unable to participate by the head athletic trainer or his/her designated representative or the team physician.

All student-athletes must follow all instructions of the head athletic trainer or his/her designated representative in all matters regarding the care and prevention of athletic injuries. In case of a serious injury or disability, the team physician will make the final decision as to whether or not an individual is able to participate.

If emergency treatment is required when a student-athlete is injured during scheduled practice or competition when the training room is closed, the sports medicine staff must be contacted. If a member of the sports medicine staff cannot be reached, the student-athlete should go immediately to the student health center or local emergency room.

If a life-threatening situation exists, call 911 or 9-911 from an on-campus phone and then call a member of the sports medicine staff.

Student-Athlete Pregnancy Policy and Guidelines

DIA will not discriminate against or punish a female student-athlete who becomes pregnant. Pregnancy places unique challenges on student-athletes. DIA has instituted this policy and guidelines for the protection of the student-athlete and her developing fetus.

What to Do if Student-Athletes Become Pregnant:

Pregnant student-athletes are encouraged to be forthright about their circumstances and to seek counsel and medical care. As soon as a student-athlete learns that she is pregnant, she should notify her coach, head athletic trainer, sport administrator or the director of athletics as well as her personal physician/OBGYN, family or others who are important to her. This notification is necessary so that appropriate medical and emotional support can be made available. The coach, athletic trainer, and others who are informed are encouraged to maintain confidentiality.

Training and Competition:

DIA reserves the right to restrict a student-athlete's continued participation in competitive sports, based on consultation with the student-athlete, the coach, medical personnel and others. Assessing the risk of strenuous activity in pregnancy is difficult.

When making such decisions, these individuals shall use the following guidelines:

- The safety to participate in each sport must be dictated by the movements and physical demands required to compete in the sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. Athletic activities associated with a high risk of falling should be avoided during pregnancy.

- Women who have medical conditions that place their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician. The student-athlete should be aware of the warning signs to terminate exercise while pregnant: vaginal bleeding, shortness of breath prior to exercise, dizziness, headaches, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage and muscle weakness.

Counseling and discussion involving the pregnant student-athlete and a certified physician, written consent from the student-athlete's physician, and consultation with our certified head athletic trainer and director of athletics or designee must all occur before a determination is made whether to permit the student-athlete's participation in practice and/or competition during pregnancy.

Status on the Team and Athletic Grant-In-Aid:

The pregnant student-athlete's athletic grant-in-aid, team membership status, benefits, or responsibilities will not be withdrawn during the period of the award because of pregnancy. The student-athlete's physician and head athletic trainer will determine whether or not the student-athlete is cleared to return to participation following pregnancy. NCAA rules permit a one-year extension of the five-year period of eligibility for female student-athletes for reasons of pregnancy. If the student-athlete chooses not to continue participating, it will be considered a voluntary withdrawal from the program and athletic aid will not be renewed for the following academic year.

Confidential Counseling:

It is important for the student-athlete to have appropriate counseling regarding her medical condition and risk of injury to themselves and to the fetus. The team physician will provide counseling referrals for student-athletes who are pregnant. Such referrals could be through the McKinley Health Center, the University Counseling Center or other health care professionals as deemed necessary by the team physician.

Medical Expenses:

DIA is not obligated to cover any medical expenses associated with the student-athlete's pregnancy. All medical expenses that are a result of pregnancy are the responsibility of the student-athlete. It is recommended that if a student-athlete becomes pregnant she should refer to the "Student Injury and Sickness Insurance Plan" brochure published by the University Student Insurance Office.

COMPLIANCE

While enrolled at the University, student-athletes must always be alert to possible situations that may affect their eligibility. Understanding the appropriate application of NCAA rules to real-life situations is not always easy. However, student-athletes must be able to recognize when they are involved in a situation where NCAA rules might apply and must remember to contact the appropriate coach or the compliance office for assistance. Student-athletes who lack this sort of awareness or who fail to seek guidance from the appropriate person, are destined to encounter problems.

The information presented in this section addresses some general rules and situations. For questions regarding NCAA or Big Ten rules, always contact the compliance office directly. The compliance office is counting on everyone to do their part to uphold the integrity of the varsity teams, DIA, and the University.

Amateurism

Student-athletes must maintain their amateur status to be eligible to compete in intercollegiate athletics. Therefore, student-athletes may not accept payment of any kind, directly or indirectly, for participating in their sport. Student-athletes may, however, receive actual and necessary expenses for practice and/or competition from the University. In rare situations, they may also receive money from their respective sport's national governing body or an amateur sports club, depending upon the type of competition and the circumstances related to each competition. Student-athletes and their parents should check with their head coach or the compliance office before accepting such assistance.

Student-athletes cannot be compensated for the value that they may bring to an employment opportunity because they are a recognizable University student-athlete. This includes all employment arrangements such as summer jobs, internships, and sport camps operated by the University, high schools, or other private entities. It is also not permissible for student-athletes to make appearances that may imply endorsement of a commercial enterprise or product. Examples include an appearance at a grand opening of a sporting goods store, or referring to an advertiser during a radio interview. Modeling that a student-athlete may have done prior to collegiate enrollment may be continued with certain restrictions, but must be cleared with the compliance office.

Employment

NCAA rules provide specific criteria that must be met regarding student-athletes' employment during the academic year, which is defined as the **entire** time period beginning on the first day of fall semester classes and ending on the last day of spring semester classes or the day of a student-athlete's last final exam (whichever occurs later). In order to ensure compliance with the NCAA rules in this area, student-athletes must receive written permission to work from the compliance office **PRIOR TO** commencing any kind of employment at any time during the academic year. Forms that student-athletes can use to initiate the process of securing written approval are available from the compliance office. If the request is approved, a compliance office representative will meet with the student-athlete to provide a written description of how NCAA rules apply to the student-athlete's specific employment arrangement.

Extra Benefits

It is not permissible for student-athletes, or their relatives and friends, to receive any kind of "extra benefit" or "preferential treatment" that is not made available and provided to the general public or the general student body under the same terms and conditions in which it is made available and provided to student-athletes or their relatives and friends.

It is not permissible to accept such "extra benefits" or "preferential treatment" from staff members, representatives of the institution's athletics interests (i.e., "boosters"), business owners, or other individuals.

Specifically, the NCAA defines an extra benefit as "any special arrangement by an institutional employee or a representative of the institution's athletics interests to provide a student-athlete or the student-athlete's rela-

tive or friend a benefit not expressly authorized by NCAA legislation". Preferential treatment is receiving a benefit, discount or service based on an individual's athletic reputation or skill or pay-back potential as a professional athlete.

Receipt of a benefit by student-athletes or their relatives or friends is not a violation of NCAA legislation if it is demonstrated that the same benefit is generally available to the institution's students or their relatives or friends or to a particular segment of the student body (e.g., foreign students, minority students) determined on a basis unrelated to athletic ability.

Examples of Extra Benefits

The NCAA Manual specifically identifies several types of "extra benefits" that are not permitted. An all-inclusive list is not provided here, or in the NCAA Manual, but some examples include:

Discounts and Credits

Student-athletes and their relatives and friends may not receive a special discount, payment arrangement or credit on a purchase (e.g., greens fees, court time, airline ticket, clothing, rent, food) or a service (e.g., laundry, haircut, dry cleaning) unless it is offered and made available to the general public or the general student body under the same terms and conditions in which it is made available and provided to the student-athlete and their relatives and friends. Discounts or credits provided to student-athletes and their relatives and friends that are based upon the student-athlete's participation in athletics, athletic ability, or notoriety achieved as a result of athletics are not permissible.

Free or Reduced-Cost Services

An athletics representative may not provide a student-athlete or their relatives and friends with professional services (for which a fee normally would be charged) without charge or at a reduced cost except as permitted by a specific NCAA rule. Professional services provided at less than the normal rate or at no expense to student-athletes and their relatives and friends are considered an extra benefit unless they are available on the same basis to the general student body.

Services provided to enrolled student-athletes such as the availability of tutors at no cost, academic counseling, and the availability of private computer labs in the Irwin Academic Center are examples of benefits that are permitted by NCAA rules.

Student-Athletes Selling Items Received for Participation in Intercollegiate Athletics

Student-athletes shall not sell any item received for intercollegiate athletics participation or exchange or assign such an item for another item of value, even if the student-athletes' name or picture does not appear on the item received for intercollegiate athletics participation.

Telephone and Credit Cards

Student-athletes and their relatives and friends cannot use a telephone or credit card for personal reasons without charge or at a reduced cost.

Entertainment Services

Student-athletes and their relatives and friends cannot receive services (e.g., movie tickets, dinners, use of car) from commercial agencies (e.g., movie theaters, restaurants, car dealers) without charge or at reduced rates, or free or reduced-cost admission to professional athletics contests from professional sports organizations, unless such services also are available to the student body in general.

With regard to "preferential treatment", NCAA rules state that student-athletes and their relatives and friends cannot receive "preferential treatment, benefits or services because of the student-athlete's athletics reputation or skill or pay-back potential as a professional athlete, unless such treatment, benefits or services are specifically permitted under NCAA legislation."

It is important to understand that if student-athletes or their relatives and friends receive an “extra benefit” or “preferential treatment” as defined by the NCAA, the student-athlete’s eligibility will be adversely affected. In all cases, the value of the extra benefit, or what was received as a result of preferential treatment, must be repaid if it is found that a violation of NCAA rules occurred. In many cases, the student-athlete will also be suspended and withheld from one or more future competitions.

Representatives of Athletic Interests

Student-athletes and their relatives may come into contact with representatives of the institution’s athletics interests. These individuals are often referred to as “boosters”. The NCAA defines a “Representative of Athletics Interests” or a “booster” as anyone who has, at any time:

1. Been a member of a sports booster club, such as the “Rebounders” or “Quarterback Club”;
2. Made a donation to any of the University men’s or women’s athletic programs;
3. Assisted in the recruitment of prospective student-athletes;
4. Arranged for or provided summer employment for enrolled student-athletes;
5. Assisted in providing any benefit to enrolled student-athletes or their families;
6. Been involved in promoting the University athletic program;
7. Purchased season tickets for University athletic events.

These representatives’ activities and their interaction with student-athletes and student-athletes’ relatives and friends are strictly regulated by NCAA rules.

Practice and Competition Time

Student-athletes’ participation in mandatory countable athletically-related activities is limited to a maximum of four (4) hours per day and twenty (20) hours per week when the student-athletes’ sport is “in season”. Examples of countable athletically-related activities include: practice; competition; mandatory strength training or conditioning; individual workouts required or supervised by a coach; captain’s practices; and mandatory or supervised film or videotape reviews.

Examples of activities that are not countable include: training table; physical rehabilitation; dressing; taping; academic study hall; compliance meetings; academic tutoring sessions; travel to and from practice and competition; medical exams or treatments; and voluntary workouts supervised only by strength and conditioning staff members.

During the declared playing season, student-athletes must be given a minimum of one day off per week on which no countable athletically-related activities can occur. A day of competition counts as three hours, regardless of the actual duration of the competition and the “pre-and post-game” activities. Practice may not be conducted following a competition on the same day that the competition occurs and may not occur between midnight and 5 am.

Student-athletes’ participation in countable athletically-related activities that occur during their sport’s “off-season” during the academic year is limited to eight hours per week. Such participation is limited to mandatory strength training and conditioning. Two of the eight hours per week may be spent on individual skill instruction in all sports. This skill instruction can involve no more than four team members at any one time at any location, prior to September 15 and after April 15. While such skill instruction is not permitted in football during the off-season, eligible football student-athletes can watch video with their coaches for up to two of the eight hours permitted each week during the off-season during the academic year.

During the academic year outside the declared season, student-athletes must be given a minimum of two days off per week on which no countable athletically-related activities may occur. No athletic activity may be required during a vacation period outside a student-athletes’ sport’s season.

NCAA rules prohibit a student-athlete from missing class for the purpose of participation in any practice activities, except when a team is traveling to an away-from-home contest and the practice is in conjunction with the contest. These rules apply whether or not the class instructor monitors attendance or approves of the missed class time.

Team Travel

When a student-athlete makes the team's travel squad, his or her transportation, lodging, and meals will be provided when traveling to away-from-home competitions. Student-athletes will be responsible for personal hotel charges on team trips, such as long distance calls or room service. **Personal hotel charges must be paid at the front desk before the team checks out of the hotel.**

Ticket Policy

In sports for which the University charges a fee for admission, each eligible student-athlete in that sport may reserve complimentary admission for a maximum of four (4) guests through the athletics ticket office website (www.playerguest.com). A guest may not be designated by more than one student-athlete to receive a complimentary admission for any one game. Instructions on how to access and navigate this website are located in all of the student-athlete computer labs.

Student-athletes may **not** go to a coach, manager, or staff member to receive an admission under any circumstances. In addition, a coach, manager, or staff member may **not** ask to use any of the student-athlete's complimentary admissions.

All guests of student-athletes must present proper identification at the complimentary admission receiving area. Examples of proper identification include a student ID, a driver's license, a social security card, or a picture ID. If acceptable ID is not presented, admission will be denied.

Any potential guest appearing at the complimentary admission receiving area but not listed will be denied a complimentary admission and be required to purchase a ticket (if available).

Student-athletes may not sell or exchange a complimentary admission for any item of value. Any violation of these rules will jeopardize the student-athlete's eligibility with the NCAA. In addition, the University will impose a three-game suspension of privileges for the first offense. Any subsequent offense will result in the loss of complimentary admissions for the entire year.

All students are admitted free into all sports other than football, men's basketball, women's basketball and volleyball. Big Ten rules require every person, regardless of age, to have a ticket to enter football and men's basketball events. Complimentary admissions for these events are provided only for men's football and men's basketball student-athletes.

Involvement with Recruits

Student-athletes may write to prospects to encourage their enrollment at Illinois, but it may not be done at the direction and/or the expense of the University. Student-athletes may not telephone recruits, but may accept telephone calls made at the prospect's expense during the recruit's senior year.

Student-athletes are also prohibited from making any public statements about recruits. This includes, but is not limited to, statements to members of the media and postings on websites such as Twitter or Facebook about the recruit's athletic ability, or the likelihood that the recruit will attend the University.

Student-athletes may be asked by a coach to host a recruit who is on an official visit to our campus. While serving as a host, student-athletes may be given host money for the purpose of entertaining the recruit. Host money may be used for food, arcades, movies, theaters, bowling, and other activities, but **may not** be used to purchase souvenirs or apparel items (e.g., hats, t-shirts, etc.) for the recruit. **The use of alcohol, drugs, sex, gambling or any criminal activity should never be used as recruiting devices.** Student-athletes may transport the recruit to activities within a 30-mile radius of campus, but must not allow the recruit the use of a car. The University cannot provide the use of a car to student-athletes for the purpose of hosting a recruit. Student-athletes will receive a list of host instructions when given host money by the coach.

When hosting prospective student-athletes on-campus for recruiting visits, student-athletes are expected to abide by all University, Big Ten and NCAA rules as well as all local, state and federal laws. Participation in impermissible activities, either by the student hosts or the recruits, may result in the loss of athletic scholarship and/or termination from the team for the student hosts.

Agents and Advisors

The NCAA strictly regulates interaction with agents, advisors, and their representatives, or “runners” as they are commonly called. Student-athletes are permanently ineligible for participation in an intercollegiate sport if they have ever agreed (in writing or even just verbally) to be represented by an agent or advisor in the marketing of their athletic ability. Student-athletes and their relatives and friends are also prohibited from receiving any kind of benefit or expense, such as transportation or clothing, from agents, advisors and their representatives. The NCAA considers violations of these rules to be among the most serious. Such violations result in student-athletes being withheld from competitions and have often resulted in student-athletes being declared permanently ineligible for all further intercollegiate competition.

The involvement of agent and advisor representatives, or “runners”, is an ever-growing concern in sports that have professional leagues. These individuals will often not tell the student-athletes or the student-athletes’ relatives and friends that they are being paid and supported by an agent. The “runner” may offer gifts, benefits or services to student-athletes and their relatives and friends, then later attempt to steer student-athletes and the student-athletes’ family toward employing a certain agent or financial advisor.

“Runners” can be former college athletes, current or former professional athletes, or even apparent friends. But do not be fooled. These individuals are surreptitiously jeopardizing the student-athlete’s eligibility and unethically attempting to manipulate some financial decisions that are very important to the student-athlete and his or her family. They are essentially trying to enrich themselves at the student-athlete’s expense.

DIA attempts to ensure that student-athletes and their families have the opportunity to make sound and carefully considered decisions related to potential professional athletics careers. It is important that these decisions be made in a protected environment that is free from the many unscrupulous influences in the highly competitive field of athlete representation. This is accomplished by the enforcement of a departmental policy that applies to agents and advisors.

Prohibitions and Restrictions

DIA policy prohibits any kind of in-person, telephonic, and/or electronic communication between agents, financial advisors and/or their representatives and any student-athlete, their parents, legal guardians, and/or relatives until the student-athlete has exhausted his or her eligibility, without the express written authorization of the Illini Life Skills Coordinator employed in the Irwin Academic Center. Such authorization can be provided only by the Illini Life Skills Coordinator and is provided only for in-person on-campus communication and telephonic communication that must occur in the presence of the Illini Life Skills coordinator or the associate athletic director for compliance.

The policy also prohibits all direct correspondence and all other forms of written communication between agents, financial advisors and/or their representative with any student-athlete, their parents, legal guardians and/or relatives until the student-athlete has exhausted his or her eligibility. The Illini Life Skills Coordinator shall distribute correspondence and all other forms of written communication from agents, financial advisors and/or their representatives to any specified student-athlete, their parents, legal guardians and/or relatives prior to the time when the student-athlete exhausts his or her eligibility.

Student-athletes, their parents, legal guardians and/or their relatives must immediately report any in-person, telephonic, and/or electronic communication made by agents, financial advisors and/or their representatives if the communication is in violation of the policy. They must also immediately report the receipt of any correspondence and/or any other form of written communication from agents, financial advisors and/or

their representatives if the correspondence and/or written communication are received in violation of the policy. Such reporting must be made to the student-athlete's head coach, academic counselor, the compliance office, or directly to the Illini Life Skills Coordinator.

If a student-athlete or the student-athlete's family member wishes to communicate with an agent, financial advisor, or one of their representatives in any manner (e.g., in-person, via telephone, fax, letters, e-mail, etc.) the student-athlete must make the request to the Illini Life Skills Coordinator who will facilitate all related arrangements.

It should be noted that adherence to the policy does not result in a ban on communication with agents and financial advisors. Rather, the policy permits communication with agents and advisors *if* the communication occurs under specified conditions.

Transfer Rules

If a student-athlete decides to transfer to another school after attending the University, there are some important things to take into consideration. The following is a summary, but should not be considered a substitute for the actual wording of the transfer rules that are found in the NCAA and conference manuals. It is important for student-athletes to consult DIA's compliance office and the compliance office at the school to which they intend to transfer, to discuss all applicable NCAA and conference rules that may affect eligibility.

- Coaches or staff members of another NCAA member institution may not make contact with any student-athlete until they have received a written letter from the University giving them permission to do so.
- If a student-athlete has signed a National Letter of Intent to attend the University, transferring before the completion of one academic year here could result in the loss of one year of intercollegiate eligibility.
- Big Ten rules may affect a student-athlete's eligibility to compete and/or receive athletic aid when transferring from one Big Ten institution to another.

NCAA transfer rules require a student-athlete transferring to another four-year school to fulfill a residence requirement of one full academic year at the next institution before becoming eligible for competition. However, there are exceptions that allow a student-athlete to be immediately eligible at the next institution. The most common of these is the "one-time transfer exception." If transferring to another NCAA Division I institution, a student-athlete must be eligible upon departing University to receive athletically related financial aid at the new institution.

The one-time transfer exception can be used only if the student-athlete has not already transferred from a four-year school to the University of Illinois or to any other four-year school.

The one-time transfer exception cannot be used if the student-athlete transferring will participate in Division I baseball, basketball or Division I (FBS) football.

To receive this "one-time transfer exception," a student-athlete must maintain good academic standing and meet all satisfactory progress requirements. DIA must be able to certify that student-athletes transferring to another school would have been eligible under NCAA and Big Ten rules had they remained enrolled at the University. In addition, DIA must consent to the application of the transfer exception. Such consent is granted at the discretion of the head coach and the director.

If student-athletes need summer school hours to meet progress-toward-degree requirements to ensure their academic eligibility, prior approval of the University academic officials is required if these summer school courses will be taken at another institution.

If student-athletes transfer from Illinois to another NCAA member school at midyear, and has already competed for their team here during the sport's traditional season, they are not eligible to compete in that same sport at the next school attended during the traditional season of the same academic year.

In general, if student-athletes transfer from the University to a two-year college and enroll full-time there, the student-athletes must then graduate from the two-year college and earn at least 24 semester or 36 quarter

hours at the two-year college before competing for another four-year school. These hours must be transferable degree credit to the next four-year college the student-athletes attend and they must earn a cumulative minimum GPA of 2.0 if they wish to have the opportunity to then attend another four-year school and be immediately eligible to compete.

Transfer Grievances

Step 1: Student-athletes who have a complaint related to a transfer issue must first attempt to resolve the issue with their head coach.

Step 2: If a satisfactory outcome is not reached after Step 1, student-athletes may submit a written request to the director or the director's designee. All written requests must include a full explanation of the complaint and the specific action requested. All written requests must be addressed by the director or the director's designee and a decision to grant or deny the student-athletes' request must be communicated within five (5) University business days. If the complaint is resolved to the student-athlete's satisfaction through Step 2, a written statement that defines the agreement will be issued by the director to the student-athlete and head coach.

Step 3: If a satisfactory outcome is not reached after Step 2, the student-athlete may request a hearing. The request for a hearing must be made in writing to the director or the director's designee. The hearing must be conducted and written results of the hearing must be provided within fifteen (15) University business days from receipt of the written request and must be heard by the Transfer Athletic Review Panel (see below). The student-athlete requesting the hearing will be provided with the opportunity to actively participate in the hearing (e.g., in person, via telephone). The decision of the Transfer Athletic Review Panel will be final.

Transfer Athletic Review Panel

This panel hears cases related to transfer issues and is composed of personnel from outside the DIA. Members are appointed from the following offices and/or committees: Chair of the Athletic Board or designee; Faculty Athletics Representative; and an officer of the Student-Athlete Advisory Committee (SAAC).

FINANCIAL ASSISTANCE

Many student-athletes at the University will receive some form of financial assistance. The source of this assistance might be institutional (from the University itself) or non-institutional (from a source outside of the University). However, any financial assistance received by a student-athlete, regardless of the source, must comply with the rules and regulations of the NCAA, the Big Ten and the University. These rules and regulations govern: the amount of financial assistance that can be provided to student-athletes; the process of offering and accepting offers of financial assistance; and the length of time financial assistance may be offered to student-athletes.

The University, DIA and our student-athletes all share the responsibility of making sure that these rules and regulations are followed.

Types of Financial Assistance

Institutional Financial Aid

Institutional financial aid is considered all funds administered by the University or aid from government or private sources where the University is responsible for administering the funds. Examples of institutional financial aid include: scholarships, grants, tuition waivers, employee-dependent tuition waivers (e.g. lessened tuition when one of the student-athlete's parents work for the University) and loans.

Receiving financial assistance from DIA is a privilege that student-athletes must earn by participating to the best of their ability, not only on the playing field, but in the classroom as well. In order to maintain their athletic institutional aid, student-athletes must be responsible members of the team and responsible citizens of the University community.

Non-Institutional Financial Aid

Although student-athletes may receive financial aid that is not administered by the University, to remain eligible for competition, the non-institutional financial aid must meet certain criteria:

First, it might not be considered pay or promise of pay for athletic skills (a term defined by the NCAA).

Second, the funds can only be received from: (a) someone upon whom the student-athlete is naturally or legally dependent; (b) awarded solely for non-athletic ability reasons; or (c) awarded through an established and continuing program to aid students, so long as the recipient's choice of college or university is not restricted by the individual or group providing the financial aid and that donor has no direct connection to the University.

NOTE: NCAA rules limit the types of scholarships received from any source outside of the University. To comply with these rules, such scholarships should always be awarded through the University. Either the awarding agency can forward the scholarship check directly to the Student Financial Aid Office (which is the preferred approach) or, if the awarding agency sends the scholarship check directly to the student-athlete, the student-athlete must deliver the check to the Student Financial Aid Office. Failing to comply with these steps is a violation of NCAA rules and can lead to a student-athlete being determined ineligible to compete.

Limits on Financial Assistance

With limited exceptions, the NCAA prohibits student-athletes from accepting financial aid beyond the value of the student-athlete's tuition and fees, room and board and required course-related books (the NCAA calls the total amount for all these expenses "a full-grant-in-aid"). **Student-athletes who receive more financial assistance than their full-grant-in-aid value and who do not meet one of the NCAA's exceptions will NOT be eligible to participate in intercollegiate athletics.**

Financial aid that must be considered when determining whether a student-athlete's financial aid exceeds the value of a full grant-in-aid, includes, but is not limited to, the following types of financial aid:

- All Institutional Financial Aid and scholarships, except for honorary academic awards or research grants;

- All government grants for educational purposes (i.e., Monetary Award Program Grant or other state grants), except for certain types of grants like: Pell Grant, Montgomery GI Bill, AmeriCorps Programs, Military Reserve Training Programs, U.S. Government Entitlement Programs, Vocational Rehabilitation for Service-Disabled Veterans Program, and State Grants for Disabled Veterans;
- All gifts given to a student-athlete following completion of eligibility in appreciation for, or in recognition of the student athlete's athletic accomplishments;
- All stipends, bonuses or salary (no matter when received or contracted for) from a professional sports organization;
- All other income (no matter when received or contracted for) from participation in an athletic event;
- Any loans, except legitimate loans which are based upon a regular repayment schedule, available to all students and administered on the same basis for all students, such as Federal Direct Subsidized or Unsubsidized loans, Perkins loans, and University of Illinois Long Term Loans.

Questions Regarding Non-Institutional Financial Aid

Student-athletes are responsible for ensuring that they do not jeopardize their eligibility by accepting unauthorized financial aid. If coaches or student-athletes have *any question* as to whether accepting any non-institutional financial aid or funding would be allowed under the rules established by the NCAA, they must contact the compliance office for clarification *before accepting such an award* as the consequences can be severe. Student-athletes, who receive non-permissible aid, may have their eligibility be suspended until the aid is either returned or is re-routed through the Office of Student Financial Aid.

Student-athletes who are uncertain as to the legitimacy of financial aid should consult the grant-in-aid specialist in the Academic Services Office or Office of Student Financial Aid.

Monitoring Financial Aid

To ensure compliance with all NCAA and Big Ten financial aid requirements, all financial aid received by a student-athlete must be monitored by the institution and included in the individual's grant-in-aid limitation calculation. One way DIA monitors such financial aid issues is by requiring student-athletes to complete the Big Ten Statement of Financial Support, on which they will list financial aid received from outside sources and compensation received from summer and school-year employment. This form is completed during the compliance "check-in" meeting for each individual team.

Incoming Freshmen Eligibility for Financial Aid and Assistance

Incoming freshmen with no previous full-time college attendance must meet certain NCAA grade point average, test score and high school course requirements to be eligible for athletically-based institutional aid. Individuals who do not meet these NCAA academic requirements can only receive non-athletic institutional financial aid based solely on their financial need.

Offers (Tenders) of Institutional Financial Assistance

Initial Tender and National Letter of Intent

- a. A coach shall request a tender by completing an Initial Tender Request Form which is available from Academic Services.
- b. The coach shall complete the form entirely and accurately.
- c. If a prospect is a transfer student, it must be indicated if the prospect has or has not signed a National Letter of Intent at the previous institution.
- d. If a dollar amount is being applied for a partial scholarship, the amount for the year and the semester shall be communicated by the coach to the Grant-In-Aid Specialist in Academic Services.
- e. Before a tender can be processed, the signature of the Head Coach must be obtained.

- f. The tender and National Letter of Intent will be returned to Academic Services unless otherwise indicated.
- g. An initial tender which has been issued to an incoming student-athlete shall not be amended or modified, except as noted below, and may not be modified during the first year of the award. In the event a signed National Letter of Intent is declared null and void, an initial tender does not automatically become invalid and may not be modified upon re-issuance.

Note: An institution may modify only the date of issuance if a tender must be re-issued (e.g., because of non-receipt of the original tender). A tender modified by the date of issuance shall be so noted.

Terms of Awards

Most awards of institutional athletic financial aid will be awarded for a length of time not to exceed a student-athlete's five-year period of eligibility. However, individual coaches can receive permission from their Sports' Administrators to offer their teams' institutional financial aid awards on one-year basis.

Institutional Financial Aid Renewal and Non-Renewal Procedures

Returning student-athletes whose financial aid period is one academic year and who have eligibility remaining in the sport in which their financial aid was awarded will be notified in writing by July 1 if their athletic aid is to be renewed, reduced, or not renewed for the following year. Notification of athletic financial aid renewals will be made by Academic Services, and reductions and non-renewals will be made by the Office of Student Financial Aid.

Reasons for Reducing or Failing to Renew a Student-Athlete's Institutional Financial Aid

If there is a reason to believe that a student-athlete is failing to meet any of the responsibilities placed upon him or her, it is within the authority of the student-athlete's head coach and/or the director to authorize the cancellation of a grant-in-aid or the adjustment of the amount of aid provided. The head coach of the sport providing the grant-in-aid must initiate non-renewal or tender adjustment action.

Student-athletes who have been diagnosed by a medical staff member as unable to participate due to injury, illness or physical or mental condition need not continue to compete to earn renewal of their grant-in-aid. However, students cannot hope to keep an athletic grant-in-aid if they voluntarily withdraw from the athletic program or their absenteeism and uncooperative attitude abdicates their responsibilities.

Renewal Tender and Change of Aid Status

- a. Per NCAA Bylaws, the renewal of institutional financial aid for the fall semester shall be made on or before July 1 prior to the academic year in which it is to be effective. The associate director for academic services shall notify each head coach of this guideline prior to July 1 and shall ask each head coach to indicate whether a student-athlete's financial aid is to be renewed, reduced, increased, or not renewed.
- b. The associate director for academic services shall send a list of all student-athletes who received any form of athletic aid for the previous academic year to each head coach in the spring. If the degree of aid is to remain the same for the upcoming academic year, the head coach will simply initial the student-athlete's name approving the renewal.
- c. If the head coach wishes to make a change to the aid, the coach is required to fill out the Renewal Tender Request Form, a form that asks what aid should be offered and what period of time the change should be activated. A head coach may also put a "hold" on the scholarship in order to make a change at a later date.
- d. The head coach must sign the renewal scholarship before returning it to Academic Services.
- e. The same renewal procedure shall be used for scholarship renewals for the spring semester only for those 6th year student-athletes that have signed a semester by semester scholarship.

Voluntary Withdrawal from a Team

If a student-athlete voluntarily withdraws from participation in a sport for personal reasons, the student's grant-in-aid will be canceled at the conclusion of the semester in which the student ended his/her participation.

Outside Aid

Any financial aid that is not permitted by NCAA legislation may be deducted from the athletic grant-in-aid or could render the student-athlete ineligible for intercollegiate athletics participation.

Each year during the compliance "check-in" meeting for each individual team, student-athletes will complete the Outside Scholarship Form. This form shall be one method by which non-institutional aid is monitored.

Summer School and Fifth-Year Aid

DIA is committed to facilitating and supporting the educational pursuits of all of its student-athletes and may provide grant-in-aid for selected student-athletes who complete degree requirements during the University's summer session or during their fifth-year of enrollment. Guidelines for receipt of summer term or fifth-year aid are as follows:

Summer School for Current Student-Athletes

Athletic aid will only be awarded with the approval of the head coach and director (or the director's designee). Aid will be provided only to those student-athletes who meet NCAA and Big Ten requirements. Student-athletes who require summer school attendance in order to meet eligibility standards must have given their full cooperation to the college, department, and DIA personnel in all matters during the academic year.

Student-athletes receiving summer athletic aid must enroll in and carry to completion a minimum of three semester hours during Summer Session I and six semester hours during Summer Session II. Further, the credits must be countable toward the student-athlete's degree.

Student-athletes who wish to attend summer school must discuss an academic plan of study for their degree pursuit with their athletic academic counselor. Student-athletes who wish to attend summer school because of scheduling conflicts, or to earn additional credit hours to meet graduation requirements, must submit their request in writing. To apply for financial aid for the summer, student-athletes must complete the Summer Athletic Aid Application, upon which they will list the courses they wish to take and the reasons they wish to take these courses. After completing the form, student-athletes should obtain the signatures of their coach and athletic academic counselor on the form. The form, with the signatures, should be delivered to the associate athletic director for academic services, Irwin Academic Services Bldg., 402 E. Armory, Champaign, IL 61820. All requests for summer attendance must be made in writing.

Student athletes who received an athletic scholarship for the preceding academic year must also have a signed athletic scholarship for each summer session before the first day of classes. These will be available to student-athletes for signature after their application for either, or both, Session I and Session II, has been approved by their head coach, their academic counselor, and the associate athletic director for academic services.

Subsequent to initial full-time enrollment, student-athletes may not receive athletic aid for attendance during a summer session unless they received such athletic aid during the previous academic year. Further, such aid may only be awarded in proportion to the amount of athletic aid received during the previous academic year.

An exception applies to the awarding of athletically related financial aid to a prospective student-athlete to attend an institution in the summer prior to the prospective student's initial, full-time enrollment at the certifying institution.

The Division of Intercollegiate Athletics reserves the right to have any or all requests for Summer School Grant-in-Aid reviewed by a committee appointed by the Director of Athletics.

Summer School for Incoming Student-Athletes

- a. A coach shall request a summer tender by completing an Initial Summer Tender Request Form, which is available from Academic Services.
- b. The coach shall complete the form entirely and accurately.
- c. If a prospect is a transfer student, it must be indicated if the prospect has or has not signed a National Letter of Intent.
- d. The student and the parents' signatures must be obtained on the tender prior to the first day of summer session.
- e. Aid will only be awarded with the approval of the head coach and athletic director or designee.
- f. Aid will only be provided to student-athletes who meet NCAA and Big Ten requirements.
- g. Incoming Student-Athletes will only be allowed to take Summer II term.
Student-athletes receiving Grants-In-Aid from DIA must enroll in and carry to completion six semester hours for Summer School, which counts toward the athlete's degree.

Fifth Year Aid

DIA is committed to the educational pursuits of all student-athletes and will assist selected student-athletes in completing degree requirements in their fifth-year. However, fifth-year athletic aid is not automatic and will be awarded on a case-by-case basis. To receive fifth-year aid, a student-athlete must submit in writing a request for continuation of aid. This request must be submitted to, and supported by, the student-athlete's head coach. Final approval will be made by the director (or the director's designee). Fifth-year aid will only be approved for student-athletes who meet NCAA and Big Ten requirements for such aid. Further, fifth-year student-athletes who have exhausted eligibility must complete degree requirements in the shortest period of time possible. Before fifth-year athletic aid is awarded, a letter must be submitted to the Academic Services Office from the student-athlete's college, which lists the remaining courses required for graduation as well as the college's course requirements for graduation. Student-athletes who are exempt for medical reasons will be awarded fifth-year aid when extenuating circumstances prevent the student-athlete from completing degree requirements within a four-year period. Fifth-year aid for student-athletes who have exhausted their eligibility and/or who are exempt for medical reasons will only be awarded aid on a semester-by-semester basis. These student-athletes are also required to submit a letter from their respective colleges listing their course requirements each year.

Financial Aid Grievances

Student-athletes shall be provided written notice of any termination, reduction or change in their grant-in-aid. If student-athletes wish to appeal a termination, reduction or change to a grant-in-aid award, they must use the following procedure:

- a. First, the student-athlete must request, in writing, a meeting with the head coach within five days from the date of mailing of the notice of change. The coach shall grant a hearing to the student-athlete within 5 days from the date of mailing of the student-athlete's request. After the hearing, the coach shall provide the student-athlete with his or her decision, in writing, within two days of the hearing.
- b. If the student-athlete disagrees with the coach's decision, the student-athlete may submit a written request for a hearing to the director. The request should be delivered to the director within five days of the date of mailing of the coach's decision. An in-person hearing with the director, or the director's designee, will be held within seven days of the date of mailing of such request. The director or the director's designee shall, within five days after such hearing, provide to the student-athlete a written notice of the director's decision.
- c. If the student-athlete disagrees with the director's decision, the student-athlete may request a hearing before the Financial Aid Review Committee. Notice of the student-athlete's request for such a hearing must be mailed within ten days from the date the director's decision was mailed to the student-athlete. Within fifteen days from the date of mailing of such request, the Financial Aid Review Committee shall

provide to the student-athlete a written notice of the time and place of such hearing, which shall be conducted by said Committee in an informal manner. The Committee shall mail to the student-athlete a notice of its decision within fifteen days after the date of the hearing.

- d. The decision of the Financial Aid Review Committee shall be final and binding upon the Division of Intercollegiate Athletics, the student-athlete and all others.
- e. Each of the requests or decisions required under the foregoing procedure shall be in writing. Notice to the coach, the director of athletics, or the Financial Aid Review Committee shall be e-mailed directly or mailed to the Bielfeldt Athletic Administration Building, 1700 South Fourth Street, Champaign, Illinois 61820. Notice to the student-athlete shall be directly e-mailed and/or sent to the mailing address designated on the grant-in-aid acceptance, or any address subsequently filed by the student-athlete in writing with the director of athletics.

Other Financial Aid Matters

Book Policy

Each term, coaches will receive instructions outlining the distribution of books for student-athletes who receive books as a part of their athletic scholarship. Each student-athlete receiving books will need to fill out an authorization form providing DIA permission to pull their schedules and order their books.

At the time of book pick-up, student-athletes must check the each bag of books they receive for accuracy and sign a form verifying receipt of all the correct textbooks and materials. **Student-athletes are responsible for returning all the books listed on the form. Assuring the accuracy of this list when the books are delivered to them ensures student-athletes will not be responsible for returning books that they never actually received!**

A book slip is required to obtain any required texts, readings, or materials that are not included in the bag of books received at the beginning of the semester. Student-athletes can obtain book slips by bringing copies of their schedule and class syllabi to Irwin 207b. After student-athletes receive a book slip for the extra materials, the book slip must be taken to the bookstore where the additional materials will be provided to them. Student-athletes **are also responsible for returning all books/materials you have signed for, been reimbursed for, and/or charged using a book slip.** ALL purchased texts, study guides, packets, CDs, workbooks, recorders, calculators, etc. must be returned to the Irwin Academic Services Center by 4pm on the last day of finals. Student-athletes may keep books only under the following circumstances: (a) the books are needed for an extension or a course through the Office of Continuing Education; (b) the books will be re-used by the student-athlete in a class the following session; or (c) the student-athletes buy the book for one-half the cost of the purchase (the student-athlete will be charged on their student account). ARRANGEMENTS FOR THESE CIRCUMSTANCES MUST BE MADE IN ADVANCE.

If books are not returned by the deadline listed in the previous paragraph, the student-athlete's student account will be charged for one-half of the purchase price of the text(s).

Additional Sources of Aid

NCAA Special Assistance Fund

The NCAA Student Assistance Fund has been established from monies provided by the NCAA and is administered by the Big Ten Conference to all conference institutions

All student-athletes, including walk-ons and medical non-counters, who are Pell Grant recipients may apply for this fund. Applications are available at the Irwin Academic Center in Room 207b.

The NCAA has previously approved the following requests for funds:

- \$500 a year to be used for clothing or other essential expenses (not entertainment);
- Medical and dental costs not covered by another insurance program: hearing aids, vision checks and contacts or eyeglasses, off-campus psychological counseling, dental checks and expenses;

- Cost of expendable academic course supplies, rental of non-expendable materials (e.g. computer equipment, cameras, field expenses) and
- Cost of documented expense for travel related to a family emergency.

Student-Athlete Opportunity Fund (SAOF)

The Student Assistance Fund is also available to provide other direct benefits to student-athletes or their families. As a guiding principle, the fund is used to assist student-athletes meet financial needs that arise in conjunction with participation in intercollegiate athletics or enrollment in an academic curriculum. Some examples of past uses for this Fund include travel home from campus, purchase of winter coat for needy students, parking expenses, and support for financial emergencies outside a student-athlete's control. All student-athletes, including walk-ons and medicals, are eligible for support under this fund, subject to approval by the Student Assistance Fund Committee. For more information about NCAA Student Assistance Funds, approved and prohibited uses, and the process for requesting funding, please see the grant-in-aid specialist located in the Academic Services Center.

STUDENT-ATHLETE AWARDS

Varsity Awards

Varsity awards shall be awarded each academic year by the Award Committee as a mark of athletic distinction in varsity sports.

Varsity awards are given as follows:

- First year (of participation) Wool Letter Jacket
- Second year (of participation) Letter Blanket
- Third year (of participation) Watch
- Fourth year (of participation) Varsity Ring or Framed Jersey

Student-athletes shall not receive more than one major award per academic year. A certificate(s) shall be presented to multi-sport student-athletes earning more than one award per academic year. General requirements pertaining for receiving athletic awards:

- The student-athletes must represent themselves, their sport, DIA and the University in a credible and complimentary manner;
- Student-athletes must adhere to all University, program and team rules and regulations;
- Student-athletes must demonstrate a genuine interest in and dedication to amateur athletics and the sport in which they are participating;
- Student-athletes must maintain academic eligibility throughout the semester(s) of their regular competitive season; and
- Student-athletes must be making normal progress toward a degree.

Process for recommending and awarding varsity awards:

All final recommendations for varsity awards shall be made through the director, based on the following guidelines:

- The initial recommendation for award consideration must be made by the head coach of the given sport in which the student-athlete has engaged.
- The head coach may recommend a first-year award be granted to a student-athlete with at least three years of competition whose cumulative record of achievements and services to the particular sport warrant such consideration. The head coach must supply supporting evidence with the recommendation.
- A coach may recommend an award be granted to a student-athlete whose potential for outstanding performance has been interrupted for reasons of injury or illness. Such a recommendation by a coach will have to be accompanied by strong supportive evidence.
- The head coach shall submit a list of all those student-athletes who in the coach's opinion meet DIA's requirements to receive such awards (listed above). If a head coach recommends that a student-athlete has not met the requirements for an athletic award, that coach should submit the reasons substantiating this decision.

Student-Athlete Celebration Awards

Every year a reception will be held to honor all graduating University student-athletes. Awards presented at the banquet include:

- Fighting Illini Newcomer Award
- Fighting Illini Spirit Award
- Outstanding Scholar-Athlete Award
- Outstanding Team GPA Award
- Dike Eddleman Athlete of the Year Award
- Big Ten Medal of Honor Awards

- Illini Life Skills Team Competition Award
- Illini Leadership Academy- Leader of Distinction Award
- Illini Leadership Academy-Leader of Merit Award

Scholar-Athlete of the Week Award

DIA Academic Services presents this award to student-athletes who have a minimum of a 3.0 cumulative GPA or higher and who have had a noteworthy athletic performance in their respective sport.

Big Ten Awards

Wayne Duke Postgraduate Award

This award is given as an annual scholarship of \$5000 recognizing one male and one female Big Ten senior student-athlete pursuing a postgraduate degree for achievements in academics, athletics, civic service, and leadership. Each Big Ten institution may nominate one male and one female student-athlete.

Big Ten Postgraduate Award

Each Big Ten institution will annually present two student-athletes (one male and one female) with one-time postgraduate scholarships of \$7,500 each. The applicants will be evaluated based primarily on their achievements in academics.

Academic All-Big Ten

Awarded each season to letter winners with a cumulative GPA of 3.0 or better who are in at least their second year of attendance at their institution.

National Awards

Chi Alpha Sigma

Juniors and seniors who have earned a varsity letter and have a 3.4 or higher cumulative GPA are eligible.

Arthur Ashe Junior Sports Scholars Award

Award recognizes contributions of student-athletes of color who have completed one full academic year, have a GPA of 3.2 or better, and are active in community service.

Division I Degree Completion Award

Student-athletes who have exhausted their eligibility for institutional financial aid (in five years), are within 30 semester hours of completing their degree requirements may apply. Full-time students receive grants equal to a full athletics grant at the institution; part-time students receive tuition and an allowance for books.

The Freedom Forum-NCAA Foundation Sports- Journalism Scholarship

Eight \$3,000 scholarships are awarded to college juniors pursuing careers in sports journalism and majoring in journalism, or who have experience in campus sports journalism. The scholarship is designed to foster freedoms of speech and press while promoting quality sports journalism education at the collegiate level.

GTE Academic All-American Teams

In order to be nominated, a student-athlete must be a starter or key reserve with at least a 3.20 GPA. Students are eligible only after reaching sophomore level in both athletic and academic standing. Junior college transfers are eligible after one academic year.

Jim McKay Scholarship

Annually awards a \$10,000 postgraduate scholarship to one male and one female student-athlete in recognition of their outstanding academic achievement and potential to contribute to the sports communications industry. Eligible recipients must have an overall undergraduate grade-point average of 3.5 or better.

NCAA Ethnic Minorities and Women Enhancement Post Graduate Scholarships for Careers In Athletics

Twenty-six \$6,000 scholarships (13 for ethnic minorities and 13 for women) are available annually to college graduates who will be entering the first semester of their initial post graduate studies.

NCAA Honors Program

- * The **Theodore Roosevelt Award** recognizes former varsity letter winners in college who have become citizens of national recognition and of outstanding accomplishment.
- * The **Today's Top VIII awards** honor eight outstanding senior student-athletes with a varsity letter.
- * The **Silver Anniversary Award** recognizes six distinguished former student-athletes on the 25th anniversary of their graduation.

NCAA Postgraduate Scholarship Program

The NCAA awards 174 postgraduate scholarships annually to student-athletes who have excelled academically and athletically and who are in their final year of athletic eligibility. Student-athletes are nominated by their institution.

NCAA Walter Byers Postgraduate Scholarship Award

This award recognizes and encourages excellence in academic performance by senior student-athletes. Recipients of the award must have a 3.5 grade-point average (4.0 scale), demonstrate evidence of superior character and leadership and show that participation in athletics has been a positive influence on their personal and intellectual development.

VARSITY "I" ASSOCIATION

Fighting Illini student-athletes will always be a part of the Illinois athletic family and the Varsity "I" Association is a very exclusive group that consists of all former Illini athletes and letter winners from across the decades. Student-athletes' time as an Illini student-athlete may only be a short few years, but they are an Illini for life. After leaving school, the Varsity "I" Association serves as a resource for former student-athletes, performing the following tasks:

- *Making Varsity "I" a family;*
- *Helping members network with other fellow Illini for jobs, moving-related questions, and general advice;*
- *Keeping student-athletes connected to their teammates and other Varsity "I" Association members through newsletters, reunions, tailgates and other activities;*
- *Keeping student-athletes connected to the Illinois athletic department; and*
- *Securing the future of the Varsity "I" family by supporting the current Illini student-athletes.*

Coaches and administrators come and go, but the bonds of friendship with a student-athlete's teammates and the Varsity "I" Association will always be there. As student-athletes leave school and move throughout their lives, they should make sure that Varsity "I" has their current contact information.

ATHLETIC ADMINISTRATION

(Area Code: 217)

DIRECTOR OF ATHLETICS	333-3631
BIELFELDT ADMINISTRATION BUILDING	333-3630
ACADEMIC SERVICES	333-2240
BUSINESS OFFICE	244-4286
COMMUNICATIONS/MEDIA SERVICES	244-6533
COMPLIANCE	333-5731
CORPORATE SPONSORSHIP	819-4717
DEVELOPMENT OFFICE	333-6595
EQUIPMENT	333-1498
EVENT MANAGEMENT	333-8839
EXTERNAL RELATIONS & LICENSING	333-2474
FACILITY MANAGEMENT	333-2303
IT SERVICES	244-1557
MARKETING AND PROMOTIONS	244-0016
NEW MEDIA & CREATIVE SERVICE	333-2320
SPORTS MEDICINE	265-8060
STRENGTH AND CONDITIONING	244-5989
TICKET OFFICE	333-3470
VARSITY ROOM	333-0117
VARSITY "I" ASSOCIATION	244-8484
VIDEO SERVICES	244-6766

ATHLETIC FACILITIES

ATKINSTENNIS CENTER	244-1467
DEMIRJIAN GOLF PRACTICE FACILITY	244-1142
MEMORIAL STADIUM	333-1400
STATE FARM CENTER	333-2923
UBBEN BASKETBALL COMPLEX	333-3400 (Men) & 333-6299 (Women)

FACULTY ATHLETICS REPRESENTATIVE

MATT WHEELER	333-2239
CHRISTOPHER SPAN	333-9865

SPORTS

BASEBALL	244-8144
BASKETBALL, MEN'S	333-3400
BASKETBALL, WOMEN'S	333-6299
FOOTBALL	333-1400
GOLF, MEN'S	333-8604
GOLF, WOMEN'S	333-8610
GYMNASTICS, MEN'S	333-7973
GYMNASTICS, WOMEN'S	333-7974
SOCCER	333-4783
SOFTBALL	265-8229

SWIMMING & DIVING	333-7670
TENNIS, MEN'S	333-7971
TENNIS, WOMEN'S	333-8622
TRACK & FIELD, MEN'S	333-2957
TRACK & FIELD, WOMEN'S	244-4528
VOLLEYBALL	333-8606
WRESTLING	333-5853

ATHLETICS TWITTER INDEX

Baseball.....	@IlliniBaseball
Basketball, Men's	@IlliniHoops
Basketball, Women's	@IlliniWBB
Football.....	@IlliniFootball
Golf, Men's	@IlliniGolf
Golf, Women's	@IlliniWGolf
Gymnastics, Men's	@illinimensgym
Gymnastics, Women's	@IlliniGym
Soccer.....	@IlliniSoccer
Softball.....	@IlliniSoftball
Swimming & Diving.....	@IlliniSwimming
Tennis, Men's	@IlliniTennis
Tennis, Women's	@IlliniWTennis
Track & Field, Men's	@IlliniTrackXC
Track & Field, Women's.....	@IlliniTrackXC
Volleyball	@IlliniVBall
Wrestling	@IlliniWrestling
Fighting Illini Athletics	@IlliniAthletics
Academics.....	@IlliniIrwin
Camps.....	@IlliniCamps
Cheerleading.....	@IlliniCheer
Compliance	@UofICompliance
IFund... ..	@Illini_IFund
IlliniProductions HD	@IPHD
Kids Club	@IlliniKidsClub
Premium Seating.....	@ILPremSeating
Sports Nutrition.	@IlliniFuel
Varsity I	@VarsityI

Find more social media links for Fighting Illini Facebook, Instagram, and Pinterest accounts, by visiting:
<http://www.fightingillini.com/socialmedia>

CAMPUS RESOURCES

Admissions (admissions.illinois.edu)	333-0302
Bus Service Information	384-8188
C.A.M.P.U.S.....	244-HELP
(Car Assistance Motorist Protection - A University Service)	
Campus Police (dps.illinois.edu).....	333-1216
Campus Recreation (campusrec.illinois.edu)	333-3806

Career Center (careercenter.illinois.edu).....	333-0820
Child Care Resource Service (ccrs.illinois.edu).....	333-3252
CITES Help Desk (cites.illinois.edu).....	244-7000

Campus Information Technologies & Educational Services

Counseling Center	333-3704
Counseling Center Crisis Line (After Hrs).....	359-4141
Daily Illini	337-8300
Dean of Students Office (www.odos.uiuc.edu).....	333-0050
Dial-A-Nurse 24 hrs a day	333-2700
Division of Rehabilitation Education Services (disability.uiuc.edu).....	333-1970
Emergency Dean (www.odos.illinois.edu/emergency/)	333-0050
Financial Aid (www.osfa.illinois.edu/).....	333-0100
Graduate Studies (grad@illinois.edu)	333-0035
Greek Affairs	333-7062
ID Card Office (icardhelp@uillinois.edu)	265-6464
Illini Union Bookstore (uofibookstore.illinois.edu)	333-2050
Illinois Student Senate (iss.uiuc.edu).....	333-6543
International Student Affairs (iss.illinois.edu)	333-1303
Krannert Center for the Performing Arts (krannertcenter.com).....	333-6280
McKinley Health Center (mckinley.illinois.edu)	333-2701
Minority Student Affairs (www.omsa.illinois.edu/)	333-0054
Parking and Transportation (parking.illinois.edu).....	333-3530
Residence Hall Information (housing@illinois.edu)	333-7111
SAFERIDES.....	265-7433
Safewalks	333-1216
Student Accounts (studentaccounts@illinois.edu).....	333-2180
Student Affairs (www.studentaffairs.illinois.edu).....	333-1300
Student Conflict Resolution (conflictresolution.illinois.edu)	333-3680
Student Insurance (si.uiuc.edu).....	333-0165
Student Legal Services (www.odos.illinois.edu/sls/).....	333-9053
Study Abroad (www.studyabroad.illinois.edu)	333-6322
Tenant Union (www.tenantunion.illinois.edu).....	333-0112
Undergraduate Records	333-0210
University Directory Assistance	333-1000
Volunteer Programs (www.union.illinois.edu/ovp)	333-7424
Writer's Workshop (www.cws.illinois.edu/workshop)	333-8796

UNDERGRADUATE COLLEGES & PROGRAMS

ACES (Agricultural, Consumer and Environmental Science)	333-0460
AHS (Applied Health Sciences)	333-2131
Architecture.....	333-1330
Art & Design.....	333-0855
Business	333-2747
Chemistry.....	333-5071
Chemical Sciences.....	333-5070
Education.....	333-0960
Engineering.....	333-2151
FAA (Fine and Applied Arts).....	333-6061
Labor and Employment Relations	333-1482

Law.....	333-0931
LAS (Liberal Arts and Sciences).....	333-1705
Transition Program.....	244-1588
Division of General Studies.....	333-4710
Life Sciences and Integrative Biology	333-3044
Medicine.....	333-5465
Media.....	333-2350
Music	333-2620
Nursing	333-2507
Social Work.....	333-2261
Veterinary Medicine.....	333-2760

WEB SITES

Athletics.....	www.fightingillini.com
Campus Recreation.....	www.campusrec.illinois.edu
Dining Services.....	www.housing.illinois.edu/dining
Division of Intercollegiate Athletics.....	www.fightingillini.com
Financial Aid	www.osfa.illinois.edu
Illinois Leadership.....	www.illinoisleadership.illinois.edu
Illini Union.....	www.union.illinois.edu
Illini Union Bookstore	www.uofibookstore.illinois.edu
Krannert Center for the Performing Arts	www.krannertcenter.com
Library.....	www.library.illinois.edu
Local Weather.....	www.atmos.uiuc.edu/weather
McKinley Health Center.....	www.mckinley.illinois.edu
Carmike Beverly Cinema.....	www.carmike.com
Savoy 16.....	www.savoy16.com
MTD	www.cumtd.com
CITES Express Email	www.cites.illinois.edu

EMERGENCY AND HEALTH NUMBERS

Police, Fire and Emergency (from campus phones 9-911).....	911
Campus Fire (non-emergency)	333-2428
Campus Police (non-emergency).....	333-1216
Champaign Fire	333-8911
Champaign Fire Department (non-emergency)	403-7200
Urbana (non-emergency)	384-2420
Champaign Police	351-4545
Champaign Police Department (non-emergency).....	351-8911
Urbana Fire Department	384-2421
Urbana Police Department.....	384-2320
Carle Hospital (General Information)	383-3311
Christie Clinic (General Information).....	366-1200
Presence Health (formerly Provena Hospital) – (General Information).....	337-2000
McKinley Dial-A-Nurse.....	333-2700
MTD Safe Rides.....	265-7433
Poison Control	800-222-1222
Student Emergencies.....	333-0050
24 hour Rape Crisis Hotline	355-5203
24 hour Crisis Line at Community Elements.....	359-4141

LOYALTY SONGS

Illinois Loyalty

We're loyal to you, Illinois,
We're Orange and Blue, Illinois,
We'll back you to stand 'gainst the best in the land,
For we know you have sand, Illinois, Rah! Rah!
So crack out that ball, Illinois,
We're backing you all, Illinois,
Our team is our fame protector,
On boys, for we expect a victory from you, Illinois!
Che-he! Che-ha! Che-ha-ha-ha! Go Illini, go!
Che-he! Che-ha! Che-ha-ha-ha! Go Illini, go!
Illinois! Illinois! Illinois!
Fling out that dear old flag of Orange and Blue,
Lead on our sons and daughters fighting for you,
Like men of old on giants placing reliance, shouting defiance,
Oskee-Wow-Wow!
Amid the broad green fields that nourish our land,
For honest labor and for learning we stand,
And unto thee we pledge our heart and hand,
Dear Alma Mater, Illinois

Hail to the Orange

Hail to the Orange,
Hail to the Blue,
Hail Alma Mater,
Ever so true!
We love no other
So let our motto be
Victory, Illinois! Varsity!

TAB 19



2014-15 NCAA®

DIVISION I **MANUAL**

EFFECTIVE
AUGUST 1, 2014

Principles for Conduct of Intercollegiate Athletics

2.01 General Principle. [*]

Legislation enacted by the Association governing the conduct of intercollegiate athletics shall be designed to advance one or more basic principles, including the following, to which the members are committed. In some instances, a delicate balance of these principles is necessary to help achieve the objectives of the Association.

2.1 The Principle of Institutional Control and Responsibility. [*]

2.1.1 Responsibility for Control. [*] It is the responsibility of each member institution to control its intercollegiate athletics program in compliance with the rules and regulations of the Association. The institution's president or chancellor is responsible for the administration of all aspects of the athletics program, including approval of the budget and audit of all expenditures. *(Revised: 3/8/06)*

2.1.2 Scope of Responsibility. [*] The institution's responsibility for the conduct of its intercollegiate athletics program includes responsibility for the actions of its staff members and for the actions of any other individual or organization engaged in activities promoting the athletics interests of the institution.

2.2 The Principle of Student-Athlete Well-Being. [*]

Intercollegiate athletics programs shall be conducted in a manner designed to protect and enhance the physical and educational well-being of student-athletes. *(Revised: 11/21/05)*

2.2.1 Overall Educational Experience. [*] It is the responsibility of each member institution to establish and maintain an environment in which a student-athlete's activities are conducted as an integral part of the student-athlete's educational experience. *(Adopted: 1/10/95)*

2.2.2 Cultural Diversity and Gender Equity. [*] It is the responsibility of each member institution to establish and maintain an environment that values cultural diversity and gender equity among its student-athletes and intercollegiate athletics department staff. *(Adopted: 1/10/95)*

2.2.3 Health and Safety. [*] It is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes. *(Adopted: 1/10/95)*

2.2.4 Student-Athlete/Coach Relationship. [*] It is the responsibility of each member institution to establish and maintain an environment that fosters a positive relationship between the student-athlete and coach. *(Adopted: 1/10/95)*

2.2.5 Fairness, Openness and Honesty. [*] It is the responsibility of each member institution to ensure that coaches and administrators exhibit fairness, openness and honesty in their relationships with student-athletes. *(Adopted: 1/10/95)*

2.2.6 Student-Athlete Involvement. [*] It is the responsibility of each member institution to involve student-athletes in matters that affect their lives. *(Adopted: 1/10/95)*

2.3 The Principle of Gender Equity. [*]

2.3.1 Compliance With Federal and State Legislation. [*] It is the responsibility of each member institution to comply with federal and state laws regarding gender equity. *(Adopted: 1/11/94)*

2.3.2 NCAA Legislation. [*] The Association should not adopt legislation that would prevent member institutions from complying with applicable gender-equity laws, and should adopt legislation to enhance member institutions' compliance with applicable gender-equity laws. *(Adopted: 1/11/94)*

2.3.3 Gender Bias. [*] The activities of the Association should be conducted in a manner free of gender bias. *(Adopted: 1/11/94)*

2.4 The Principle of Sportsmanship and Ethical Conduct. [*]

For intercollegiate athletics to promote the character development of participants, to enhance the integrity of higher education and to promote civility in society, student-athletes, coaches, and all others associated with these athletics programs and events should adhere to such fundamental values as respect, fairness, civility, honesty and responsibility. These values should be manifest not only in athletics participation, but also in the broad spectrum of activities affecting the athletics program. It is the responsibility of each institution to: *(Adopted: 1/9/96)*

- (a) Establish policies for sportsmanship and ethical conduct in intercollegiate athletics consistent with the educational mission and goals of the institution; and
- (b) Educate, on a continuing basis, all constituencies about the policies in Constitution 2.4-(a).

2.5 The Principle of Sound Academic Standards. [*]

Intercollegiate athletics programs shall be maintained as a vital component of the educational program, and student-athletes shall be an integral part of the student body. The admission, academic standing and academic progress of student-athletes shall be consistent with the policies and standards adopted by the institution for the student body in general.

2.6 The Principle of Nondiscrimination. [*]

The Association shall promote an atmosphere of respect for and sensitivity to the dignity of every person. It is the policy of the Association to refrain from discrimination with respect to its governance policies, educational programs, activities and employment policies, including on the basis of age, color, disability, gender, national origin, race, religion, creed or sexual orientation. It is the responsibility of each member institution to determine independently its own policy regarding nondiscrimination. (*Adopted: 1/16/93, Revised: 1/16/00*)

2.7 The Principle of Diversity Within Governance Structures. [*]

The Association shall promote diversity of representation within its various divisional governance structures and substructures. Each divisional governing body must assure gender and ethnic diversity among the membership of the bodies in the division's administrative structure. (*Adopted: 1/9/96 effective 8/1/97*)

2.8 The Principle of Rules Compliance. [*]

2.8.1 Responsibility of Institution. [*] Each institution shall comply with all applicable rules and regulations of the Association in the conduct of its intercollegiate athletics programs. It shall monitor its programs to assure compliance and to identify and report to the Association instances in which compliance has not been achieved. In any such instance, the institution shall cooperate fully with the Association and shall take appropriate corrective actions. Members of an institution's staff, student-athletes, and other individuals and groups representing the institution's athletics interests shall comply with the applicable Association rules, and the member institution shall be responsible for such compliance.

2.8.2 Responsibility of Association. [*] The Association shall assist the institution in its efforts to achieve full compliance with all rules and regulations and shall afford the institution, its staff and student-athletes fair procedures in the consideration of an identified or alleged failure in compliance.

2.8.3 Penalty for Noncompliance. [*] An institution found to have violated the Association's rules shall be subject to such disciplinary and corrective actions as may be determined by the Association.

2.9 The Principle of Amateurism. [*]

Student-athletes shall be amateurs in an intercollegiate sport, and their participation should be motivated primarily by education and by the physical, mental and social benefits to be derived. Student participation in intercollegiate athletics is an avocation, and student-athletes should be protected from exploitation by professional and commercial enterprises.

2.10 The Principle of Competitive Equity. [*]

The structure and programs of the Association and the activities of its members shall promote opportunity for equity in competition to assure that individual student-athletes and institutions will not be prevented unfairly from achieving the benefits inherent in participation in intercollegiate athletics.

2.11 The Principle Governing Recruiting. [*]

The recruiting process involves a balancing of the interests of prospective student-athletes, their educational institutions and the Association's member institutions. Recruiting regulations shall be designed to promote equity among member institutions in their recruiting of prospective student-athletes and to shield them from undue pressures that may interfere with the scholastic or athletics interests of the prospective student-athletes or their educational institutions.

2.12 The Principle Governing Eligibility. [*]

Eligibility requirements shall be designed to assure proper emphasis on educational objectives, to promote competitive equity among institutions and to prevent exploitation of student-athletes.

2.13 The Principle Governing Financial Aid. [*]

A student-athlete may receive athletically related financial aid administered by the institution without violating the principle of amateurism, provided the amount does not exceed the cost of education authorized by the Association; however, such aid as defined by the Association shall not exceed the cost of attendance as published by each institution. Any other financial assistance, except that received from one upon whom the student-athlete is naturally or legally dependent, shall be prohibited unless specifically authorized by the Association.

2.14 The Principle Governing Playing and Practice Seasons. [*]

The time required of student-athletes for participation in intercollegiate athletics shall be regulated to minimize interference with their opportunities for acquiring a quality education in a manner consistent with that afforded the general student body.

2.15 The Principle Governing Postseason Competition and Contests Sponsored by Noncollegiate Organizations. [*]

The conditions under which postseason competition occurs shall be controlled to assure that the benefits inherent in such competition flow fairly to all participants, to prevent unjustified intrusion on the time student-athletes devote to their academic programs, and to protect student-athletes from exploitation by professional and commercial enterprises.

2.16 The Principle Governing the Economy of Athletics Program Operation. [*]

Intercollegiate athletics programs shall be administered in keeping with prudent management and fiscal practices to assure the financial stability necessary for providing student-athletes with adequate opportunities for athletics competition as an integral part of a quality educational experience.

NCAA Membership

3.01 General Principles.

3.01.1 Classes of Membership. Division I offers three classes of membership: active, conference and affiliated. Eligibility for and method of election to membership, obligations and conditions for continuing membership, voting rights and other membership privileges for each class are defined in this article. *(Revised: 1/11/94 effective 9/2/94, 1/15/11 effective 8/1/11)*

3.01.2 Division Membership. Active and conference members of the NCAA may be divided into divisions for purposes of legislation and competition in NCAA championships. Criteria for membership in these divisions are defined in Bylaw 20.

3.01.3 Obligation to Meet Division Criteria. Division membership criteria constitute enforceable legislation. Each member institution shall comply with all applicable criteria of its division, and an institution that fails to do so shall be subject to the infractions process and to possible reclassification. *(Revised: 7/31/14)*

3.01.4 Termination or Suspension of Membership. All rights and privileges of a member shall cease immediately upon termination or suspension of its membership.

3.02 Definitions and Applications.

3.02.1 Competitive Body. A competitive body is an athletics conference that conducts competition among its member institutions and determines a conference champion in one or more sports.

3.02.2 Legislative Body. A legislative body is an athletics conference that develops and maintains rules and regulations governing the athletics programs and activities of its member institutions.

3.02.3 Membership Categories.

3.02.3.1 Active Member. An active member is a four-year college or university that is accredited by the appropriate regional accrediting agency and duly elected to active membership under the provisions of this article (see Constitution 3.2.3). Active members have the right to compete in NCAA championships, to vote on legislation and other issues before the Association, and to enjoy other privileges of membership designated in the constitution and bylaws of the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.02.3.1.1 Athletics Consortium. An athletics consortium consists of one member institution and neighboring member or nonmember institutions (but not more than one nonmember institution), recognized and approved by a two-thirds vote of the Administration Cabinet. The student-athletes of the combined institutions are permitted to compete on the NCAA member institution's athletics teams, provided they meet the eligibility requirements of the NCAA and the member institution (see Constitution 3.1.2). *(Revised: 11/1/07 effective 8/1/08)*

3.02.3.2 Member Conference. A member conference is a group of colleges and/or universities that conducts competition among its members and determines a conference champion in one or more sports (in which the NCAA conducts championships or for which it is responsible for providing playing rules for intercollegiate competition), duly elected to conference membership under the provisions of this article (see Constitution 3.3.3). A member conference is entitled to all of the privileges of active members except the right to compete in NCAA championships (see Constitution 3.3.2). Only those conferences that meet specific criteria as competitive and legislative bodies (see Constitution 3.02.1 and 3.02.2) and minimum standards related to size and division status are permitted to vote on legislation or other issues before the Association.

3.02.3.3 Affiliated Member. An affiliated member is a coaches or sports association whose function and purpose are directly related to one or more sports in which the NCAA conducts championships or an emerging sport for women, or an association that consists of college/university administrators and has a direct connection to either the NCAA or its member institutions, duly elected to affiliated membership under the provisions of this article (see Constitution 3.4.3). An affiliated member is entitled to be represented by one nonvoting delegate at any NCAA Convention and enjoys other privileges as designated in the bylaws of the Association (see Constitution 3.4.2). *(Revised: 1/11/97, 1/15/11 effective 8/1/11)*

3.1 Eligibility for Membership.

3.1.1 General. Membership is available to colleges, universities, athletics conferences or associations and other groups that are related to intercollegiate athletics; that are accredited by one of the six regional accrediting agencies; and that are located in the United States, its territories or possessions. Such institutions or organizations must accept and observe the principles set forth in the constitution and bylaws of the Association. *(Revised: 8/9/07, 11/1/07, 1/15/11 effective 8/1/11)*

3.1.2 Athletics Consortiums. The Administration Cabinet, by a two-thirds majority of its members present and voting, may approve an athletics consortium involving a member institution and neighboring member or nonmember institutions (but not more than one nonmember institution) to permit the student-athletes of the combined institutions to compete on the member institution's intercollegiate athletics teams, provided the student-athletes satisfy the eligibility requirements of the member institution and the NCAA. *(Revised: 11/1/07 effective 8/1/08, 7/30/10)*

3.1.2.1 General Policy. In general, a consortium shall be approved on the basis of existing academic considerations with the understanding that there shall be no change in the basic recruitment, enrollment or financial aid policies of the involved institutions as a result of such approval. *(Revised: 7/30/10)*

3.1.2.2 Combining Entire Athletics Programs. The institutions shall combine their entire athletics programs, and the consortium shall not be formed on a sport-by-sport basis. *(Revised: 7/30/10)*

3.1.2.3 Conference Approval. An institution that belongs to an NCAA member conference first shall receive approval of its conference prior to instituting a consortium for its intercollegiate athletics program. If more than one institution holds such conference membership, all such conferences shall approve the consortium. *(Revised: 7/30/10)*

3.1.2.4 Eligibility Requirements for Student-Athletes. Participating student-athletes shall meet all eligibility requirements of the member institution(s), the athletics conference(s) involved and the NCAA. The member institution(s) shall certify the eligibility of all student-athletes under those rules. *(Revised: 7/30/10)*

3.1.2.5 Financial Assistance to Student-Athletes. Within a consortium: *(Revised: 7/30/10)*

- (a) Each institution shall be responsible for the financial assistance awarded to its student-athletes. The financial arrangement between or among the institutions for the exchange of funds to cover the academic costs of student-athletes who take part in the exchange program shall apply to student-athletes in the same manner as it applies to those students not participating in the intercollegiate athletics program;
- (b) One institution may not provide a scholarship or any other form of financial aid to a student-athlete enrolled in another institution or transmit a scholarship or grant-in-aid to another institution to be used by one or more of its student-athletes; and
- (c) Financial aid limitations as set forth in Bylaw 15 shall be applicable to the consortium as one entity and shall include all countable student-athletes, regardless of the institution in which they are enrolled.

3.1.2.6 Length of Approval. NCAA approval shall be for a four-academic-year period, at the end of which the institutions shall submit a report on the program, setting forth its effect upon their academic and athletics operations. *(Revised: 8/4/89, 7/30/10)*

3.1.2.7 NCAA Division Membership. The institutions may be members of different NCAA divisions but shall select one division for legislative and competitive purposes. *(Revised: 7/30/10)*

3.1.2.8 NCAA Member Involvement. At least one of the institutions already shall be a member of the NCAA, and not more than one nonmember institution shall be included. *(Revised: 7/30/10)*

3.1.2.9 NCAA Membership Application. The institutions shall apply for NCAA membership as a consortium and shall be considered as one member of the Association, with their combined names included on the official NCAA membership list. *(Revised: 7/30/10)*

3.1.2.10 Prior Academic Consortium Relationship. The institutions shall have had a prior academic consortium relationship. *(Revised: 7/30/10)*

3.1.2.11 Recruitment. It is permissible for one institution to recruit prospective student-athletes with a view to their possible enrollment at another institution in the consortium, provided the individuals qualify for admission to that institution and the athletics interests of the member institution are not involved, directly or indirectly, in influencing the admission or award of financial assistance. *(Revised: 7/30/10)*

3.2 Active Membership.

3.2.1 Eligibility Requirements.

3.2.1.1 Types of Institutions. Active membership is available to four-year colleges and universities, accredited by the appropriate regional accrediting agency and pursuant to Executive Committee policy, and duly elected to active membership under the provisions of Constitution 3.2.3. *(Revised: 1/15/11 effective 8/1/11, 7/23/12)*

3.2.1.2 Compliance With Association Rules. The institution shall administer its athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.2.1.3 Standards. The institution's athletics programs shall reflect the establishment and maintenance of high standards of personal honor, eligibility and fair play.

3.2.2 Privileges.

3.2.2.1 Active Members. Active members shall be entitled to all of the privileges of membership under the constitution and bylaws of the Association and all privileges incidental thereto. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.2.2.2 Use of Association's Registered Marks. Active members may use the registered marks of the Association (the Association's name, logo or other insignia) only in accordance with guidelines established by the Executive Committee.

3.2.3 Election Procedures.

3.2.3.1 Completion of Reclassification Process. An institution desiring to become an active member of Division I shall complete a reclassification period (see Bylaw 20.5). After the Administration Cabinet has determined that the institution has met the requirements of reclassification, its request for active membership will be referred to the Board of Directors for election. *(Revised: 1/11/94 effective 9/2/94, 5/8/06, 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.2 Accreditation. After the Administration Cabinet has determined that the institution is accredited by one of the six regional accrediting agencies, the application shall be referred to the Board of Directors for consideration. *(Revised: 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.3 Election. A favorable vote by two-thirds of the Board of Directors members present and voting shall elect the applicant to membership effective the following August 1. When the vote of the Board of Directors has been completed, the applicant shall be notified. *(Revised: 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.2.3.4 Resignation and Re-election to Membership. If an institution resigns its Division I membership and subsequently applies to re-establish its Division I membership, the institution shall complete the reclassification process (see Bylaw 20.5) before becoming eligible for re-election as an active member. *(Revised: 1/11/94 effective 9/2/94, 1/26/07, 1/15/11 effective 8/1/11)*

3.2.4 Conditions and Obligations of Membership.

3.2.4.1 General. The active members of this Association agree to administer their athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.2.4.2 Obligation to Meet Division Criteria. Division membership criteria constitute enforceable legislation. Each member institution shall comply with all applicable criteria of its division, and an institution that fails to do so shall be subject to the infractions process and to possible reclassification. *(Revised: 7/31/14)*

3.2.4.3 Certification of Eligibility/Declaration of Ineligibility. An active member is responsible for certifying the eligibility of student-athletes under the terms of the constitution, bylaws or other legislation of the Association before permitting a student-athlete to represent the institution in intercollegiate competition. Procedures for eligibility certification shall be approved by the president or chancellor, who may designate an individual on the institution's staff to administer proper certification of eligibility. The institution shall be obligated immediately to apply all applicable rules and withhold ineligible student-athletes from all intercollegiate competition (see Bylaw 12.11). See Bylaw 12.12 for procedures regarding restoration of eligibility. *(Revised: 3/8/06)*

3.2.4.4 Academic Performance Program. Each active member is responsible for annually submitting documentation demonstrating its compliance with the academic performance program, including the submission of data for the academic progress rate (APR), the academic performance census (APC) and the graduation success rate (GSR). The specific requirements of the academic performance program are set forth in Bylaw 14.8. *(Adopted: 4/29/04)*

3.2.4.5 Application of Rules to All Recognized Varsity Sports. The constitution, bylaws and other legislation of this Association, unless otherwise specified therein, shall apply to all teams in sports recognized by the member institution as varsity intercollegiate sports and that involve all-male teams, mixed teams of males and females, and all-female teams. To be recognized as a varsity sport, the following conditions must be met: *(Revised: 1/11/89, 1/11/94, 1/10/95, 3/8/06, 1/15/11 effective 8/1/11)*

- (a) The sport shall be one in which the Association conducts championships, except as provided in Bylaw 20.9.6.1.1 or an emerging sport for women per Bylaw 20.02.4;
- (b) The sport officially shall have been accorded varsity status by the institution's president or chancellor or committee responsible for intercollegiate athletics;
- (c) The sport is administered by the department of intercollegiate athletics;
- (d) The eligibility of student-athletes participating in the sport shall be reviewed and certified by a staff member designated by the institution's president or chancellor or committee responsible for intercollegiate athletics policy; and
- (e) Qualified participants in the sport shall receive the institution's official varsity awards.

3.2.4.5.1 Intent to Sponsor a Varsity Sport. Once an institution evidences an intent or commitment to sponsor a sport on a varsity level (e.g., official announcement that competition will be conducted on a varsity basis, employment of individuals to coach the varsity team), the institution must begin applying NCAA recruiting regulations to the applicable sport. *(Adopted: 1/14/97)*

3.2.4.6 Student-Athlete Statement. An active member shall administer annually, on a form prescribed by the Legislative Council, a signed statement for each student-athlete that provides information prescribed in Bylaw 14.1.3. *(Revised: 4/24/03, 11/1/07 effective 8/1/08)*

3.2.4.7 Drug-Testing Program and Consent Form. An active member shall administer annually, a drug-testing consent form for each student-athlete (per Bylaw 12.02.12) pursuant to Bylaw 12.7.3 and shall ensure compliance with the following elements of the NCAA Drug-Testing Program: **[D]** (*Adopted: 1/10/92 effective 8/1/92, Revised: 4/24/03, 11/1/07 effective 8/1/08, 7/30/10, 1/15/11 effective 8/1/11*)

- (a) Complete and forward the drug-testing availability calendars to The National Center for Drug Free Sport by the date specified by the organization;
- (b) Respond to the initial drug-testing notification from The National Center for Drug Free Sport by the date specified by the organization;
- (c) Complete and forward to The National Center for Drug Free Sport a current and accurate institutional squad list (see Bylaw 15.5.11) by the date specified by the organization;
- (d) Provide adequate and secure drug-testing facilities as specified by The National Center for Drug Free Sport;
- (e) Notify student-athletes who have been randomly selected for drug testing according to the timeline specified by The National Center for Drug Free Sport;
- (f) Respond to additional requests for assistance in administering the NCAA drug-testing program as specified by The National Center for Drug Free Sport;
- (g) Designate an individual (or individuals) as the athletics department resource for questions related to NCAA banned drugs and the use of nutritional supplements; and
- (h) Educate athletics department staff members who have regular interaction with student-athletes that:
 - (1) The NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA website;
 - (2) Any nutritional supplement use may present risks to a student-athlete's health and eligibility; and
 - (3) Questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated athletics department resource individual (or individuals).

3.2.4.8 Certification of Insurance Coverage. An active member institution must certify insurance coverage for medical expenses resulting from athletically related injuries sustained by the following individuals while participating in a covered event: **[D]** (*Adopted: 4/28/05 effective 8/1/05*)

- (a) A student-athlete participating in a covered event in an intercollegiate sport as recognized by the participating institution; and
- (b) A prospective student-athlete participating in a covered event who has graduated from high school and signed a National Letter of Intent or an institution's written offer of admission and/or financial aid to participate in an intercollegiate sport at a participating institution.

3.2.4.8.1 Amount of Coverage Insurance. Such insurance coverage must be of equal or greater value than the deductible of the NCAA catastrophic injury insurance program and may be provided through the following sources: **[D]** (*Adopted: 4/28/05 effective 8/1/05*)

- (a) Parents' or guardians' insurance coverage;
- (b) Participant's personal insurance coverage; or
- (c) Institution's insurance program.

3.2.4.8.2 Athletically Related Injuries. For purposes of this bylaw, athletically related injuries are injuries that are a direct result of participation in a covered event. (*Adopted: 4/28/05 effective 8/1/05*)

3.2.4.8.3 Covered Event. A covered event includes the following: (*Adopted: 4/28/05 effective 8/1/05*)

- (a) Any intercollegiate sports activity, including team travel, competition, practices and conditioning sessions during the playing season (as defined in Bylaw 17.1.1);
- (b) An NCAA-sanctioned competition in which the insured person is an official competitor; or
- (c) Practice and conditioning sessions that are authorized, organized or directly supervised by athletics department personnel at the member institution other than during the playing season. Such sessions must occur on campus or at approved off-campus facilities as part of an intercollegiate athletics activity. For insured student-athletes or prospective student-athletes who compete in individual sports, off-campus intercollegiate athletics activities must be authorized by athletics department personnel at the participating school and take place at approved locations.

3.2.4.9 Student-Athlete Health Insurance Portability and Accountability Act (HIPAA) Authorization/Buckley Amendment Consent Form—Disclosure of Protected Health Information. The active member institution shall administer annually a statement for each student-athlete to voluntarily sign that provides information prescribed in Bylaw 12.7.4. (*Adopted: 4/24/03 effective 8/1/03, Revised: 8/7/03 effective 8/1/04, 11/1/07 effective 8/1/08*)

3.2.4.10 Institutional Performance Program. To meet the provisions of the institutional performance program of the Association, member institutions shall complete, at least once every 10 years, an institutional

self-study, verified and evaluated through external peer review, in accordance with the Association's constitution and bylaws. A Division II or III institution that sponsors a sport in Division I is not required to participate in the institutional performance program. (See Bylaws 22 and 33.) (*Adopted: 1/16/93 effective 1/1/94, Revised: 1/14/97 effective 8/1/97, 4/28/11, 4/26/12, 1/19/13*)

3.2.4.11 Discipline of Members. Pursuant to directions of the Board of Directors or the annual Convention, active members shall refrain from athletics competition with designated institutions as required under the provisions of the Association's infractions process (see Bylaw 19). (*Revised: 11/1/07 effective 8/1/08, 7/31/14*)

3.2.4.12 Standards. Active members agree to establish and maintain high standards of personal honor, eligibility and fair play.

3.2.4.13 Publication of Progress-Toward-Degree Requirements. Active members are obligated to publish their progress-toward-degree requirements for student-athletes (see Bylaw 14.4.1).

3.2.4.14 Missed Class-Time Policies. Active members are obligated to establish policies in all sports concerning student-athletes' missed class time due to participation in intercollegiate athletics and in athletics competition scheduled during final examination periods. In men's basketball, an institution's athletics participation schedule, which shall include the anticipated amount of missed class time due to athletics participation, shall be approved by the institution's faculty athletics representative or faculty oversight committee prior to the beginning of each regular academic term. (*Adopted: 4/29/10 effective 8/1/10*)

3.2.4.15 Compliance-Related Forms. A member institution shall not be eligible to enter a team or individual competitors in an NCAA championship unless its president or chancellor makes an annual institutional eligibility certification [see Bylaw 18.4.2.1-(d)] attesting that the conditions specified have been satisfied. (*Adopted: 1/10/95, Revised: 3/8/06*)

3.2.4.16 Operating and Capital Financial Data Report. An institution shall submit financial data detailing operating revenues, expenses and capital related to its intercollegiate athletics program to the NCAA on an annual basis in accordance with the financial reporting policies and procedures. The required data shall include, but is not limited to, the following: (*Adopted: 1/17/09 effective 8/1/09*)

- (a) All expenses and revenues for or on behalf of an institution's intercollegiate athletics program, including those by any affiliated or outside organization, agency or group of individuals;
- (b) Salary and benefits data for all athletics positions. The data shall include base salary, bonuses, endorsements, media fees, camp or clinic income, deferred income and other income contractually guaranteed by the institution;
- (c) Capital expenditures (to be reported in aggregate for athletics facilities), including capitalized additions and deletions to facilities during the reporting period, total estimated book value of athletically related plant and equipment net of depreciation, total annual debt service on athletics and university facilities and total debt outstanding on athletics and university facilities;
- (d) Value of endowments at fiscal year-end that are dedicated to the sole support of athletics;
- (e) Value of all pledges at fiscal year-end that support athletics; and
- (f) The athletics department fiscal year-end fund balance.

3.2.4.16.1 Verification and Certification. The report shall be subject to annual agreed-on verification procedures approved by the membership (in addition to any regular financial reporting policies and procedures of the institution) and conducted by a qualified independent accountant who is not a staff member of the institution and who is selected by the institution's chancellor or president or by an institutional administrator from outside the athletics department designated by the chancellor or president. The independent accountant shall verify the accuracy and completeness of the data prior to submission to the institution's chancellor or president and the NCAA. The institution's chancellor or president shall certify the financial report prior to submission to the NCAA. (*Adopted: 1/17/09 effective 8/1/09*)

3.2.4.17 Designation of Team Physician. An active member institution shall designate a team physician for all or each of its intercollegiate teams. The team physician shall be a doctor of medicine (MD) or doctor of osteopathic medicine (DO) with a current license in good standing to practice medicine in the state in which the institution is located. The team physician shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athlete's participation in intercollegiate athletics. (*Adopted: 1/18/14 effective 8/1/14*)

3.2.4.18 Concussion Management Plan. An active member institution shall have a concussion management plan for its student-athletes. The plan shall include, but is not limited to, the following: (*Adopted: 8/12/10*)

- (a) An annual process that ensures student-athletes are educated about the signs and symptoms of concussions. Student-athletes must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion-related injuries and illnesses to a medical staff member;
- (b) A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities (e.g., competition, practice, conditioning sessions)

and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions;

- (c) A policy that precludes a student-athlete diagnosed with a concussion from returning to athletics activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (d) A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to the athletics activity (e.g., competition, practice, conditioning sessions) as determined by a physician (e.g., team physician) or the physician's designee.

3.2.4.19 Catastrophic Sport Injury Report. An active member institution shall submit data detailing student-athlete catastrophic fatalities, near fatalities and catastrophic injuries (e.g., injuries and illnesses related to head, neck, spine, cardiac, pulmonary, heat, sickle cell trait, eyes) to the NCAA on an annual basis pursuant to policies and procedures that govern such data as determined by the Committee on Competitive Safeguards and Medical Aspects of Sports. *(Adopted: 1/18/14 effective 8/1/14)*

3.2.4.20 Use of a Student-Athlete's Name or Likeness.

3.2.4.20.1 Contracts and Commercial Agreements. For agreements that may involve the use of a student-athlete's name or likeness, an institution shall include language in all licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that outlines the commercial entity's obligation to comply with relevant NCAA legislation, interpretations and policies on the use of a student-athlete's name or likeness. *(Adopted: 1/15/11 effective 8/1/11)*

3.2.4.20.2 Written Policies. An institution shall maintain written policies for its licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that may involve the use of a student-athlete's name or likeness. Such policies shall be made available for examination on request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 1/15/11 effective 8/1/11)*

3.2.5 Loss of Active Membership.

3.2.5.1 Termination or Suspension. The membership of any active member failing to maintain the academic or athletics standards required for such membership or failing to meet the conditions and obligations of membership may be suspended, terminated or otherwise disciplined by a vote of two-thirds of the delegates present and voting at an annual Convention. Membership shall not be suspended or terminated unless: *(Revised: 3/8/06)*

- (a) A notice of intention to suspend or terminate membership, stating the grounds on which such a motion will be based, is given in writing to the chair of the Board of Directors and to the president or chancellor of the member institution on or before the first day of November prior to the Convention;
- (b) The Board of Directors approves the notification of intention to move for suspension or termination; and
- (c) Such notice is included in the Official Notice of the annual Convention.

3.2.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the member shall cease upon any termination or suspension of active membership.

3.2.5.2 Removal of Accreditation. If an active member's accreditation is removed by its regional accrediting agency, it shall immediately forfeit its membership in the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.2.5.3 Failure to Pay Dues. If an active member fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.2.5.4 Failure to Satisfy the Academic Performance Program. A member institution may be placed in a restricted membership category if the institution or its sports team(s) has failed to comply with the established requirements of the academic performance program. (See Bylaw 14.8.) *(Adopted: 4/29/04 effective 8/1/04, Revised: 1/15/11 effective 8/1/11, 10/27/11; applicable to penalties assessed for the 2012-13 academic year and beyond)*

3.2.5.5 Failure to Address Institutional Performance Program Problems. The Committee on Institutional Performance may place a member institution in a restricted membership category if it concludes that the institution has not addressed properly the problems identified pursuant to the institutional performance program of the Association. *(Adopted: 1/16/93 effective 1/1/94, Revised: 1/15/11 effective 8/1/11, 1/19/13)*

3.2.5.6 Reinstatement of Terminated Member. Any active member whose membership has been terminated (see Constitution 3.2.5.1) may have it reinstated by a two-thirds vote of the members present and voting at any annual Convention.

3.2.5.7 Reinstatement of Suspended Member. Any active member whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Board of Directors or by vote of the majority of the members present and voting at any annual Convention.

3.2.6 Discipline of Active Members. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.2.6.1 Restoration of Good Standing. Disciplined members shall resume good standing in accordance with the terms of the disciplinary action taken, or may be restored to good standing at any time by a majority

vote of the members of the Committee on Infractions present and voting. If fewer than eight members are present, any committee action requires a favorable vote of at least four committee members. Disciplined members also may be restored to good standing at the annual Convention, by vote of a majority of the members present and voting.

3.3 Member Conference.

3.3.1 Eligibility.

3.3.1.1 Competitive and Legislative Body. A member conference shall be both a competitive and a legislative body on the conference level (see Constitution 3.02.1 and 3.02.2). *(Revised: 1/15/11 effective 8/1/11)*

3.3.1.2 Conference Competition Requirement. Conference membership is available to duly elected athletics conferences of colleges and universities that conduct conference competition and determine a champion in one or more sports in which the Association conducts championships or for which it is responsible for providing playing rules for intercollegiate competition.

3.3.1.3 Composition of Conference. All of the members of the conference shall be active members of Division I or be engaged in the reclassification process pursuant to Bylaw 20.5. *(Revised: 1/11/94 effective 9/2/94, 1/15/11 effective 8/1/11)*

3.3.2 Privileges.

3.3.2.1 Privileges of Member Conferences. Member conferences shall be entitled to all of the privileges of active members except the right to compete as such in NCAA championships. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.3.2.2 Voting Rights. Only those member conferences that meet the criteria of Bylaw 20.02.5 shall be permitted to vote on issues before the Association. *(Revised: 1/15/11 effective 8/1/11)*

3.3.2.2.1 Football Issues. Conference championship competition shall be conducted in football in order for the conference to vote on issues pertaining only to football. *(Revised: 1/15/11 effective 8/1/11)*

3.3.2.3 Use of Association's Registered Marks. Member conferences may use the registered marks of the Association (the Association's name, logo or other insignia) only in accordance with guidelines established by the Executive Committee.

3.3.3 Election Procedures.

3.3.3.1 Application. An athletics conference desiring to become a member conference shall make application on a form available from the national office by June 1 for membership effective August 1 of the following academic year. A check in the appropriate amount for annual dues (see Constitution 3.7.2) shall accompany the application. Should the applicant fail election, the dues paid shall be refunded. *(Revised: 4/25/02, 1/15/11 effective 8/1/11)*

3.3.3.2 Election. Athletics conferences may be elected as member conferences by a majority vote of the delegates present and voting at an annual Convention or by a majority vote of the Board of Directors, effective the following August 1. *(Revised: 4/25/02, 11/1/07 effective 8/1/08, 10/28/10, 1/15/11 effective 8/1/11)*

3.3.4 Conditions and Obligations of Membership.

3.3.4.1 General. The member conferences of this Association agree to administer their athletics programs in accordance with the constitution, bylaws and other legislation of the Association.

3.3.4.2 Institutional Performance Program. Member conferences shall facilitate the institutional performance program of the Association in accordance with the Association's constitution and bylaws. *(Adopted: 1/16/93 effective 1/1/94, Revised: 1/19/13)*

3.3.4.3 Conference Competition. Member conferences shall conduct conference competition and determine a champion in one or more sports in which the Association conducts championships or for which it is responsible for providing playing rules for intercollegiate competition.

3.3.4.4 Officiating. A multisport conference shall provide oversight of the officiating programs for selecting, training and assigning officials for its men's and women's basketball programs. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.5 Compliance Program. A multisport conference shall have a comprehensive compliance program. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.6 Conference Student-Athlete Advisory Committee. Each conference shall establish a student-athlete advisory committee for its member institutions' student-athletes. The composition and duties of the committee shall be determined by the conference. *(Adopted: 10/27/98 effective 8/1/99)*

3.3.4.7 Use of a Student-Athlete's Name or Likeness.

3.3.4.7.1 Contracts and Commercial Agreements. For agreements that may involve the use of a student-athlete's name or likeness, a conference shall include language in all licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that outline the commercial entity's obligation to

comply with relevant NCAA legislation, interpretations and policies on the use of a student-athlete's name or likeness. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.7.2 Written Policies. A conference shall maintain written policies for its licensing, marketing, sponsorship, advertising, broadcast and other commercial agreements that may involve the use of a student-athlete's name or likeness. Such policies shall be made available for examination on request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 1/15/11 effective 8/1/11)*

3.3.4.8 Academic Performance Program. A conference shall maintain a written policy regarding teams that are subject to a postseason restriction pursuant to the academic performance program (see Bylaw 14.12) with respect to the conference's automatic qualification for postseason/championships and revenue distribution. The policy shall be made available for examination upon request by an NCAA staff member or an authorized representative of the NCAA. *(Adopted: 10/27/11 effective 8/1/12; applicable to postseason competition occurring on or after 8/1/12)*

3.3.5 Loss of Member—Conference Status.

3.3.5.1 Termination or Suspension. The membership of any member conference failing to maintain the academic or athletics standards required for membership or failing to meet the conditions and obligations of membership may be suspended or terminated or the member conference otherwise disciplined by a vote of two-thirds of the delegates present and voting at an annual Convention. Membership shall not be suspended or terminated unless: *(Revised: 3/8/06)*

- (a) Notice of intention to suspend or terminate membership, stating the grounds on which such motion will be based, is given in writing to the secretary of this Association and to the president or chancellor of the member conference on or before the first day of November prior to the Convention;
- (b) The Board of Directors approves the notification of intention to move for suspension or termination; and
- (c) Such notice is included in the Official Notice of the annual Convention.

3.3.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the member shall cease upon any termination or suspension of conference membership.

3.3.5.2 Failure to Pay Dues. If a member conference fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.3.5.3 Reinstatement of Terminated Member. Any member conference whose membership has been terminated (see Constitution 3.3.5.1) may have it reinstated by a two-thirds vote of the members present and voting at any annual Convention.

3.3.5.4 Reinstatement of Suspended Member. Any member conference whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Board of Directors or by vote of the majority of the members present and voting at any annual Convention.

3.3.6 Discipline of Member Conferences. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.3.6.1 Restoration of Good Standing. Disciplined members shall resume good standing under the terms of disciplinary action taken or, at the annual Convention, by majority vote of the members present and voting. *(Revised: 10/30/12 effective 8/1/13)*

3.4 Affiliated Membership.

3.4.1 Eligibility. Affiliated membership is available to a duly elected coaches or sports association whose function and purpose are directly related to one or more sports in which the NCAA conducts championships or an emerging sport for women. Affiliated membership is also available to an association that consists of college/university administrators and has a direct connection to either the NCAA or its member institutions. *(Revised: 1/11/97, 1/15/11 effective 8/1/11)*

3.4.2 Privileges.

3.4.2.1 Privileges and Voting Rights. An affiliated member shall be entitled to be represented by one non-voting delegate at any Convention of the Association and shall have such other privileges as may be accorded to affiliated members by the bylaws of the Association. A copy of NCAA Champion magazine shall be sent to each member of the NCAA.

3.4.2.2 Use of Association's Registered Marks. An affiliated member may use the registered marks of the Association (the Association's name, logo or other insignia) only if such use is approved by the NCAA staff in accordance with guidelines established by the Executive Committee. *(Revised: 1/11/97)*

3.4.3 Election Procedures.

3.4.3.1 Application. A group or association desiring to become an affiliated member shall make application on a form available from the national office. A check in the appropriate amount for annual dues (see Constitution 3.7.2) shall accompany the application. Should the applicant fail election, the dues paid shall be refunded.

3.4.3.2 Election. Groups or associations may be granted affiliated membership by the NCAA staff in accordance with guidelines established by the NCAA president. *(Revised: 11/1/00 effective 8/1/01, 1/15/11 effective 8/1/11)*

3.4.4 Conditions and Obligations of Membership.

3.4.4.1 General. An affiliated member is responsible for observing the principles set forth in the constitution and bylaws of the Association.

3.4.4.2 Function and Purpose. The function and purpose of the affiliated member must be directly related to one or more sports in which the Association conducts championships or an emerging sport for women, or must be directly related to either the NCAA or its member institutions. *(Revised: 1/15/11 effective 8/1/11)*

3.4.5 Loss of Membership.

3.4.5.1 Termination or Suspension. The membership of any affiliated member failing to meet the conditions and obligations of membership or failing to support and adhere to the purposes and policies of the Association (see Constitution 1) may be suspended or terminated or the affiliated member otherwise disciplined through the following procedure: *(Adopted: 1/11/89)*

- (a) The Executive Committee by a two-thirds majority of its members present and voting, may take such action on its own initiative; or
- (b) The Committee on Infractions, by majority vote, may recommend such action to the Executive Committee, which may adopt the recommendation by a two-thirds majority of its members present and voting; and
- (c) The affiliated member shall be advised of the proposed action at least 30 days prior to any Committee on Infractions or Executive Committee meeting in which such action is considered and shall be provided the opportunity to appear at any such meeting.

3.4.5.1.1 Cessation of Rights and Privileges. All rights and privileges of the affiliated member shall cease upon any termination or suspension of affiliated membership.

3.4.5.2 Failure to Pay Dues. If an affiliated member fails to pay its annual dues for one year, its membership shall be automatically terminated.

3.4.5.3 Reinstatement of Terminated Member. Any affiliated member whose membership has been terminated may have it reinstated by a two-thirds vote of the Executive Committee.

3.4.5.4 Reinstatement of Suspended Member. Any affiliated member whose membership has been suspended may be reinstated to good standing in accordance with the terms, if any, of the suspension action, or at any time after six months from the date of such suspension, by vote of a majority of the Executive Committee or by vote of the majority of the members present and voting at any annual Convention.

3.4.6 Discipline of Affiliated Members. Disciplinary or corrective actions other than suspension or termination of membership may be effected during the period between annual Conventions for violation of NCAA rules. (See Bylaw 19.) *(Revised: 7/31/14)*

3.4.6.1 Restoration of Good Standing. Disciplined members shall resume good standing in accordance with the terms of disciplinary action taken, or may be restored to good standing at any time by a vote of at least three members of the Executive Committee present and voting or, at the annual Convention, by vote of a majority of the members present and voting.

3.7 Dues of Members.

3.7.1 Determination of Dues. The annual dues of the various classes of membership shall be recommended to the membership by the Executive Committee. *(Revised: 1/10/90, 12/5/06)*

3.7.2 Current Annual Dues. The annual dues for various classes of membership shall be: *(Revised: 12/5/06, 1/15/11 effective 8/1/11)*

Active Members	\$ 1,800.00
Member Conferences	\$ 900.00
Affiliated Members	\$500.00

3.7.3 Payment Deadline. Dues are payable September 1 of each year. A member shall not be permitted to vote at a Convention of the Association if its dues are not paid for that year. To be eligible to compete in NCAA championships, dues shall be paid in accordance with Bylaw 31.2.1.2. Membership is terminated if a member fails to pay dues for one year (see Constitution 3.2.5.3, 3.3.5.2 and 3.4.5.2).

TAB 20



2014-15 NCAA[®] Sports Medicine Handbook





THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION
P.O. Box 6222
Indianapolis, Indiana 46206-6222
317/917-6456
NCAA.org

Twenty-fifth Edition
August 2014

Compiled By: John T. Parsons, Ph.D., ATC, Director,
NCAA Sport Science Institute.

Distributed online and in soft cover to head athletic trainers
and team physicians. Available online at NCAA.org.

Note: Revisions to the guidelines contained in the NCAA
Sports Medicine Handbook may be made on a yearly
basis. Between printings of the handbook, revisions will be
published on NCAA.org. It is important that people using
this handbook be aware of any such revisions. The NCAA
Committee on Competitive Safeguards and Medical
Aspects of Sports suggests that such revisions be
recorded in the handbook, thereby keeping this publication
current. New guidelines and major revisions have been
highlighted with teal shading.

NCAA, NCAA logo and NATIONAL COLLEGIATE
ATHLETIC ASSOCIATION are registered marks of the
Association and use in any manner is prohibited unless
prior approval is obtained from the Association.

Member institutions and conferences may reproduce
information in this publication for their own use, provided
the NCAA copyright is included on the material.

Also found on the NCAA website at the following
address: **NCAA.org**

Copyright, 2014, by the National Collegiate
Athletic Association.
Printed in the United States of America.

PREFACE

The health and safety principle of the National Collegiate Athletic Association's constitution provides that it is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes. To provide guidance in accomplishing this objective and to assist member schools in developing a safe intercollegiate athletics program, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, in conjunction with the NCAA Sport Science Institute, creates a Sports Medicine Handbook. The committee has agreed to formulate guidelines for sports medicine care and protection of student-athletes' health and safety for topics relevant to intercollegiate athletics, applicable to a large population of student-athletes, and not accessible in another easily obtainable source.

This handbook consists of guidelines for each institution for developing sports medicine policies appropriate for its intercollegiate athletics program. In some instances, accompanying best practices, and references to sports medicine or legal resource materials are provided for further guidance. These recommendations are not intended to establish a legal standard of care that must be strictly adhered to by member institutions. In other words, these guidelines are not mandates that an institution is required to follow to avoid legal liability or disciplinary sanctions by the NCAA. However, an institution has a legal duty to use reasonable care in conducting its intercollegiate athletics program, and guidelines may constitute some evidence of the legal standard of care.

These guidelines are not intended to supersede the exercise of medical judgment in specific situations by a member institution's sports medicine staff. In all instances, determination of the appropriate care and treatment of student-athletes must be based on the clinical judgment of the institution's team physician or athletic health care team that is consistent with sound principles of sports medicine care. These recommendations provide guidance for an institution's athletics administrators and sports medicine staff in protecting student-athletes' health and safety, but do not establish any rigid requirements that must be followed in all cases.

This handbook is produced annually, sent to head athletic trainers and team physicians, and made available online to directors of athletics, senior woman administrators, faculty athletics representatives, athletic trainers, team physicians, life skills coordinators and student-athlete advisory committees at each member institution, as well as to conference commissioners. Please view the NCAA Sports Medicine Handbook as a tool to help your institution develop its sports medicine administrative policies. Such policies should reflect a commitment to protecting your student-athletes' health and well-being as well as an awareness of the guidelines set forth in this handbook.

2014-15

SPORTS MEDICINE GUIDELINES

Table of contents

New or significantly revised guidelines are highlighted on this page.

Limited revisions are highlighted within the specific guideline.

FOREWORD	4
1. ADMINISTRATIVE ISSUES	5
A. Sports Medicine Administration	6
B. Interdisciplinary Health Care Teams	8
C. Medical Evaluations, Immunizations and Records	12
D. Emergency Care and Coverage	15
E. Lightning Safety	17
F. Catastrophic Incident in Athletics	19
G. Dispensing Prescription Medication	21
H. Nontherapeutic Drugs	23
I. Alcohol, Tobacco and Other Drug Education Guidelines	24
J. Preseason Preparation	25
K. Strength and Conditioning Principles: Foundations for Athlete Development	28
2. MEDICAL ISSUES	33
A. Medical Disqualification	34
B. Cold Stress and Cold Exposure	35
C. Prevention of Heat Illness	39
D. Weight Loss-Dehydration	43
E. Assessment of Body Composition	44
F. Nutrition and Athletic Performance	48
G. Dietary Supplements	51
H. 'Burners' (Brachial Plexus Injuries)	54
I. Sport-Related Concussion	56
J. Skin Infections	65
K. Menstrual-Cycle Dysfunction	72
L. Blood-Borne Pathogens	74
M. The Use of Local Anesthetics	79
N. Injectable Corticosteroids in Sports Injuries	80
O. Mental Health: Interventions	82
P. Participation by the Student-Athlete With Impairment	88
Q. Pregnancy	89
R. The Student-Athlete With Sickle Cell Trait	91
S. Sun Protection	94
T. Exertional Rhabdomyolysis	97
3. EQUIPMENT	103
A. Protective Equipment	104
B. Eye Safety in Sports	109
C. Mouthguards	111
D. Use of the Head as a Weapon in Football and Other Contact Sports	113
E. Helmet Fitting and Removal	114
F. Use of Trampoline and Minitramp	117
APPENDIXES	119
A. 2014-15 NCAA Banned Drugs	120
B. NCAA Legislation Involving Health and Safety Issues	121
C. Inter-Association Consensus: Independent Medical Care Guidelines	128
D. Inter-Association Consensus: Year-Round Football Practice Contact Guidelines	130
E. NCAA Injury Surveillance Program Summary	133
F. Acknowledgments	137

FOREWORD

Shared Responsibility for Intercollegiate Sports Safety

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation. In an effort to do so, the NCAA collects injury data in intercollegiate sports. When appropriate, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, in conjunction with the NCAA Sport Science Institute, makes recommendations to modify safety guidelines, equipment standards or a sport's rules of play.

It is important to recognize that rule books, safety guidelines and equipment standards, while helpful means of promoting safe athletics participation, are themselves insufficient to accomplish this goal. To effectively minimize the risks of injury from athletics participation, everyone involved in intercollegiate athletics must understand and respect the intent and objectives of applicable rules, guidelines and standards.

The institution, through its athletics director, is responsible for establishing a safe environment for its student-athletes to participate in its intercollegiate athletics program.

Coaches should adequately inform student-athletes about the sport's inherent risks of injury and instruct them how to minimize such risks while participating in games, practices and training.

The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes.

Student-athletes should fully understand and comply with the rules and standard of play that govern their sports and follow established procedures to minimize their risk of injury.

In summary, all people participating in, or associated with, an institution's intercollegiate athletics program share responsibility for taking steps to reduce effectively the risk of injury during intercollegiate athletic competition.

1

ADMINISTRATIVE ISSUES



GUIDELINE 1A

SPORTS MEDICINE ADMINISTRATION

October 1977 • Revised July 2013, July 2014

The following components of a safe athletics program are an important part of injury prevention. They should serve both as a checklist and as a guideline for use by athletics administrators in the development of safe programs.

1. **Preparticipation Medical Exam.** Before student-athletes accept the rigors of any organized sport, their health must be evaluated by qualified medical personnel. Such an examination should determine whether the student-athlete is medically cleared to engage in a particular sport.

Divisions I, II and III require student-athletes new to their campus to complete a sickle cell solubility test, to show results of a prior test or to sign a written release declining the test.

2. **Health Insurance.** Each student-athlete should be covered by individual, parental or institutional medical insurance to defray the costs of significant injury or illness.

NCAA institutions must certify insurance coverage for medical expenses resulting from athletically related injuries in a covered event (see NCAA bylaws).

3. **Preseason Preparation.** The student-athlete should be protected from premature exposure to the full rigors of sports. Preseason conditioning should provide the student-athlete with optimal readiness by the first practice (see Guideline 11, Preseason Preparation).
4. **Acceptance of Risk.** Any informed consent or waiver by student-athletes (or, if minors, by their parents) should be based on an awareness of the risks of participating in intercollegiate sports.
5. **Planning/Supervision.** Safety in intercollegiate athletics can be attained only by appropriate planning for and supervision of practice, competition and travel.
6. **Safe Environments.** Member institutions should support a positive student-athlete development model through respect and sportsmanship. Each student-athlete should be afforded a reasonably safe environment protected from personal endangerment such as abuse (physical, sexual, emotional), assault, hazing or harmful punishment. Policies and procedures should be in place to immediately identify, report and protect individuals reporting

incidents of endangerment. Staff and students reporting such behaviors and incidents should be protected from any negative repercussion. These policies should govern student-to-student, coach-athlete and staff-athlete interaction.

In the interest of the health and welfare of collegiate student-athletes, a student-athlete's health care providers must have clear authority for student-athlete care. Moreover, institutions should strive to adhere to the principles identified in the 2014 Inter-Association Consensus: Independent Medical Care for College Student-Athletes Guidelines (See Appendix C)

7. **Minimizing Potential Legal Liability.** Liability must be a concern of responsible athletics administrators and coaches. Those who sponsor and govern athletics programs should accept the responsibility of minimizing the risk of injury.
8. **Equitable Medical Care.** Member institutions should neither practice nor condone illegal discrimination on the basis of race, creed, national origin, sex, age, disability, social status, financial status, sexual orientation or religious affiliation within their sports medicine programs.

Availability and accessibility to medical resources should be based on established medical criteria (e.g., injury rates, rehabilitation) rather than the sport itself.

Member institutions should not place their sports medicine staffs in compromising situations by having them provide inequitable treatment in violation of their medical codes of ethics.

Institutions should be encouraged to incorporate questions regarding adequacy of medical care, with special emphasis on equitable treatment, in exit interviews with student-athletes.

9. **Equipment.** Purchasers of equipment should be aware of and use safety standards. In addition, attention should be directed to maintaining proper repair and fitting of equipment at all times in all sports.

Student-athletes should:

- a. Be informed what equipment is mandatory and what constitutes illegal equipment;
- b. Be provided the mandated equipment;



- c. Be instructed to wear and how to wear mandatory equipment during participation; and
 - d. Be instructed to notify the coaching staff when equipment becomes unsafe or illegal.
10. **Facilities.** The adequacy and conditions of the facilities used for particular intercollegiate athletics events should not be overlooked, and periodic examination of the facilities should be conducted. Inspection of the facilities should include not only the competitive area, but also warm-up and adjacent areas. Athletic training facilities should adhere to local, state and federal regulations pertaining to health care facilities. A new Board of Certification Facilities best practices has been published.
 11. **Blood-Borne Pathogens.** In 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to minimizing or eliminating occupational exposure to blood-borne pathogens. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.
 12. **Security and Safety Plan.** NCAA member institutions should develop a critical response plan to provide facility, staff and fan safety for potential incidents such as bombings, riots, fire, natural disasters, terrorism threats, etc.
 13. **Emergency Care.** NCAA member institutions should have on file and annually update an emergency action plan for each athletics venue (see Guideline 1C).
 14. **Catastrophic Incident Plan.** NCAA member institutions should develop a catastrophic incident guideline to provide a response plan and support that is necessary during and after a catastrophe such as death or permanent disability during an intercollegiate athletics-sponsored activity (see Guideline 1F).
 15. **Concussion Management Plan.** NCAA member institutions must have a concussion management plan for their student-athletes on file with specific components as described in NCAA bylaws (see Guideline 2I).
 16. **Drug Testing.** NCAA member institutions are responsible for ensuring compliance with NCAA drug testing program requirements (see NCAA Drug Testing Program book, NCAA bylaws, and Appendixes A and B).
 17. **Legislation.** NCAA member institutions are responsible for ensuring compliance with the NCAA bylaws relevant to health and safety as outlined in the division manuals (see Appendix B for a quick reference guide).

GUIDELINE 1B

INTERDISCIPLINARY HEALTH CARE TEAMS

July 2013 • Revised July 2013, July 2014

In July 2014, the NCAA, in partnership with numerous medical and sport organizations, announced “Inter-Association Guidelines” (www.NCAA.org/ssi) that addressed independent medical care in college student-athletes. (Appendix C) The section in teal that follows is taken directly from these guidelines.

BACKGROUND

Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution’s athletic trainer (working under the supervision of a physician) and the team physician. Even though some have cited a potential tension between health and safety in athletics,^{1,2} 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).^{3,4} In the interest of the health and welfare of collegiate student-athletes, a student-athlete’s health care 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.⁵ The following 10 guiding principles, listed in the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges,⁵ 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 man-

agement 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.

Team physician authority becomes the linchpin for independent medical care of student-athletes. Six pre-eminent sports physicians associations agree with respect to “... athletic trainers and other members of the athletic care network report to the team physician on medical issues.”⁶ Consensus aside, a medical-legal authority is a matter of law in 48 states that require athletic trainers to report to a physician in their medical practice. Multiple models exist for collegiate sports medicine. Athletic health care professionals commonly work for the athletics department, student health services, private medical practice, or a combination thereof.

Irrespective of model, the answer for the college student-athlete is established.

EVENT COVERAGE SERVICES

Institutions should have on file an appropriate athletics health care coverage (event) plan that includes equitable access to athletics health care providers for each NCAA sport and student-athlete.

The athletics health care coverage plan should take into consideration the emergency action plans for sport venues, the qualification of coaches to respond to an emergency, and a systemic approach to determine additional athletics health care needs for the venue and sport.

PROVIDERS

The team physician integrates medical expertise with athletic trainers, medical consultants, and other health care professionals. Even if the team physician is not on site at all times, he/she should make regular on-site visits and check in frequently with the athletic training staff. The team physician is ultimately responsible for the clearance to participate and the return-to-play decisions for the institution's student-athletes.

Athletics health care providers (e.g. athletic trainers, team physicians) must be empowered to have the unchallengeable authority to stop any activity that they deem unsafe, and they should determine management and return-to-play of any ill or injured student-athletes without risk of employment status change.

Institutions and athletics health care providers should adhere to federal, state and local regulations; NCAA bylaws and sport playing rules; and the NCAA Sports Medicine Handbook. Athletics health care providers for the student-athlete should be appointed by and should report to institution administrators who are independent from coaches (e.g., health center, campus hospital/medical center, student affairs).

Campus health care facilities are being used more for medical provider oversight while creating a direct link to additional student services. These partnerships are desirable as they help eliminate gaps in medical record information and open care access for general medical conditions and mental health counseling.

An athletics program should feature an adequate number of athletic trainers who are able to provide for the safety and well-being of student-athletes across all

sports. These athletic trainers provide the clinical health care services and sideline care for student-athletes in intercollegiate athletics as part of a physician supervised medical model. Forty-nine states regulate the practice of athletic trainers, and the majority require that an athletic trainer work under the supervision or direction of a physician. All athletic trainers certified by the Board of Certification must provide health care services under the direction of a physician.

The core athletics health care team at many institutions also includes sports psychologist/mental health professionals, strength and conditioning specialists, and sports dietitians. In addition, some institutions include chiropractors, dentists, exercise scientists, facilities personnel, insurance coordinators, massage therapists, nurse practitioners, optometrists, physical therapists and physician assistants as part of their athletics health care team. These individuals must also meet current state and national credentialing requirements for their profession (e.g., licensure, certification, registration). A coach should not have a primary hiring or firing role in determining employment of these additional athletics health care team members.

EVALUATION

An institution should evaluate its health care services on a routine basis. Performance appraisals for health care providers in the athletics setting are an important assessment component for establishing an effective quality improvement program for the sports medicine team. Performance appraisals should include two main areas: (1) individual staff performance and (2) athletics health care services. Athletics health care team members should be evaluated by a person who understands and can evaluate the delivery of quality health care.

An athletics program should use a systematic approach to determine the appropriate level of health care and staffing for student-athlete medical care and sport coverage at an institution. The Appropriate Medical Coverage for Intercollegiate Athletics assessment tool is a rating system using injury rates, the potential for catastrophic injury, and treatment/rehabilitation demands for both time-loss and non-time-loss injuries per sport. Consideration should also include a year-round assessment of squad sizes, travel, traditional and nontraditional season practices and competitions, out-of-season skill instruction sessions, year-round strength and conditioning, and individual health characteristics of team members.



Some examples of day-to-day duties at NCAA institutions include:

Medical Services

- Injury evaluation and treatment
- Injury rehabilitation and reconditioning
- After-hours/on-call consultation and injury/illness management
- Outside medical provider services
- Team physician services
- Concussion pre-injury baseline testing
- Concussion management
- Diagnostic testing
- Exclusive medical provider contracts
- Championships/tournament event coverage
- Injury prevention programs
- Visiting team services
- Ancillary medical services

Risk Minimization

- Injury prevention and care policies
- Environmental monitoring
- Emergency action plans
- Functional movement assessments/assessment of pre-existing conditions
- Mental health counseling referrals
- Nutrition suggestions and referral
- Safe facilities (e.g., BOC Facility Principles)
- Create/maintain appropriate medical referral system
- Review epidemiologic and current evidence-based research for clinical outcomes assessment
- Design and application of preventive and post-injury taping, bracing and padding
- Protective equipment selection, fitting and use

- Recommendations for sport rule changes
- Make appropriate play/no-play decisions
- First aid/CPR training
- Infection control
- Coordinate pre-participation medical examinations
- Practice/event coverage
- Knowledge of and recommendations for institutional and governing body drug testing
- Budget management to provide adequate resources to purchase risk-reduction supplies
- Use communication and interpersonal skills to create trust between student-athletes, coaches, administrators and the athletic training staff

Organization and Administration

- Budgeting
- Electronic medical record management
- Meetings (recruits, parents, coaches and administrators)
- Credential maintenance
- Pre-participation examination (PPE)/medical history
- Sports Medicine Team relations, staff scheduling, performance evaluations
- Emergency action plans (EAPs)
- Hosting physician clinics
- Insurance claims management
- Quality control for facilities and care
- Student-athlete transport to medical appointments
- Drug use prevention
- Inventory management
- Risk management
- Athlete, coach, peer education

Fiscal Management

- Insurance premiums

- Staffing and workload management
- Medical services
- Budget management
- Fundraising
- Academic success
- Contracts

Academics

- Academic teaching/Athletic Training Education Program preceptor
- Life skills presentations
- Psychological issues and referrals
- Counseling referrals/medication documentation (e.g., for attention deficit hyperactivity disorder)
- Student retention through active return-to-play engagement

Of utmost importance is the daily documentation of these services through an adequate medical record-keeping system for any person (including current, prospective and visiting team student-athletes) with whom the athletics health care team is in contact.

REFERENCES

1. Matheson GO. Maintaining professionalism in the athletic environment. *Phys Sportsmed*. 2001 Feb;29(2)
2. Wolverton B. (2013, September 2) Coach makes the call. *The Chronicle of Higher Education*. [Available online] <http://chronicle.com/article/Trainers-Butt-Heads-With/141333/>
3. NCAA Bylaw 3.2.4.17 (Div. I and Div. II; 3.2.4.16 (Div. III).
4. National Collegiate Athletic Association. (2013). 2013-14 NCAA Division I Manual. Indianapolis, IN: NCAA.
5. Courson R et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athletic Training* 2014; 49:128-137.
6. Herring SA, Kibler WB, Putukian M. Team Physician Consensus Statement: 2013 update. *Med Sci Sports Exerc*. 2013 Aug;45(8):1618-22.
7. Delany J, Goodson P, Makeoff R, Perko A, Rawlings H [Chair]. Rawlings panel on intercollegiate athletics at the University of North Carolina at Chapel Hill. Aug 29 '13. http://rawlingspanel.web.unc.edu/files/2013/09/Rawlings-Panel_Intercollegiate-Athletics-at-UNC-Chapel-Hill.pdf

GUIDELINE 1C

MEDICAL EVALUATIONS, IMMUNIZATIONS AND RECORDS

July 1977 • Revised June 2011

Preparticipation medical evaluation. A preparticipation medical evaluation is required by all three NCAA Divisions upon a student-athlete's entrance into the institution's intercollegiate athletics program. The evaluation should be conducted by a medical doctor (MD) or doctor of osteopathic medicine (DO) licensed and in good standing in his or her state. Within this evaluation process, Division I, Division II and Division III require student-athletes new to their campus to confirm their sickle cell solubility status by showing results of a diagnostic test or to sign a written release declining the test. This initial medical evaluation should include a standardized, comprehensive health history, immunization history as defined by current Centers for Disease Control and Prevention (CDC) guidelines and a relevant physical exam, with strong emphasis on the cardiovascular, neurologic and musculoskeletal evaluation. After the initial medical evaluation, an updated history should be performed annually. Further preparticipation physical examinations are not believed to be necessary unless warranted by the updated history or a change in the student-athlete's health status.

Official and unofficial visit medical evaluations. Institutions should follow regulations pertaining to conducting medical examinations on prospective student-athletes as outlined by their respective division bylaws.

Cardiac. Sudden cardiac death (SCD) is the leading medical cause of death in NCAA athletes and represents 75 percent of all sudden death cases that occur during training, exercise or competition. In a five-year review of sudden deaths involving NCAA student-athletes, the incidence of SCD was approximately one in every 40,000 student-athletes per year. The American Heart Association recommends cardiovascular screening as a part of the initial physical exam required upon a student-athlete's entrance into the intercollegiate athletics program. In subsequent years, an interim history and blood pressure measurement should be taken. Changes in medical status or abnormalities may require more thorough cardiovascular evaluation.

Preparticipation Physical Evaluation (PPE) Monograph. This document guides a practitioner through the PPE process for young athletes from middle school through college. Included are recommendations on PPE timing, setting and structure; medical history questions; and how to determine participation clearance. The manual lists return-to-play guidelines; addresses medicolegal and ethical concerns; and

MEDICAL DOCUMENTATION STANDARDS GUIDELINES

(From the NCAA)

Contemporaneous Diagnosis of Injury

- Contemporaneous medical documentation that validates timing of injury or illness (Required)
- Contemporaneous medical documentation that verifies initial severity of injury or illness (demonstrates incapacitation likely results for remainder of season) (Recommended)
- Operation report(s) or surgery report(s) or emergency room document(s) (Recommended)

Acknowledgment That the Injury Is Incapacitating

- Contemporaneous letter or diagnosis from treating physician identifying injury or illness as "incapacitating" OR
- Noncontemporaneous letter or diagnosis from treating physician identifying injury or illness as "incapacitating" AND
- Treatment logs or athletic trainer's notes (indicating continuing rehabilitation efforts)

Length of Incapacitation (verifying opportunity for injured student-athlete to resume playing within championship season in question is medically precluded)

- Estimated length of incapacitation or recovery time range contained within original contemporaneous medical documentation AND
- Contemporaneous documentation of follow-up doctor visits (within the estimated time range) in which student-athlete is not cleared to resume playing OR
- Treatment logs or athletic trainer's notes (indicating continuing rehabilitation efforts)

explores future research and use of electronic formats. The prepared forms are often used as a template or minimum guideline for institutions.

Medical records. Student-athletes have a responsibility to truthfully and fully disclose their medical history and to report any changes in their health to the team's health care provider. Medical records should be main-



tained during the student-athlete's collegiate career and should include:

1. A record of injuries, illnesses, new medications or allergies, pregnancies and operations, whether sustained during the competitive season or the offseason;
2. Referrals for and feedback from consultation, treatment or rehabilitation;
3. Subsequent care and clearances;
4. A comprehensive entry-year health-status questionnaire and an updated health-status questionnaire each year thereafter. Components of the questionnaire should consider recommendations from the American Heart Association (see reference Nos. 3 and 4) and the 4th Edition Preparticipation Physical Evaluation (see reference No. 6).
5. Immunizations. It is recommended that student-athletes be immunized and up to date for the following:
 - a. Measles, mumps, rubella (MMR);
 - b. Hepatitis B;
 - c. Diphtheria, tetanus (and boosters when appropriate);
 - d. Meningitis; and e. Seasonal influenza (flu).
6. Written permission, signed annually by the student-athlete, which authorizes the release of medi-

cal information to others. Such permission should specify all people to whom the student-athlete authorizes the information to be released. The consent form also should specify which information may be released and to whom.

Note: Records maintained in the athletic training facility are medical records, and therefore subject to state and federal laws with regard to confidentiality and content. Each institution should obtain from appropriate legal counsel an opinion regarding the confidentiality and content of such records in its state.

Medical records and the information they contain should be created, maintained and released in accordance with clear written guidelines based on this opinion. All personnel who have access to a student-athlete's medical records should be familiar with such guidelines and informed of their role in maintaining the student-athlete's right to privacy.

Institutions should consider state statutes for medical records retention (e.g., seven years, 10 years); institutional policy (e.g., insurance long-term retention policy); and professional liability statute of limitations.

Follow-up examinations. Those who have sustained a significant injury or illness during the sport season should be given a follow-up examination to re-establish medical clearance before resuming participation in a particular sport. This policy also should apply to preg-

nant student-athletes after delivery or pregnancy termination. These examinations are especially relevant if the event occurred before the student-athlete left the institution for summer break. Clearance for individuals to return to activity is solely the responsibility of the team physician or that physician's designated representative.

Medical Hardship Waivers. Documentation standards should assist conferences and institutions in designing a medical treatment protocol that satisfies all questions of incapacitation and reflects such in the records. To clarify:

- Hardship waiver: A hardship waiver deals with a student-athlete's seasons of competition and may only be granted if a student-athlete has competed and used one of the four seasons of competition.
- Extension waiver: An extension waiver deals with time on a student-athlete's eligibility clock and may be granted if, within a student-athlete's period of eligibility (five years or 10 semesters), he or she has been denied more than one participation opportunity for reasons beyond the student-athlete's and the institution's control.

In order to demonstrate that an injury or illness prevented competition and resulted in incapacitation for the remainder of the playing season, an institution needs to provide objective documentation to substantiate the incapacitation. Three key components need to be included in this documentation:

1. Contemporaneous diagnosis of injury/illness;
2. Acknowledgment that the injury/illness is incapacitating; and
3. Length of incapacitation.

For more information about medical hardship waivers, read the complete article at NCAA.org or contact the NCAA's student-athlete reinstatement staff.

REFERENCES

1. Cook LG, Collins M, Williams WW, et. al.: Prematriculation Immunization Requirements of American Colleges and Universities. *Journal of American College Health* 42:91-98, 1993.
2. ACHA Guidelines Recommendations for Institutional Prematriculation Immunizations. 2012. Available at: http://www.acha.org/publications/docs/ACHA_RIPI_Apr2012.pdf
3. Recommendations and Considerations Related to Pre-Participation

Screening for Cardiovascular Abnormalities in Competitive Athletics: 2007 Update: *Circulation*. Mar 2007; 115:1643-1655.

4. Gardner P, Schaffner W: Immunizations of Adults. *The New England Journal of Medicine* 328(17):1252-1258, 1993.
5. Hepatitis B Virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the Immunization Practices Advisory Committee. *Morbidity and Mortality Weekly Report* 40 (RR-13), 1991.
6. Preparticipation Physical Evaluation. 4th Ed. American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society of Sports Medicine, American Orthopaedic Society of Sports Medicine. Published by the American Academy of Pediatrics, 2010. Available at <https://nf.aafp.org/Shop/forms-downloads/preparticipation-physician-evaluation-monograph>.
7. Eligibility Recommendations for Competitive Athletes with Cardiovascular Abnormalities. 36th Bethesda Conference. *Journal of American College of Cardiology*, 45(8), 2005.
8. Harmon KG, Asif IM, Klossner D, Drezner JA. Incidence of Sudden Cardiac Death in NCAA Athletes. *Circulation*. Apr 2011.
9. Persons for Whom Annual Vaccination Is Recommended: Influenza Prevention and Control Recommendations. CDC. 2012. Available at: <http://www.cdc.gov/flu/professionals/acip/persons.htm>

GUIDELINE 1D

EMERGENCY CARE AND COVERAGE

October 1977 • Revised July 2012

Reasonable attention to all possible preventive measures will not eliminate sports injuries. Each scheduled practice or contest of an institution-sponsored intercollegiate athletics event, and all out-of-season practices and skills sessions, should include an emergency plan. Like student-athlete well-being in general, a plan is a shared responsibility of the athletics department; administrators, coaches and medical personnel should all play a role in the establishment of the plan, procurement of resources and understanding of appropriate emergency response procedures by all parties.

Components of such a plan should include:

1. The presence of a person qualified and delegated to render emergency care to a stricken participant;
2. The presence or planned access to a physician for prompt medical evaluation of the situation, when warranted;
3. Planned access to early defibrillation;
4. Planned access to a medical facility, including a plan for communication and transportation between the athletics site and the medical facility for prompt medical services, when warranted. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured;
5. All necessary emergency equipment should be at the site or quickly accessible. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. This equipment should include, but is not limited to, an automated external defibrillator (AED), a bag-valve mask, advanced airway tools, a spine board and other stabilization supplies for the head and neck, splints, and bleeding control materials, such as a tourniquet and large sterile dressings. Sports medicine providers should be trained to use emergency equipment prior to deployment. Additionally, emergency information about the student-athlete should be available both at campus and while traveling for use by medical personnel;
6. An inclement weather policy that includes provisions for decision-making and evacuation plans (See Guideline 1e);
7. A thorough understanding by all parties, including the leadership of visiting teams, of the personnel and procedures associated with the emergency-care plan; and
8. Certification in cardiopulmonary resuscitation techniques (CPR), first aid and prevention of disease transmission (as outlined by OSHA guidelines) should be required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. New staff engaged in these activities should comply with these rules within six months of employment. Refer to Appendix B for NCAA coach sport safety legislative requirements.
9. A member of the institution's sports medicine staff should be empowered to have the unchallengeable



GUIDELINES TO USE DURING A SERIOUS ON-FIELD PLAYER INJURY

These guidelines have been recommended for National Football League (NFL) officials and have been shared with NCAA championships staff.

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
2. Players, parents and nonauthorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or nonmedical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e., removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull an injured teammate or opponent from a pileup.
6. Once medical staff members begin to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainers or team physicians or taking up their time to perform such services.

authority to cancel or modify a workout for health and safety reasons (i.e., environmental changes), as he or she deems appropriate.

10. Institutions should ensure that the emergency action plan (EAP) incorporates roles and responsibilities of coaching staff, medical staff, spectators and others during injury evaluation/response on the field, to ensure appropriate first response and medical evaluation. The EAP should provide that appropriate medical staff have access to the injured athlete without interference.
11. Institutions should have on file and annually update an emergency action plan for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not

limited to, concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g., asthma), bleeding and sickle cell trait (SCT) collapses. All athletics health care providers and coaches, including strength and conditioning coaches, sport coaches and all athletics personnel conducting activities with student-athletes, should review and practice the plan at least annually.

REFERENCES

1. Halpern BC: *Injuries and emergencies on the field*. In Mellion MB, Shelton GL, Walsh WM (eds): *The Team Physician's Handbook*. St. Louis, MO: Mosby-Yearbook, 1990, pp. 128-142.
2. Harris AJ: *Disaster plan—A part of the game plan*. *Athletic Training* 23(1):59, 1988.
3. *Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics*. National Athletic Trainers' Association, (2952 Stemmons Freeway, Dallas, Texas) 2003.
4. Van Camp SP, et al: *Nontraumatic sports death in high school and college athletics*. *Medicine and Science in Sports and Exercise* 27(5):641-647, 1995.
5. *Mass Participation Event Management for the Team Physician: A Consensus Statement*. *Medicine and Science in Sports and Exercise* 36(11):2004-2008, 2004.
6. *Sideline Preparedness for the Team Physician: A Consensus Statement*. *Medicine and Science in Sports and Exercise* 33(5):846-849, 2001.
7. *Laws on Cardiac Arrest and Defibrillators, 2007 update*. Available at: www.ncsl.org/issues-research/health/laws-on-cardiac-arrest-and-defibrillators-aeds.aspx.
8. *Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement*. *Journal of Athletic Training*. 42:143-158. 2007.
9. *National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine-Injured Athlete*. *Journal of Athletic Training*. 44:306-331. 2009.

GUIDELINE 1E

LIGHTNING SAFETY

July 1997 • Revised July 2013, June 2014

Lightning is the most consistent and significant weather hazard that may affect intercollegiate athletics. Within the United States, the National Oceanic and Atmospheric Administration (NOAA) estimates that 40 fatalities and about 10 times that many injuries occur from lightning strikes every year. NOAA estimates that as many as 62 percent of lightning strike fatalities occur during outdoor organized sport activities. While the probability of being struck by lightning is low, the odds are significantly greater when a storm is in the area and proper safety precautions are not followed.

Education and prevention are the keys to lightning safety. The references associated with this guideline are an excellent educational resource. Prevention should begin long before any intercollegiate athletics event or practice occurs by being proactive and having a lightning safety plan in place. The following steps are recommended to mitigate the lightning hazard:

1. Develop a lightning safety plan for each outdoor venue. At a minimum, that plan should include the following:
 - a. The use of lightning safety slogans to simplify and summarize essential information and knowledge. For example, the following slogan from the National Lightning Safety Institute is an effective guide: "If you see it, flee it; if you can hear it, clear it." This slogan reflects the fact that upon the first sound of thunder, lightning is likely within eight to 10 miles and capable of striking your location. No punishment or retribution should be applied to someone who chooses to evacuate if perceiving that his or her life is in danger due to severe weather.
 - b. Designation of a person to monitor threatening weather and to notify the chain of command who can make the decision to remove a team, game personnel, television crews, and spectators from an athletics site or event. That person must have recognized and unchallengeable authority to suspect activity.
 - c. Planned instructions/announcements for participants and spectators, designation of warning and all clear signals, proper signage, and designation of safer places from the lightning hazard.
 - d. Daily monitoring of local weather reports before any practice or event, and a reliable and accurate source of information about severe weather that may form during scheduled intercollegiate athletics events or practices. Of special note should be National Weather Service-issued

DANGEROUS LOCATIONS

Outside locations increase the risk of being struck by lightning when thunderstorms are in the area. Typically, anything referred to as a "shelter" is not safe from lightning. Dugouts, refreshment stands, open press boxes, rain shelters, golf shelters and picnic shelters, even if they are properly grounded for structural safety, are unsafe and may actually increase the risk of lightning injury. Other dangerous locations include high ground, bodies of water (pools, ponds, lakes) and areas connected to, or near, light poles, towers and fences that can carry a nearby strike to people.

- thunderstorm "watches" or "warnings," and the warning signs of developing thunderstorms in the area, such as high winds or darkening skies. A "watch" means conditions are favorable for severe weather to develop in an area; a "warning" means that severe weather has been reported in an area and for everyone to take the proper precautions. It should be noted that neither watches nor warnings are issued for lightning. An NOAA weather radio is particularly helpful in providing this information.
- e. Identification of, and a mechanism for ensuring access to, the closest safer buildings, vehicles, and locations to the field or playing area, and an estimate of how long it takes to evacuate to that location for all personnel at the event. A safer building or location is defined as:
 - Any fully enclosed building normally occupied or frequently used by people, with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using the shower, plumbing facilities, and electrical appliances, and stay away from open windows and doorways during a thunderstorm.
 - In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires, are what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal frame-

work of the vehicle. Some athletics events rent school buses as safer locations to place around open courses or fields.

2. For large-scale events, continuous monitoring of the weather should occur from the time pre-event activities begin throughout the event.
3. Venue-specific activity-suspension, venue evacuation, and activity-resumption plans:
 - a. Upon the first sound of thunder, lightning is likely within eight to 10 miles and capable of striking your location. Please note that thunder may be hard to hear if there is an athletics event going on, particularly in stadia with large crowds. Lightning can strike from blue sky and in the absence of rain. At least 10 percent of lightning occurs when there is no rainfall and when blue sky is often visible somewhere in the sky, especially with summer thunderstorms. Lightning can, and does, strike 10 (or more) miles away from the rain shaft. Be aware of local weather patterns and review local weather forecasts prior to an outdoor practice or event.
 - b. Ensure a safe and orderly evacuation from the venue with announcements, signage, safety information in programs, and entrances that can also serve as mass exits. Planning should account for the time it takes to move a team and crowd to their designated safer locations. Individuals should not be allowed to enter the outdoor venue and should be directed to the safer location.
 - c. Avoid using landline telephones except in emergency situations. People have been killed while using a landline telephone during a thunderstorm. Cellular or cordless phones are safe alternatives to a landline phone, particularly if the person and the antenna are located within a safer structure or location, and if all other precautions are followed.
 - d. To resume athletics activities, lightning safety experts recommend waiting 30 minutes after both the last sound of thunder and last flash of lightning. A useful slogan is “half an hour since thunder roars, now it’s safe to go outdoors.” At night, be aware that lightning can be visible at a much greater distance than during the day as clouds are being lit from the inside by lightning. This greater distance may mean that the lightning is no longer a significant threat. At night, use both the sound of thunder and

seeing the lightning channel itself to decide on re-setting the 30-minute “return-to-play” clock before resuming outdoor athletics activities.

4. Emergency care protocols: People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning-strike victims who show signs of cardiac or respiratory arrest need prompt emergency help. If you are in a 911 community, call for help. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strike. Automatic external defibrillators (AEDs) are a safe and effective means of reviving persons in cardiac arrest. Planned access to early defibrillation should be part of your emergency plan. However, CPR should never be delayed while searching for an AED.

Note: Weather watchers, real-time weather forecasts and commercial weather-warning and lightning monitoring devices or services are all tools that can be used to aid in the monitoring, notification, and decision-making regarding stoppage of play, evacuation and return to play.

REFERENCES

1. Cooper MA, Andrews CJ, Holle RL, Lopez RE. *Lightning Injuries*. In: Auerbach, ed. *Management of Wilderness and Environmental Emergencies*. 5th ed. C.V. Mosby, 2007:67-108.
2. Price TG, Cooper MA: *Electrical and Lightning Injuries*. In: Marx et al. *Rosen’s Emergency Medicine, Concepts and Clinical Practice*, Mosby, 6th ed. 2006; 22: 67-78.
3. National Lightning Safety Institute website: www.lightningsafety.com.
4. Uman MA. *All About Lightning*. New York: Dover Publications. 1986.
5. NOAA lightning safety website: www.lightningsafety.noaa.gov.
6. Walsh KM, Hanley MJ, Graner SJ, Beam D, Bazluki J. A Survey of Lightning Safety Policy in Selected Division I Colleges. *Journal of Athletic Training*. 32(3):206-210. 1997.
7. Holle RL. 2005: Lightning-caused recreation deaths and injuries. Preprints, 14th Symposium on Education, January 9-13, San Diego, California, American Meteorological Society, 6 pp.
8. The Weather Channel on satellite or cable, and on the Internet at www.weather.com
9. Walsh KM, Cooper MA, Holle R, Rakov V, Roeder WP, Ryan M. National Athletic Trainer’s Association Position Statement. *Lightning Safety for Athletics and Recreation*. *Journal of Athletic Training*. 48(2):258-270. 2013

GUIDELINE 1F

CATASTROPHIC INCIDENT IN ATHLETICS

July 2004 • Revised July 2008

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Timothy Neal, ATC, Syracuse University, who originally authored this guideline.

Catastrophes such as death or permanent disability occurring in intercollegiate athletics are rare. However, the aftermath of a catastrophic incident to a student-athlete, coach or staff member can be a time of uncertainty and confusion for an institution. It is recommended that NCAA member institutions develop their own catastrophic incident guideline to provide information and the support necessary to family members, teammates, coaches and staff after a catastrophe. Centralizing and disseminating the information is best served by developing a catastrophic incident guideline. This guideline should be distributed to administrative, sports medicine and coaching staffs within the athletics department. The guideline should be updated and reviewed annually with the entire staff to ensure information is accurate and that new staff members are aware of the guideline.

Components of a catastrophic incident guideline should include:

1. **Definition of a Catastrophic Incident.** The sudden death of a student-athlete, coach or staff member from any cause, or disabling and/or quality-of-life-altering injuries.
2. **A Management Team.** A select group of administrators who receive all facts pertaining to the catastrophe. This team works collaboratively to officially communicate information to family members, teammates, coaches, staff, the institution and media. This team may consist of one or more of the following: director of athletics, head athletic trainer, university spokesperson, director of athletic communications and university risk manager. This team may select others to help facilitate fact finding specific to the incident.
3. **Immediate Action Plan.** At the moment of the catastrophe, a checklist of whom to call and immediate steps to secure facts and offer support are items to be included.
4. **Chain of Command/Role Delineation.** This area outlines each individual's responsibility during the aftermath of the catastrophe. Athletics administrators, university administrators and support services personnel should be involved in this area.

CATASTROPHIC INJURY RESEARCH

The National Center for Catastrophic Sports Injury Research continues to research catastrophic injuries in sports through funding by the NCAA. In 2014, Bylaw 3.2.4.18 was approved by the NCAA membership in all divisions and is intended to make tracking catastrophic injuries more accurate and comprehensive. "An active member institution shall submit data detailing student-athlete catastrophic fatalities, near fatalities and catastrophic injuries (e.g., injuries and illnesses related to head, neck, spine, cardiac, pulmonary, heat, sickle cell trait, eyes) to the NCAA on an annual basis pursuant to policies and procedures that govern such data as determined by the Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS)."

In this effort, the NCCSIR will work the Datalys Center for Sport Injury Research and Prevention, and with the Consortium for Catastrophic Injury Monitoring in Sport to expand the breadth of research to include all major forms of catastrophic injury including head, neck and spine injuries, exertional injuries including heat and sickling, and cardiac injuries.

Catastrophic injuries include the following:

1. Fatalities;
2. Non-fatalities that result in permanent functional disability;
3. Non-fatal, serious injuries that are recoverable and do not result in permanent disability.

Please report an incident at www.sportinjuryreport.org.

Additional information about the NCCSIR can be found at www.nccsir.unc.edu

Additional information about the Consortium can be found at nccsir.unc.edu/consortia-and-partners/

5. **Criminal Circumstances.** Outline the collaboration of the athletics department with university, local and state law enforcement officials in the event of accidental death, homicide or suicide.
6. **Away-Contest Responsibilities.** Catastrophes may occur at away contests. Indicate who should

stay behind with the individual to coordinate communication and act as a university representative until relieved by the institution.

7. **Phone List and Flow Chart.** Phone numbers of all key individuals (office, home, cell) involved in the management of the catastrophe should be listed and kept current. Include university legal counsel numbers and the NCAA catastrophic injury service line number (800/245-2744). A flow chart of who is to be called in the event of a catastrophe is also useful in coordinating communication.
8. **Incident Record.** A written chronology by the management team of the catastrophic incident is recommended to critique the process and provide a basis for review and enhancement of procedures.
9. **Notification Process.** After the catastrophic incident, the director of athletics, assistant director of athletics for sports medicine (head athletic trainer), head coach (recruiting coach if available) and university risk manager/legal counsel, as available, will contact the parents/legal guardians/spouse of the victim. The director of athletics, head coach and others deemed necessary will inform the team, preferably in person, as soon as possible and offer counseling services and support.
10. **Assistance to Visiting Team's Catastrophic Incident as Host Institution.** In the event that a visiting team experiences a catastrophic incident, the host institution may offer assistance by alerting the director of athletics or another member of the catastrophic incident management team in order to make as many resources available as possible to the visiting team. The host institution may assist in contacting the victim's institution and athletics administration, as well as activating, as appropriate, the host institution's catastrophic incident guideline to offer support to the visiting team's student-athletes, coaches and staff.

CATASTROPHIC INJURY INSURANCE PROGRAM

The NCAA sponsors a catastrophic injury insurance program that covers a student-athlete who is catastrophically injured while participating in a covered intercollegiate athletic activity. The policy has a \$90,000 deductible and provides benefits in excess of any other valid and collectible insurance. The policy will pay \$25,000 if an insured person dies as a result of a covered accident or sustains injury due to a covered

accident that, independent of all other causes, results directly in the death of the insured person within twelve (12) months after the date of such injury. Both catastrophic injuries and sudden deaths should be reported to the NCAA national office insurance staff. For more information, visit NCAA.org.

REFERENCES

1. Neal, TL: *Catastrophic Incident Guideline Plan*. NATA News: 12, May 2003.
2. Neal, TL: *Syracuse University Athletic Department Catastrophic Incident Guideline*, 2012.
3. *Catastrophic Cervical Spine Injuries in the Collision Sport Athlete, Part 1: Epidemiology, Functional Anatomy, and Diagnosis*. Banerjee, R, Palumbo, MA, and Fadale, PD. *American Journal of Sports Medicine*, 32: 4. 1077-1087.
4. *Catastrophic injuries in pole vaulters: a prospective 9-year follow-up study*. Boden BP, Boden MG, Peter RG, Mueller FO, Johnson JE. *Am J Sports Med*. 2012 40(7):1488-94.
5. *Fatalities in high school and college football players*. Boden BP, Breit I, Beachler JA, Williams A, Mueller FO. *Am J Sports Med*. 2013 41(5):1108-16.
6. *Catastrophic Sport Injury Research 30th Annual Report 2012*. Available at: <http://www.unc.edu/depts/nccsi/>
7. *Incidence of sudden cardiac death in National Collegiate Athletic Association athletes*. Harmon KG, Asif IM, Klossner D, Drezner JA. *Circulation*. 2011 123(15):1594-600.

GUIDELINE 1G

DISPENSING PRESCRIPTION MEDICATION

May 1986 • Revised June 2008

Research sponsored by the NCAA has shown that prescription medications have been provided to student-athletes by individuals other than people legally authorized to dispense such medications. This is an important concern because the improper dispensing of both prescription and nonprescription drugs can lead to serious medical and legal consequences.

Research also has shown that state and federal regulations regarding packaging, labeling, record keeping and storage of medications have been overlooked or disregarded in the dispensing of medications from the athletic training facility. Moreover, many states have strict regulations regarding packaging, labeling, record keeping and storage of prescription and nonprescription medications. Athletics departments must be concerned about the risk of harm to the student-athletes when these regulations are not followed.

Administering drugs and dispensing drugs are two separate functions. Administration generally refers to the direct application of a single dose of drug. Dispensing is defined as preparing, packaging and

labeling a prescription drug or device for subsequent use by a patient. Physicians **cannot** delegate to athletic trainers the authority for dispensing prescription medications under current medication-dispensing laws, since athletic trainers are not authorized by law to dispense these drugs under any circumstances. The improper delegation of authority by the physician or the dispensing of prescription medications by the athletic trainer (even with permission of the physician) places both parties at risk for legal liability.

If athletics departments choose to provide prescription and/or nonprescription medications, they must comply with the applicable state and federal laws for doing so. It is strongly encouraged that athletics departments and their team physicians work with their on-site or area pharmacists to develop specific policies.

The following items form a minimal framework for an appropriate drug-distribution program in a college-athletics environment. Since there is extreme variability in state laws, it is imperative for each institution to consult with legal counsel in order to be in full compliance.



1. Drug-dispensing practices are subject to and should be in compliance with all state, federal and Drug Enforcement Agency (DEA) regulations. Relevant items include appropriate packaging, labeling, counseling and education, record keeping, and accountability for all drugs dispensed.
2. Certified athletic trainers should not be assigned duties that may be performed only by physicians or pharmacists. A team physician cannot delegate diagnosis, prescription-drug control or prescription-dispensing duties to athletic trainers.
3. Drug-distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The record should be current and easily accessible by appropriate medical personnel.
4. All prescription and over-the-counter (OTC) medications should be stored in designated areas that ensure proper environmental (dry with temperatures between 59 and 86 degrees Fahrenheit) and security conditions.
5. All drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications.
6. All emergency and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security.
7. Individuals receiving medication should be properly informed about what they are taking and how they should take it. Drug allergies, chronic medical conditions and concurrent medication use should be documented in the student-athlete's medical record and readily retrievable.
8. Follow-up should be performed to be sure student-athletes are complying with the drug regimen and to ensure that drug therapy is effective.

REFERENCES

1. Adherence to Drug-Dispensation and Drug-Administration Laws and Guidelines in Collegiate Athletic Training Rooms. *Journal of Athletic Training*. 38(3): 252-258, 2003.
2. Anderson WA, Albrecht RR, McKeag DB, et al.: A national survey of alcohol and drug use by college athletes. *The Physician and Sportsmedicine*. 19:91-104, 1991.

3. Herbert DL: Dispensing prescription medications to athletes. In Herbert, DL (ed): *The Legal Aspects of Sports Medicine* Canton, OH: Professional Sports Publications, 1991, pp. 215-224.
4. Huff PS: Drug Distribution in the Training Room. In *Clinics in Sports Medicine*. Philadelphia, WB Saunders Co: 211-228, 1998.
5. Huff PS, Prentice WE: Using Pharmacological Agents in a Rehabilitation Program. In *Rehabilitation Techniques in Sports Medicine* (3rd Ed.) Dubuque, IA, WCB/McGraw-Hill 244-265, 1998.
6. Laster-Bradley M, Berger BA: Evaluation of Drug Distribution Systems in University Athletics Programs: Development of a Model or Optimal Drug Distribution System for Athletics Programs. Unpublished report, 1991. (128 Miller Hall, Department of Pharmacy Care Systems, Auburn University, Auburn, AL 36849-5506)
7. Price KD, Huff PS, Isetts BJ, et.al: University-based sports pharmacy program. *American Journal Health-Systems Pharmacy*. 52:302-309, 1995.
8. National Athletic Trainers' Association Consensus Statement: Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility. *NATA News*. January 2009.

GUIDELINE 1H

NONTHERAPEUTIC DRUGS

July 1981 • Revised July 2013, July 2014

The NCAA denounces the use of nontherapeutic drugs such as performance enhancing drugs, alcohol, and other recreational drugs by student-athletes. Examples include, but are not limited to, alcohol, amphetamines, ephedrine, ma huang, opiates, anabolic-androgenic steroids, barbiturates, caffeine, cocaine, heroin, LSD, PCP, marijuana and all forms of tobacco. The use of such drugs is contrary to the rules and ethical principles of athletics competition.

The patterns of drug use and the specific drugs change frequently, and it is incumbent upon NCAA member institutions to keep abreast of current trends. The NCAA conducts drug use surveys of student-athletes in all sports and across all divisions every four years. The 2013 NCAA Study of Substance Use Habits of College Student-Athletes, which surveyed 21,086 student-athletes at 1,094 NCAA institutions, showed a continued decline in use of some drugs and an overwhelming majority of athletes who have never used banned substances. The study found that less than 5 percent of respondents had ever used anabolic steroids (0.5 percent), ephedrine (0.5 percent) or amphetamines (4.7 percent) and 97 percent reported having never taken any ergogenic aids while in college. Those responses have remained largely unchanged over the last three iterations of the survey. An overwhelming majority of respondents also reported never using cocaine (98.2 percent) or other narcotics (73.9 percent) within the last 12 months. Social drug use, including alcohol, cigarettes, marijuana and spit tobacco, are all down slightly since 2009.

The NCAA maintains a banned drug classes list (see Appendix A) and conducts drug testing at championship events and year-round random testing in sports. Some NCAA member institutions have developed drug-testing pro-

grams to combat the use of nontherapeutic substances. Such programs should follow best practice guidelines established by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. While not all member institutions have enacted their own drug-testing programs, it is essential to have some type of drug-education program as outlined in Guideline 1I. Drug testing should not be viewed as a replacement for a solid drug-education program.

All medical staff should be familiar with the regulations regarding dispensing medications as listed in Guideline 1G.

All member institutions, their athletics staff and their student-athletes should be aware of current trends in drug use and abuse, and the current NCAA list of banned drug classes. It is incumbent upon NCAA member institutions to act as a positive influence in order to combat the use of drugs in sport and society.

REFERENCES

1. *American College of Sports Medicine, Position Stand: The Use of Anabolic-Androgenic Steroids in Sports*, 1984. (P.O. Box 1440, Indianapolis, IN 46206-1440)
2. *American Medical Association Compendium, Policy Statement: Medical and Non-Medical Use of Anabolic-Androgenic Steroids* (105.001), 1990. (P.O. Box 10946, Chicago, IL 60610)
3. *American Medical Association Compendium, Policy Statement: Non-Therapeutic Use of Pharmacological Agents by Athletes* (105.016), 1990. (P.O. Box 10946, Chicago, IL 60610)
4. *2013 NCAA Study of Substance Use Habits of College Student-Athletes*. NCAA, P.O. Box 6222, Indianapolis, IN 46206-6222, July 2014. Available at NCAA.org.

STUDENT-ATHLETE DRUG USE

Patterns of Ergogenic Drug Use*	2005		2009		2013	
	Female	Male	Female	Male	Female	Male
Amphetamines	3.7	4.5	3.3	4.0	3.7	5.3
Anabolic Steroids	0.3	1.7	0.2	0.5	0.2	0.7
Ephedrine	—	—	0.9	0.9	0.4	0.5
Patterns of Social Drug Use*	2005		2009		2013	
	Female	Male	Female	Male	Female	Male
Alcohol	77.3	77.6	83.1	83.1	81.6	79.8
Cigarettes	16.3	13.4	13.5	16.8	6.3	12.7
Cocaine	1.3	2.5	1	2.3	0.7	2.6
Marijuana	17.9	23.5	18.4	25.3	16.9	24.9
Narcotics	—	—	3.1	3.5	—	—
Spit Tobacco	1.7	25.2	2.4	27.2	1.6	24.1
Synthetic Marijuana	—	—	—	—	0.8	2.2

* Overall Percentage of Use Within the Past 12 Months

GUIDELINE 11

ALCOHOL, TOBACCO AND OTHER DRUG EDUCATION GUIDELINES

August 2000 • Revised June 2003, June 2009, June 2010

NCAA bylaws require that the director of athletics or his or her designee disseminate the list of banned drug classes to all student-athletes and educate them about products that might contain banned drugs. Athletics administrators, coaches and sports medicine personnel should also participate in drug-education sessions. Campus colleagues may provide additional support for your efforts.

In preparation for institution annual drug-education programs:

- Develop a written policy on alcohol, tobacco, marijuana (THC), opiate, and other recreational drugs. This policy should include a statement on recruitment activities, drug testing, disclosure of all medications and supplements, discipline, and counseling or treatment options.
- Review the NCAA, conference and institutional drug-testing program policies and update handbook materials accordingly.
- Include the NCAA list of banned drug classes and NCAA written policies in the student-athlete handbook.
- Identify NCAA, conference and institutional rules regarding the use of street drugs, performance-enhancing substances, and nutritional supplements, and consequences for breaking the rules.
- Display posters and other NCAA educational materials in high-traffic areas.
- Include the following printed warning in the student-athlete handbook:
*Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff. Dietary supplements are not well regulated and may cause a positive drug test result. Any product containing a dietary supplement ingredient is taken at your own risk.**

TASKS AND TIMELINES FOR EDUCATING STUDENT-ATHLETES

By July 1:

- Send out the NCAA list of banned drug classes, the dietary supplement warning and Resource Exchange Center (REC)* information to all returning student-athletes and known incoming student-athletes.

Orientation at Start of Academic Year:

- Ensure that student-athletes sign NCAA compliance forms.
- Provide student-athletes with a copy of the written drug policies as outlined prior.

- Show “NCAA Drug-Education and Testing” video.
- Verbally explain all relevant drug policies with student-athletes and staff:
 - NCAA banned drug classes (note that all related compounds under each class are banned, regardless of if they are listed as an example.)
 - NCAA drug-testing policies and consequences for testing positive, including failure to show or tampering with a urine sample.
 - Risks of using nutritional/dietary supplements – read the dietary-supplement warning.
 - NCAA tobacco use ban during practice or competition.
 - Conference and institutional drug-testing program policies, if appropriate.
 - Street drug use policies and institutional sanctions for violations, if appropriate.

Team Meetings:

- Repeat the information from the orientation at team meetings throughout the year.

Start of Each New Academic Term:

- Repeat the information from the orientation at the start of new academic terms to reinforce messages and to ensure transfer student-athletes are exposed to this information.

Throughout the Year:

- Provide additional drug-education opportunities using NCAA resources found at NCAA.org/drug-testing.

*For authoritative information on NCAA banned substances, medications and nutritional supplements, contact the Resource Exchange Center (REC) at 877/202-0769 or www.drugfreesport.com/rec (password ncaa1, ncaa2 or ncaa3).



GUIDELINE 1J

PRESEASON PREPARATION

July 2013

Athletic performance training is often divided into separate segments: preparation segment, competitive segment and offseason segment. Guideline 1A of this handbook notes that the student-athlete should be protected from premature exposure to the full rigors of sports. Optimal readiness for the first practice and competition is often individualized to the student-athlete rather than a team as a whole. However, there is a lack of scientific evidence to set a specific number of days of sport practice that is needed for the first sport competition.

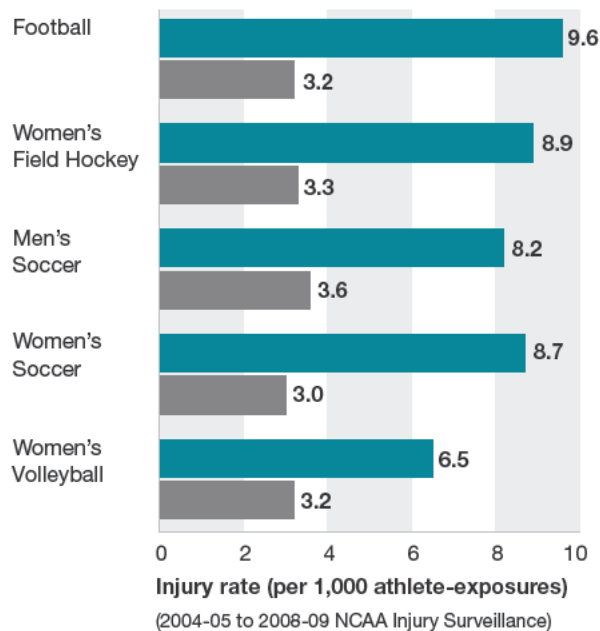
It is commonly accepted that student-athletes should participate in at least six to eight weeks of preseason conditioning. Gradual progression of type, frequency, intensity, recovery and duration of training should be the focus of the preparation segment. In addition to these areas warranted for progression, 10 to 14 days are needed for heat acclimatization when applicable (see Guideline 2C). The fall sport preseason period is often challenging as August presents added heat risks for sports and there is a lack of time limits for practice activities (with the exception of football).

Changes to practice opportunities or the preseason period should be accompanied by an educational campaign for both coaches and student-athletes as to the expectations for the sport season. Specifically, student-athletes should know that the designated preseason practice period might be considered part of the competitive season and therefore a time when they may practice at contest-level intensities.

A shortened preseason period based only on time spent on campus or coach expectations for contest-level intensities during the preparation period often increases the time spent practicing sport-specific skills without ample opportunity for preparatory conditioning exercises and can lead to injury and overtraining. If this is the expectation for the preparatory on-campus experience, athletes should be encouraged to improve fitness through a progressive training and conditioning program at least four weeks before starting the preseason segment.

The preparatory and preseason phases provide ample time to improve fitness and skill; however, performing novel exercise or actively doing too much too soon can result in a disparity between workload and load tolerance, thus increasing risk for injury. In addition, a student-athlete's psychological well-being can be directly dependent on the level of fatigue driven by volume

Practice injury rates for fall sports



(quantity) and intensity of training. Similarly, the incidence in stress-related injuries (e.g., stress fractures, tendinitis) can be proportional to the work-rest ratio of the athlete.

A member of the institution's sports medicine staff should be empowered to have the unchallengeable authority to cancel or modify a workout for health and safety reasons (i.e., environmental changes), as he or she deems appropriate.

Preparatory Phase. The following are general concepts to consider during the preparatory phase of training:

- Training should be periodized so that variation in the volume and intensity occurs in a scheduled manner.
- Progressively increase workloads and intensity following transitional periods. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. The first seven to 10 days of any new conditioning cycle (including, but not limited to return in January, return after spring break, return in summer, return for fall preseason or return after an injury) are referred to as transitional periods.
- Plan recovery to allow for growth and development while avoiding acute and overtraining injuries.



- A proper heat acclimatization plan is essential to minimize the risk of exertional heat illness during the fall preseason practice period. Minimizing exertional heat illness risk requires gradually increasing athletes' exposure to the duration and intensity of physical activity and to the environment over a period of 10 to 14 days.
- Prolonged, near-maximal exertion should be avoided before acquired physical fitness and heat acclimatization are sufficient to support high-intensity, long duration exercise training or competition.

Fall Preseason Period. Institutions are encouraged to regularly review their preseason policies for fall sports and consider the following points of emphasis for protecting the health of and providing a safe environment for all student-athletes participating in preseason workout sessions.

- Before participation in any preseason-practice activities, all student-athletes should have completed the medical examination process administered by medical personnel (see Bylaw 17.1.5).
- Institutions should implement an appropriate rest and recovery plan that includes a hydration strategy.
- Preseason practice should begin with an acclimatization period for first-time participants, as well as continuing student-athletes.
- During the acclimatization period, an institution should conduct only one practice per calendar day.
- Practice sessions should have maximum time limits based on sport and individual needs, as well as environmental factors.

- An institution should ensure student-athletes have continuous recovery time (e.g., three hours) between multiple practice sessions on the same calendar day.
- Subsequent to the initial acclimatization period, an institution should consider a practice model that promotes recovery if practice sessions are to occur on consecutive days (e.g., two-one-two-one format).
- Student-athletes should be provided at least one recovery day per week on which no athletics-related activities are scheduled, similar to the regular playing season.
- Coaches are encouraged to consult with health care staff (e.g., athletic trainer) in the development of the conditioning sessions. All personnel should be aware of the impact of exercise intensity and duration, heat acclimatization, hydration, medications and drugs, existing medical conditions, nutritional supplements, and equipment on student-athletes' health while participating in strenuous workouts.
- Appropriate on-field personnel should review, practice and follow their venue emergency plan, as well as be trained in administering first aid, cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use.

REFERENCES

1. Joy, EA, Prentice, W, and Nelson-Steen, S. *Coaching and Training. SSE Roundtable #44: Conditioning and nutrition for football. GSSI: Sports Science Library. Available Online: www.gssiweb.com.*

NCAA FOOTBALL PRESEASON MODEL (SEE BYLAW 17)

The following concepts outline the legislation involving the NCAA football preseason period. Institutions should refer to division-specific legislation for exact requirements.

Five-Day Acclimatization Period.

In football, preseason practice begins with a five-day acclimatization period for both first-time participants (e.g., freshmen and transfers) and continuing student-athletes. All student-athletes, including walk-ons who arrive to preseason practice after the first day of practice, are required to undergo a five-day acclimatization period. The five-day acclimatization period should be conducted as follows:

- (a) Before participation in any preseason practice activities, all prospects and student-athletes initially entering the intercollegiate athletics program shall be required to undergo a medical examination administered by a physician (see Guideline 1C).
- (b) During the five-day period, participants shall not engage in more than one on-field practice per day, not to exceed three hours in length.
- (c) During the first two days of the acclimatization period, a helmet shall be the only piece of protective equipment a student-athlete may wear. During the third and fourth days of the acclimatization period, helmets and shoulder pads shall be the only pieces of protective equipment student-athletes may wear. During the final day of the five-day period and on any days thereafter, student-athletes may practice in full pads.

The remaining preseason practice period is conducted as follows:

- (a) After the five-day period, institutions may practice in full pads. However, an institution may not conduct multiple on-field practice sessions (e.g., two-a-days or three-a-days) on consecutive days;
- (b) Student-athletes shall not engage in more than three hours of on-field practice activities on those days during which one practice is permitted;
- (c) Student-athletes shall not engage in more than five hours of on-field practice activities on those days during which more than one practice is permitted; and
- (d) On days that institutions conduct multiple practice sessions, student-athletes must be provided with at least three continuous hours of recovery time between the end of the first practice and the start of the last practice that day. During this time, student-athletes may not attend any meetings or engage in other athletically related activities (e.g., weightlifting); however, time spent receiving medical treatment and eating meals may be included as part of the recovery time.

2. Bompa, Tudor O. (2004). *Primer on Periodization*. Olympic Coach, 16(2): 4-7.
3. Kraemer, W. J., & Ratamess, N. A. (2004). *Fundamentals of Resistance Training: Progression and Exercise Prescription*. *Medicine & Science in Sports & Exercise*, 36(4), 674-688. Available Online: www.acsm-msse.org.
4. Pearson et al. (2000). *The national strength and conditioning association's basic guidelines for the resistance training of athletes*. *Strength and Conditioning Journal*, 22(4): 14-27.
5. Herring et al. *The team physician and conditioning of athletes for sports: A consensus statement*.
6. United Educators. (2006). *Putting safety before the game: College and high school athletic practices*. *Risk Research Bulletin, Student Affairs*, June/July. Available online: www.ue.org.
7. National Athletic Trainers' Association. (2009). *Pre-Season heat acclimatization practice guidelines for secondary school athletics*. *Journal of Athletic Training*, 44(3), 332-333.
8. Hartmann, U and Mester, J. (2000). *Training and overtraining markers in selected sports events*. *Medicine & Science in Sports & Exercise*, 32(1): 209-215.
9. Haff, G et al. (2004). *Roundtable discussion: Periodization of training [part 1-2]*. *Strength & Conditioning Journal*, 26(1): 50-69
10. Plisk, S and Stone, MH. (2003). *Periodization strategies*. *Strength & Conditioning Journal*, 25(6): 19-37.
11. Armstrong et al. (2007). *ACSM Position Stand: Exertional heat illness during training and competition*. *Medicine & Science in Sports & Exercise*. Available Online: www.acsm-msse.org
12. (2012). *The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions: Best Practices Recommendations*. *Journal of Athletic Training*, 47(4), 477-480.

GUIDELINE 1K

STRENGTH AND CONDITIONING PRINCIPLES: FOUNDATIONS FOR ATHLETE DEVELOPMENT

July 2013

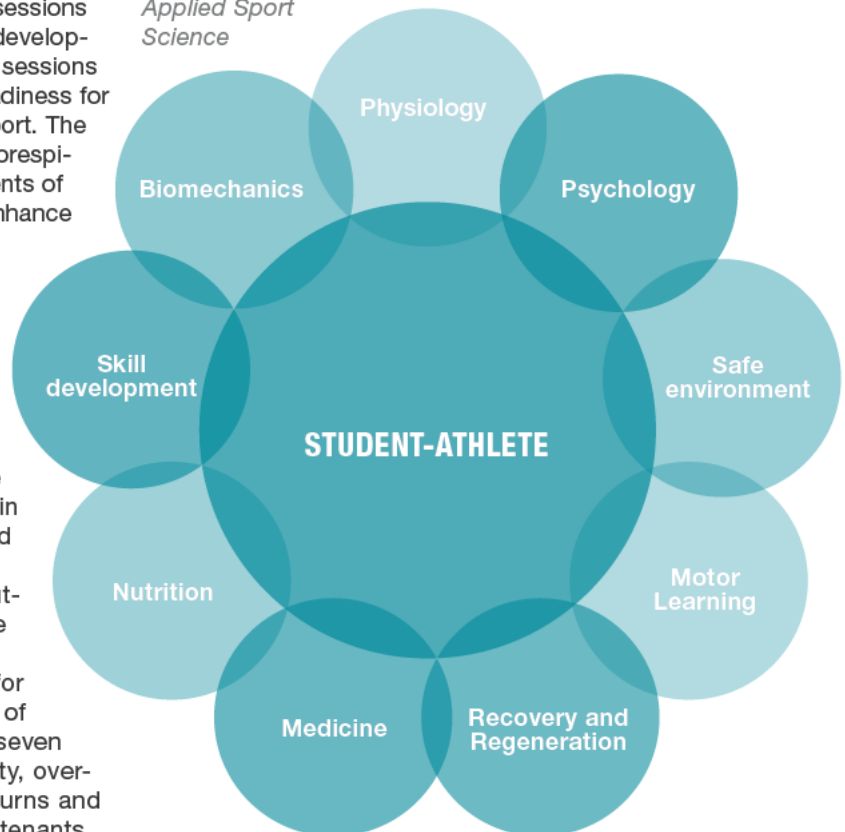
The integration of strength and conditioning sessions has become fundamental to student-athlete development across sports. Appropriately structured sessions can provide student-athletes with optimal readiness for the first practice and the full rigors of their sport. The combination of strength, speed, power, cardiorespiratory fitness and other physiologic components of athletic capacity can complement skill and enhance performance for all athletes.

Sport Performance Team. A multidisciplinary applied sport science approach to athlete performance development provides the best foundation for success as strength and conditioning specialists, athletic trainers, physicians, dietitians, sport coaches, sport psychologists, and exercise physiologists are interconnected and work in concert. This approach creates a sound and effective sport training program based on scientific principles intended to produce outcomes that are sensitive and specific to the sport while accounting for any potential medical limitation and builds a foundation for long-term athlete development. The basics of strength and conditioning are grounded in seven principles of training: individuality, specificity, overload, progression, variation, diminishing returns and reversibility. These principles are the basic tenants of exercise science and are valid in designing any exercise program.

Individuality Principle. Every student-athlete is unique and will respond differently to the same training stimulus. Many factors affect how student-athletes respond to training including their fitness status; current health status and past injuries; genetic predisposition; gender and race; diet and sleep; environmental factors such as heat, cold and humidity; and motivation.

Specificity Principle. All training adaptations are specific to the stimulus applied. The specific physiological adaptations to condition are determined by various factors, including muscle actions involved, speed of movement, range of motion, muscle groups trained, energy systems involved and intensity and volume of training. In an attempt to perfect a specific skill or activity, the athlete must perform that skill or activity with proper body mechanics and correct technique.

Applied Sport Science



Overload Principle. In order for an individual to achieve a certain training adaptation, the body must be stressed by working against a stimulus or load that is greater than that to which it is accustomed. Overload ensures improvement by challenging changes in resistance, terrain, movement complexity and many others. When more is demanded, within reason, the body adapts to the increased demand. Overload can be applied in duration, intensity or both.

Progression Principle. To achieve the desired training adaptations for a certain activity or skill consistently, the training stimulus must gradually and constantly increase. This implies that there is an optimal level and time frame for the overload to occur. Injury may result if overload increases too quickly or an athlete uses poor technique or improper muscle firing patterns. If overload progresses too slowly, improvements will be minimal or nonexistent.

Rest and recovery must also be included in the progression, as consistent training volumes and/or loads can result in fatigue, a decrease in performance and/or injury.

Variation. Variation, or periodization, is the systematic process of altering one or more program variable(s) over time to allow for the training stimulus to remain challenging yet effective. The concept of periodization is to optimize performance and recovery. Because the human body adapts quickly, at least some changes are needed in order for continual progression to occur. It has been shown that systematic variation of volume and intensity over several training cycles is most effective for long-term progression. Variation may take place in many forms and manifests by manipulation of any one or a combination of the acute program variables. However, the two most commonly studied variables have been volume and intensity.

Principle of Diminishing Returns. Performance gains are related to the level of training experience of the individual. Student-athletes new to a conditioning program will experience large initial performance gains. In contrast, student-athletes that have strength trained over several years will make small strength gains over a long period of time. As athletes near their genetic potential, the gains in performance will be much harder to obtain. The principle of diminishing returns highlights the importance of being able to interpret performance results and understanding the individual student-athlete.

Reversibility/Regression. When the training stimulus is removed or reduced, the ability of the student-athlete to maintain performance at a particular level is also reduced, and eventually the gains that were made from the training program will revert back to their original level. Also known as detraining, the decrease in performance is directly related to the inactivity of the muscles that have been atrophied from nonuse.

When designing strength and conditioning programs, it is important to have a clear understanding of the basic training principles. Understanding these principles will help the student-athlete, sport coach and strength and conditioning coach set realistic goals and develop training programs that will provide the greatest opportunity to achieve performance gains. Student-athletes often have time constraints and are under pressure to be at their peak level of performance. It is the responsibility of the strength and conditioning coach to thoroughly evaluate the level of conditioning of all new and returning athletes and to properly prescribe the appro-

COMMON TERMS

Bioenergetics: the flow of energy in a biological system; the source of energy for muscular contractions.

Energy: the capacity to perform work.

Frequency: the number of training sessions expressed per day, per week, per month.

Intensity: the difficulty of the work. Intensity is the amount of weight or resistance used in a particular exercise.

Muscular Strength: the ability of the muscles to generate force.

Periodization: the systematic process of altering one or more program variable(s) over time to allow for the training stimulus to remain challenging and effective.

Progression: the selection of exercises, loads or resistances, order of exercises, and readiness of the athlete that are conducive to the athlete's training status and the demands of the activity. Progression in resistance training may be defined as the act of moving forward or advancing toward a specific goal over time until the target goal has been achieved.

Progressive Overload: the gradual increase of stress placed upon the body during exercise training.

Training: the process of preparing an athlete physically, technically, tactically, psychologically for the highest levels of performance.

Volume: the total amount of work performed. Sets and repetitions of an exercise combine to make volume. Training volume is a summation of the total number of repetitions performed during a training session multiplied by the resistance used (kg) and is reflective of the duration of which muscles are being stressed.

Volume-Load: the combination of volume and intensity. Volume-load is calculated as sets x repetitions x weight, or resistance used.



appropriate training volume, load and intensity to protect the health and safety of each student-athlete.

The safest approach after a break is to provide flexibility within the strength and conditioning program. Extended periods of time away from training reduce aerobic and anaerobic thresholds. Not only are incoming athletes at risk of injury, but returning, “de-trained” athletes can be at risk of injury and exertional collapse. Flexibility within the strength and conditioning program allows for adaptations to be made based on the returning athletes' present physiological status.

Sports-Specific Performance Enhancement. As defined in the principle of specificity, training needs to be relevant to the individual needs of the activity or sport. Although there is some carryover of training effects to other general fitness and performance attributes, the most effective strength and conditioning programs are those that are designed to target-specific training goals.

Trainable characteristics include muscular strength, power, hypertrophy and local muscular endurance. Performance attributes such as speed and agility, balance, coordination, jumping ability, flexibility, core strength and other measures of motor performance are enhanced by resistance training.

Injury Prevention. After the student-athlete completes the preparticipation examination, strength and conditioning coaches should be made aware of health-related issues that could affect training (e.g. sickle cell trait status, asthma and cardiac conditions, acute illness, lack of sleep, suboptimal nutrition, as well as any relevant medications being taken).

The use of the periodization concept and creating an annual plan have proven vital to the optimization of training adaptations in athletes. One of the primary advantages of this training approach is to avoid overtraining. Thus, built within the annual plan is time needed for physical and mental recovery. Many overtraining syndromes are a function of the rate of progression – attempting to do too much too soon, before the body's physiological adaptations can cope with the stress. This typically results in extreme soreness, injury and in rare cases death.

Like all athletic activities, injury is a possibility and preparation for conditioning sessions should be designed to reduce the likelihood of injury. The goal of physical conditioning is to optimize the performance of the athlete and minimize the risk of injury and illness. A well-designed strength and conditioning program along with appropriate, sport-specific skill development are the best approaches to preventing injury. Strength training protects the joints from trauma while sport-specific skill training can help prevent injury by improving the athlete's proprioception. By increasing the strength of the muscles that surround the hips, knees, ankles, shoulders and elbows before the season starts, athletes will be less likely to suffer muscle strains and joint sprains. Athletes returning to athletic activity from a detrained state are at the greatest risk of injury.

The first step to safe performance is thorough and competent training of strength and conditioning coaches. Strength and conditioning professionals apply scientific knowledge to train athletes for the primary goal of improving athletic performance. They conduct sport-specific testing sessions, design and implement safe and effective strength training and

conditioning programs, monitor facilities for safety, and convey principles of nutrition and injury prevention as a member of the performance team. Recognizing that their area of expertise is separate and distinct, strength and conditioning coaches can consult with and refer student-athletes to other athletics health care professionals when appropriate. Strength and conditioning coaches should be certified by a nationally accredited organization. The required components for certification of strength and conditioning personnel vary across national certifying agencies, and individual states lack professional practice regulation similar to medical professionals. Therefore, institutions should identify a particular agency or agencies that meet their institution's expectations for developing and conducting appropriate workouts for intercollegiate student-athletes. When considering components for appropriate strength and conditioning certifications, institutions should note whether the certifying agency:

1. Is accredited by an oversight organization (e.g., National Commission for Certifying Agencies-accredited);
2. Requires an undergraduate college degree;
3. Requires a continuing education component; and
4. Requires current first aid, CPR and AED use certification.

Preventing Sudden Death. Recent evidence has identified several important complications to student-athlete health of which everyone in athletics should be aware. These include sudden cardiac death, asthma, concussion, exertional rhabdomyolysis, heat illness and an increased risk of exertional collapse in athletes with sickle cell trait. The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions published the following 10 recommendations for preventing sudden death in collegiate conditioning sessions:

1. Acclimatize progressively for utmost safety.
2. Introduce new conditioning activities gradually.
3. Do not use exercise and conditioning activities as punishment.
4. Ensure proper education, experience and credentialing of strength training and conditioning coaches.

SUMMER CONDITIONING PERIOD POINTS OF EMPHASIS

1. Institutions should review the guidelines in the NCAA Sports Medicine Handbook (e.g. hydration, emergency care and coverage, medical evaluations, etc.) in developing and updating their policies.
2. Institutions should implement an appropriate rest and recovery plan that includes a hydration strategy.
3. Coaches are encouraged to consult with medical staff in the development of the conditioning sessions. All personnel should be aware of the potential impact acclimatization, hydration, medications and drugs, existing medical conditions, nutritional supplements, and clothing/equipment have on student-athletes' health while participating in strenuous workouts.
4. All on-field personnel should review, practice and follow their venue emergency plan and be trained in administering first aid and cardiopulmonary resuscitation (CPR).
5. Before summer participation, student-athletes should be oriented to the logistics of the summer period and any health and safety concerns that may be associated with participating in strenuous workouts.
6. Incoming freshman/transfers should ideally work out separate from the varsity; or, at the very least be provided a closely monitored, lower-intensity conditioning program to allow gradual physiological adaptation to occur.
7. Student-athletes should be encouraged to report illnesses, injuries and the use of medications and nutritional supplements.
8. Discourage athletes from using caffeine and/or other stimulants that mask fatigue.
9. Monitor athletes closely for the emergence of overtraining signs and symptoms such as unusual fatigue and/or muscle soreness, musculoskeletal injuries and rhabdomyolysis; and promptly refer for immediate medical evaluation with obvious indications of muscle breakdown, such as dark brown urine or severe muscle pain.

5. Provide appropriate medical coverage.
6. Develop and practice, at least annually, the institution's emergency action plan.
7. Be cognizant of medical conditions.
8. Properly design and administer strength and conditioning programs.
9. Partner with recognized professional organizations.
10. Provide adequate continuing education for the entire coaching and medical teams.

REFERENCES

1. Baechle, T.R., and Roger, W.E. (2008). *Essentials of strength and conditioning*, 3rd edition. Champaign, IL: Human Kinetics.
2. Bergeron, M., Nindl, B., F., Deuster, P., Baumgartner, N., et. Al. (2011). Consortium for Health and Military Performance and American College of Sports Medicine Consensus Paper on Extreme Conditioning Programs in Military Personnel. *Current Sports Medicine Reports*, 383-389.
3. Brown, L. (Ed). (2007). *Strength training / National Strength and Conditioning Association*. Champaign, IL: Human Kinetics.
4. Casa, D.J., Anderson, S.A., Baker, L., Bennett, S., Bergeron, M.F., Connolly, D., et al. (2012). The inter-association task force for preventing sudden death in collegiate conditioning sessions: Best practices recommendations. *Journal of Athletic Training*, 47(4):477-480
5. Hoffman, J. (2002). *Physiological aspects of sport training and performance*. Champaign, IL: Human Kinetics.
6. Martens, R. (2012). *Successful Coaching*. Champaign, IL: Human Kinetics
7. Ratamess, N., Alvar, B. A., Evetoch, T.K., Housh, T.J., Kibler, W.B., Kraemer, W.J. et al. (2009). Progression models in resistance training for healthy adults. *Medicine & Science in Sports & Exercise*, 687-708.
8. Sands, W.A., Wurth, J.J., Hewitt, J.K. (2012). *The National Strength and Conditioning Association's Basics of Strength and Conditioning Manual*. Colorado Springs, CO: National Strength and Conditioning Association.

2 MEDICAL ISSUES



GUIDELINE 2A

MEDICAL DISQUALIFICATION

January 1979 • Revised June 2004

Withholding a student-athlete from activity. The team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the team physician or that physician's designated representative.

Procedure to medically disqualify a student-athlete during an NCAA championship. As the event sponsor, the NCAA seeks to ensure that all student-athletes are physically fit to participate in its championships and have valid medical clearance to participate in the competition.

1. The NCAA tournament physician, as designated by the host school, has the unchallengeable authority to determine whether a student-athlete with an injury, illness or other medical condition (e.g., skin infection, communicable disease) may expose others to a significantly enhanced risk of harm and, if so, to disqualify the student-athlete from continued participation.

2. For all other incidents, the student-athlete's on-site team physician can determine whether a student-athlete with an injury or illness should continue to participate or is disqualified. In the absence of a team physician, the NCAA tournament physician will examine the student-athlete and has valid medical authority to disqualify him or her if the student-athlete's injury, illness or medical condition poses a potentially life-threatening risk to himself or herself.
3. The chair of the governing sports committee (or a designated representative) shall be responsible for administrative enforcement of the medical judgment, if it involves disqualification.

REFERENCES

1. *Team Physician Consensus Statement. Project-based alliance for the advancement of clinical sports medicine composed of the American Academy of Family Physicians, the American Academy of Orthopaedic Surgeons, the American College of Sports Medicine (ACSM), the American Medical Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine, 2000. Contact ACSM at 317/637-9200.*



GUIDELINE 2B

COLD STRESS AND COLD EXPOSURE

June 1994 • Revised June 2002, June 2009

Any individual can lose body heat when exposed to cold air, but when the physically active cannot maintain heat, cold exposure can be uncomfortable, can impair performance and may be life threatening. A person may exhibit cold stress due to environmental or nonenvironmental factors. The NATA position statement (2008) states that injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body's ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface.

The variance in the degree, signs and symptoms of cold stress may also be the result of nonenvironmental factors. These factors are, but not limited to, previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity, body size/composition, aerobic fitness level, clothing, acclimatization and low caloric intake. Nicotine, alcohol and other drugs may also contribute to how the person adapts to the stresses of cold.

Early recognition of cold stress is important. Shivering, a means for the body to generate heat, serves as an early warning sign. Excessive shivering contributes to fatigue and makes performance of motor skills more difficult. Other signs include numbness and pain in fingers and toes or a burning sensation of the ears, nose or exposed flesh. As cold exposure continues, the core temperature drops. When the cold reaches the brain, a victim may exhibit sluggishness and poor judgment and may appear disoriented. Speech becomes slow and slurred, and movements become clumsy. If the participant wants to lie down and rest, the situation is a medical emergency, and the emergency action plan should be activated.

Cold injuries can be classified into three categories: freezing of extremities, nonfreezing of extremities and hypothermia.

DEFINITIONS OF COMMON COLD INJURIES IN SPORTS

Frostbite. Frostbite is usually a localized response to a cold, dry environment, but in some incidents, moisture may exacerbate the condition. Frostbite can appear in three distinct phases: frostnip, mild frostbite and deep frostbite.

Frostnip, also known as prefreeze, is a precursor to frostbite and many times occurs when skin is in contact

with cold surfaces (e.g., sporting implements or liquid). The most characteristic symptom is a loss of sensation.

Frostbite is the actual freezing of skin or body tissues, usually of the face, ears, fingers and toes, and can occur within minutes. Signs and symptoms include edema, redness or mottled gray skin, and transient tingling and burning. Permanent numbness, chronic pain, cold sensitivity, sensory loss and a variety of other symptoms may last for years.

Hypothermia. Hypothermia is a significant drop in body temperature [below 95 degrees Fahrenheit (35 degrees Celsius)] as the body's heat loss exceeds its production. The body is unable to maintain a normal core temperature. An individual may exhibit changes in motor function (e.g., clumsiness, loss of finger dexterity, slurred speech), cognition (e.g., confusion, memory loss) and loss of consciousness (e.g., drop in heart rate, stress on the renal system, hyperventilation, sensation of shivering). The signs and symptoms of hypothermia will vary with each individual, depending upon previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity and others.

Hypothermia can occur at temperatures above freezing. A wet and windy 30- to 50-degree exposure may be as serious as a subzero exposure. As the Wind-Chill Equivalent Index (WCEI) indicates, wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet, whether from sweat, rain, snow or immersion, the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

Chilblain and Immersion (Trench) Foot. Chilblain is a nonfreezing cold injury associated with extended cold and wet exposure and results in an exaggerated or inflammatory response. Chilblain may be observed in exposure to cold, wet conditions extending beyond one hour in endurance and alpine events, and team sports, in which clothing remains wet. The feet and hands are usually affected.

PREVENTION OF COLD EXPOSURE AND COLD STRESS

Educating all participants in proper prevention is the key to decreasing the possibility of cold exposure injury or illness. Individuals unaccustomed to cold conditions who are participating at venues that may place them at risk for cold stress may need to take



extra precautionary measures (e.g., proper clothing, warm-up routines, nutrition, hydration, sleep).

The sports medicine staff and coaches should identify participants or conditions that may place members of their teams at a greater risk (e.g., predisposing medical conditions, physiological factors, mechanical factors, environmental conditions).

Clothing. Individuals should be advised to dress in layers and try to stay dry. Moisture, whether from perspiration or precipitation, significantly increases body heat loss. Layers can be added or removed depending on temperature, activity and wind chill. Begin with a wicking fabric next to the skin; wicking will not only keep the body warm and dry, but also eliminates the moisture retention of cotton. For example, polypropylene and wool can wick moisture away from the skin and retain insulating properties when wet. Add light-weight pile or wool layers for warmth and use a wind-blocking garment to avoid wind chill. Because heat loss from the head and neck may account for as much as 40 percent of total heat loss, the head and ears should be covered during cold conditions. Hand coverings should be worn as needed, and in extreme conditions, a scarf or face mask should be worn. Mittens are warmer than gloves. Feet can be kept dry by wearing moisture-wicking or wool socks that breathe and should be dried between wears.

Energy/Hydration. Maintain energy levels via the use of meals, energy snacks and carbohydrate/electrolyte sports drinks. Negative energy balance increases the susceptibility to hypothermia. Stay hydrated, since dehydration affects the body's ability to regulate temperature and increases the risk of frostbite. Fluids are as important in the cold as in the heat. Avoid alcohol,

caffeine, nicotine and other drugs that cause water loss, vasodilatation or vasoconstriction of skin vessels.

Fatigue/Exhaustion. Fatigue and exhaustion deplete energy reserves. Exertional fatigue and exhaustion increase the susceptibility to hypothermia, as does sleep loss.

Warm-Up. Warm up thoroughly and keep warm throughout the practice or competition to prevent a drop in muscle or body temperature. Time the warm-up to lead almost immediately to competition. After competition, add clothing to avoid rapid cooling. Warm extremely cold air with a mask or scarf to prevent bronchospasm.

Partner. Participants should never train alone. An injury or delay in recognizing early cold exposure symptoms could become life-threatening if it occurs during a cold-weather workout on an isolated trail.

Practice and Competition Sessions

The following guidelines, as outlined in the 2008 NATA position statement, can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly re-evaluated for change in risk, including the presence of precipitation:

- **30 degrees Fahrenheit and below:** Be aware of the potential for cold injury and notify appropriate personnel of the potential.
- **25 degrees Fahrenheit and below:** Provide additional protective clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
- **15 degrees Fahrenheit and below:** Consider modifying activity to limit exposure or to allow more frequent chances to re-warm.

- **0 degrees Fahrenheit and below:** Consider terminating or rescheduling activity.

ENVIRONMENTAL CONDITIONS

To identify cold stress conditions, regular measurements of environmental conditions are recommended during cold conditions by referring to the Wind-Chill Equivalent Index (WCEI) (revised November 1, 2001). The WCEI is a useful tool to monitor the air temperature index that measures the heat loss from exposed human skin surfaces. Wind chill is the temperature it "feels like" outside, based on the rate of heat loss from exposed skin caused by the effects of the wind and cold. Wind removes heat from the body in addition to the low ambient temperature.

When traveling to areas of adverse weather conditions, the following terms will be consistently referred to in weather forecasting.

Wind Chill. Increased wind speeds accelerate heat loss from exposed skin, and the wind chill is a measure of this effect. No specific rules exist for determining when wind chill becomes dangerous. As a general guideline, the threshold for potentially dangerous wind chill conditions is about minus-18 degrees Fahrenheit. Cooling is accelerated with wet clothing. Frostbite can occur within 30 minutes or faster if clothing is wet, it is windy, or wind is produced during sport movement.

Wind Chill Advisory. The National Weather Service issues this product when the wind chill could be life threatening if action is not taken. The criteria for this warning vary from state to state.

Wind Chill Factor. Increased wind speeds accelerate heat loss from exposed skin. No specific rules exist for determining when wind chill becomes dangerous. As a general rule, the threshold for potentially dan-



WIND CHILL CHART



		Temperature (°F)																		
		Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63	
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72	
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77	
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81	
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84	
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87	
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89	
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91	
	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93	
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95	
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97	
	60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98	

Frostbite Times

30 minutes

10 minutes

5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})

Where, T= Air Temperature (°F) V= Wind Speed (mph)

Effective 11/01/01

gerous wind chill conditions is about minus-18 degrees Fahrenheit.

Wind Chill Warning . The National Weather Service issues this product when the wind chill is life threatening. The criteria for this warning vary from state to state.

Blizzard Warning. The National Weather Service issues this product for winter storms with sustained or frequent winds of 35 miles per hour or higher with considerable falling and/or blowing snow that frequently reduces visibility to one-quarter of a mile or less.

REFERENCES

1. Cappaert, T., Stone, J.A., Castellani, J.W., Krause, B.A., Smith, D., and Stephens, B.A. National Athletic Trainers' Association Position Statement: Environmental Cold Injuries. *Journal of Athletic Training*. 43(6):640-658. 2008.
2. Prevention of Cold Injuries During Exercise. ACSM Position Stand. *Medicine & Science in Sports & Exercise*. 2006: 2012-2029.
3. Armstrong, LE: *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers. 1999.
4. Askew EW: Nutrition for a cold environment. *The Physician and Sportsmedicine* 17(12):77-89, 1989.
5. Frey C: Frostbitten feet: Steps to treatment and prevention. *The Physician and Sportsmedicine* 21(1):67-76, 1992.
6. Young, A.J., Castellani, J.W., O'Brian, C. et al., Exertional fatigue, sleep loss, and negative-energy balance increases susceptibility to hypothermia. *Journal of Applied Physiology*. 85:1210-1217, 1998.
7. Robinson WA: Competing with the cold. *The Physician and Sportsmedicine* 20(1):61-65, 1992.
8. Thornton JS: Hypothermia shouldn't freeze out cold-weather athletes. *The Physician and Sportsmedicine* 18(1): 109-114, 1990.
9. NOAA National Weather Service, www.weather.gov/om/windchill/images/wind-chill-brochure.pdf.
10. Street, Scott, Runkle, Debra. *Athletic Protective Equipment: Care, Selection, and Fitting*. McGraw-Hill, 2001.

GUIDELINE 2C

PREVENTION OF HEAT ILLNESS

June 1975 • Revised June 2002, June 2010

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, exertional heatstroke (EHS) is the third-leading cause of on-the-field sudden death in athletes. There have been more deaths from heatstroke in the recent five-year block from 2005 to 2009 than any other five-year block in the previous 30 years. Constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed:

1. An initial complete medical history and physical evaluation, followed by the completion of a yearly health-status questionnaire before practice begins, is required, per Bylaw 17.1.5. A history of previous heat illnesses, sickle cell trait and the type and duration of training activities for the previous month should also be considered.
2. Prevention of heat illness begins with gradual acclimatization to environmental conditions. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions during a minimum period of 10 to 14 days. Each exposure should involve a gradual increase in the intensity and duration of exercise and equipment worn until the exercise is comparable to that likely to occur in competition. When environmental conditions are extreme, training or competition should be held during a cooler time of day. Hydration should be maintained during training and acclimatization sessions.
3. Clothing and protective equipment, such as helmets, shoulder pads and shinguards, increase heat stress by interfering with the evaporation of sweat and inhibiting other pathways needed for heat loss. Dark-colored clothing increases the body's absorption of solar radiation, while moisture-wicking-type clothing helps with the body's ability to dissipate heat. Frequent rest periods should be scheduled so that the gear and clothing can be removed and/or loosened to allow heat dissipation. During the acclimatization process, it may be advisable to use a minimum of protective

PROTECT YOURSELF AND YOUR TEAMMATES

Intense exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Report problems to medical staff immediately.

Know the Signs

- Muscle cramping.
- Decreased performance.
- Unsteadiness.
- Confusion.
- Vomiting.
- Irritability.
- Pale or flushed skin.
- Rapid weak pulse.

Report Your Symptoms

- High body temperature.
- Nausea.
- Headache.
- Dizziness.
- Unusual fatigue.
- Sweating has stopped.
- Disturbances of vision.
- Fainting.



gear and clothing and to practice in moisture-wicking T-shirts, shorts, socks and shoes. Rubberized suits should not be worn.

4. To identify heat stress conditions, regular measurements of environmental conditions are recommended. The wet-bulb globe temperature (WBGT), which includes the measurement of wet-bulb temperature (humidity), dry-bulb temperature (ambient temperature) and globe temperature (radiant heat), assesses the potential impact of environmental heat stress. A WBGT higher than 82 degrees Fahrenheit (28 degrees Celsius) suggests that careful control of all activity should be undertaken. Additional precautions should be taken when wearing protective equipment (see reference No. 6). The American College of Sports Medicine publishes guidelines for conducting athletic activities in the heat (see reference No. 1).
5. EHS has the greatest potential of occurrence at the start of preseason practices and with the introduction of protective equipment during practice sessions. The inclusion of multiple practice sessions during the same day may also increase the risk of EHS. Ninety-six percent of all heat illnesses in football occur in August.
6. Hydration status also may influence the occurrence of EHS; therefore, fluid replacement should be readily available. Student-athletes should be encouraged to drink frequently throughout a practice session. They should drink two cups or more of water and/or sports drink in the hour before practice or competition, and continue drinking during activity (every 15 to 20 minutes). For activities up to two hours in duration, most weight loss represents water loss, and that fluid loss should be replaced as soon as possible. After activity, the student-athlete should rehydrate with a volume that exceeds the amount lost during the activity. In general, 20 ounces of fluid should be replaced for every pound lost. Urine volume and color can be used to assess general hydration. If output is plentiful and the color is "pale yellow or straw-colored," the student-athlete is not dehydrated. As the urine color gets darker, this could represent dehydration of the student-athlete. Water and sport drinks are appropriate for hydration and rehydration during exercise in the heat. Sport drinks should contain no more than 6-8 percent carbohydrates and electrolytes to enhance fluid consumption. In addition, the carbohydrates provide energy and help maintain immune and cognitive function.
7. During the preseason period or periods of high environmental stress, the student-athletes' weight should be recorded before and after every workout, practice and competition. This procedure can detect progressive dehydration and loss of body fluids. Those who lose 5 percent of their body weight or more should be evaluated medically and their activity restricted until rehydration has occurred. For prevention, the routine measurement of pre- and post-exercise body weights is useful for determining sweat rates and customizing fluid replacement programs.
8. Some student-athletes may be more susceptible to heat illness. Susceptible individuals include those with sickle cell trait, inadequate acclimatization or aerobic fitness, excess body fat, a history of heat illness, a febrile condition, inadequate rehydration and those who regularly push themselves to capacity. Also, substances with a diuretic effect or that act as stimulants may increase risk of heat illness. These substances may be found in some prescription and over-the-counter drugs, nutritional supplements and foods.
9. Student-athletes should be educated on the signs and symptoms of EHS, such as elevated core temperature, weakness, cramping, rapid and weak pulse, pale or flushed skin, excessive fatigue, nausea, unsteadiness, disturbance of vision, mental confusion and incoherency. If heatstroke is suspected, prompt emergency treatment is recommended. When training in hot and/or humid conditions, student-athletes should train with a partner or be under observation by a coach or athletic trainer.



POTENTIAL RISK FACTORS

As identified throughout Guideline 2C, the following are potential risk factors associated with heat illness:

1. **Intensity of exercise.** This is the leading factor that can increase core body temperature higher and faster than any other.
2. **Environmental conditions.** Heat and humidity combine for a high wet-bulb globe temperature that can quickly raise the heat stress on the body.
3. **Duration and frequency of exercise.** Minimize multiple practice sessions during the same day and allow at least three hours of recovery between sessions.
4. **Dehydration.** Fluids should be readily available and consumed to aid in the body's ability to regulate itself and reduce the impact of heat stress.
5. **Nutritional supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or high levels of caffeine.* These substances can have a negative impact on hydration levels and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as sickle cell trait, hypertension, asthma and thyroid dysfunction.
6. **Medication/drugs.** Certain medications and drugs have effects similar to those of some nutritional supplements. These substances may be ingested through over-the-counter or prescription medications, recreational drugs, or food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.
7. **Medical conditions.** Examples include illness with fever, gastrointestinal illness, previous heat illness, obesity or sickle cell trait.
8. **Acclimatization/fitness level.** Lack of acclimatization to the heat or poor conditioning.
9. **Clothing.** Dark clothing absorbs heat. Moisture wicking-type material helps dissipate heat.
10. **Protective equipment.** Helmets, shoulder pads, chest protectors, and thigh and leg pads interfere with sweat evaporation and increase heat retention.
11. **Limited knowledge of heat illness.** Signs and symptoms can include elevated core temperature, pale or flushed skin, profound weakness, muscle cramping, rapid weak pulse, nausea, dizziness, excessive fatigue, fainting, confusion, visual disturbances and others.

**NOTE: Stimulant drugs such as amphetamines, ecstasy, ephedrine and caffeine are on the NCAA banned substance list and may be known by other names. A complete list of banned drug classes can be found on the NCAA website at NCAA.org/SSI.*

FIRST AID FOR HEAT ILLNESS

Heat exhaustion. Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress. Symptoms usually include profound weakness and exhaustion, and often dizziness, syncope, muscle cramps, nausea and a core temperature below 104 degrees Fahrenheit with excessive sweating and flushed appearance. First aid should include removal from activity, taking off all equipment and placing the student-athlete in a cool, shaded environment. Fluids should be given orally. Core temperature and vital signs should be serially assessed. The student-athlete should be cooled by ice immersion and ice towels, and use of IV fluid replacement should be determined by a physician. Although rapid recovery is typical, student-athletes should not be allowed to practice or compete for the remainder of that day.

Exertional Heatstroke. Heatstroke is a medical emergency. Medical care should be obtained at once; a delay in treatment can be fatal. This condition is characterized by a very high body temperature (104 degrees Fahrenheit or greater) and the student-athlete likely will still be sweating profusely at the time of collapse, but may have hot, dry skin, which indicates failure of the primary temperature-regulating mechanism (sweating), and CNS dysfunction (e.g., altered consciousness, seizure, coma). First aid includes activation of the emergency action plan, assessment of core temperature/vital signs and immediate cooling of the body with cold water immersion. Another method for cooling includes using cold, wet ice towels on a rotating basis. Student-athletes who incur heatstroke should be hospitalized and monitored carefully. The NATA's Inter-Association Task Force recommends "cool first, transport second" in these situations (see reference No. 7).

REFERENCES

1. American College of Sports Medicine Position Stand: Exertional Heat Illness During Training and Competition. *Med: Sci Sport Exerc.* 2007;39(3):556-72.
2. Armstrong LE, Maresh CM: The induction and decay of heat acclimatization in trained athletes. *Sports Medicine* 12(5):302-312, 1991.
3. Armstrong, LE: *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers, p. 64, 2000.
4. Haynes EM, Wells CL: Heat stress and performance. In: *Environment and Human Performance*. Champaign, IL: Human Kinetics Publishers, pp. 13-41, 1986.
5. Hubbard RW and Armstrong LE: The heat illness: Biochemical, ultrastructural and fluid-electrolyte considerations. In Pandolf KB, Sawka MN and Gonzalez RR (eds): *Human Performance Physiology and Environmental Medicine at Terrestrial Extremes*. Indianapolis, IN: Benchmark Press, Inc., 1988.
6. Kulka TJ and Kenney WL: Heat balance limits in football uniforms. *The Physician and Sportsmedicine*. 30(7): 29-39, 2002.
7. Inter-Association Task Force on Exertional Heat Illnesses Consensus Statement. National Athletic Trainers' Association, June 2003.
8. Casa DJ, Armstrong LE, Ganio MS, Yeargin SW. Exertional Heat Stroke in Competitive Athletes. *Current Sports Medicine Reports* 2005, 4:309-317.
9. Casa DJ, McDermott BP, Lee EC, Yeargin SW, Armstrong LE, Maresh CM. Cold Water Immersion: The Gold Standard for Exertional Heatstroke Treatment. *Exercise and Sport Sciences Reviews*. 2007. 35:141-149.
10. Casa DJ, Becker SM, Ganio MS, et al. Validity of Devices That Assess Body Temperature During Outdoor Exercise in the Heat. *Journal of Athletic Training* 2007; 42(3):333-342.
11. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training* 2002; 37(3):329-343.
12. American College of Sports Medicine Position Stand: Exercise and Fluid Replacement. *Med: Sci Sport Exerc.* 2007; 384-86.
13. Ganio MS, Brown CM, Casa DJ, Becker SM, Yeargin SW, McDermott BP, Boots LM, Boyd PW, Armstrong LE, Maresh CM. Validity and reliability of devices that assess body temperature during indoor exercise in the heat. *J Athl Train.* 2009;44(2):124-135.
14. Sunderland C, Morris JG, Nevill ME. A heat acclimation protocol for team sports. *Br J Sports Med.* 2008; 42:327-333.
15. Yeargin SW, Casa DJ, Armstrong LE, Watson G, Judelson DA, Psathas E, Sparrow, SL. Heat acclimatization and hydration status of American football players during initial summer workouts. *J Strength Cond Res.* 2006; 20:463-470.
16. Lopez RM, Casa DJ. The influence of nutritional ergogenic aids on exercise heat tolerance and hydration status. *Curr Sports Med Rep.* 2009; 8:192-199.

TIPS FOR STUDENT-ATHLETES AND COACHES

Stay cool

- Conduct warm-ups in the shade.
- Schedule frequent breaks.
- Break in the shade.
- Use fans for cooling.
- Take extra time – at least three hours – between two-a-day practices.
- Wear light-colored, moisture-wicking, loose-fitting clothing.
- Increase recovery interval times between exercise bouts and intervals.

Stay hydrated

- Drink before you are thirsty (20 ounces two to three hours before exercise).
- Drink early (8 ounces every 15 minutes during exercise).
- Replace fluids (20 ounces for every pound lost).
- Lighter urine color is better.
- Incorporate sports drinks when possible.

Acclimatize

- Avoid workouts during unusually hot temperatures by picking the right time of day.
- Progress your exercise time and intensity slowly during a two-week period before preseason.
- Reduce multiple workout sessions; if multiple sessions are performed, take at least three hours of recovery between them.

Coaches be prepared

- Use appropriate medical coverage.
- Have a cell phone on hand.
- Know your local emergency numbers and program them in your phone.
- Report problems to medical staff immediately.
- Schedule breaks for hydration and cooling (e.g., drinks, sponges, towels, tubs, fans).
- Provide ample recovery time in practice and between practices.
- Monitor weight loss.
- Encourage adequate nutrition.

GUIDELINE 2D

WEIGHT LOSS-DEHYDRATION

July 1985 • Revised June 2002

There are two general types of weight loss common to student-athletes who participate in intercollegiate sports: loss of body water or loss of body weight (fat and lean tissue). Dehydration, the loss of body water, leads to a state of negative water balance called dehydration. It is brought about by withholding fluids and carbohydrates, the promotion of extensive sweating and the use of emetics, diuretics or laxatives. The problem is most evident in those who must be certified to participate in a given weight class, but it also is present in other athletics groups.

There is no valid reason for subjecting the student-athlete's body to intentional dehydration, which can lead to a variety of adverse physiological effects, including significant pathology and even death. Dehydration in excess of 3 to 5 percent leads to reduced strength and muscular endurance, reduced plasma and blood volume, compromised cardiac output (elevated heart rate, smaller stroke volume), impaired thermoregulation, decreased kidney blood flow and filtration, reduced liver glycogen stores and loss of electrolytes. Pathological responses include life-threatening heat illness, rhabdomyolysis (severe muscle breakdown), kidney failure and cardiac arrest.

With extensive dehydration, attempts at acute rehydration usually are insufficient for body fluid and electrolyte homeostasis to be restored before competition. For example, in wrestling this is especially true between the official weigh-in and actual competition.

All respected sports medicine authorities and organizations have condemned the practice of fluid deprivation. To promote sound practices, student-athletes and coaches should be educated about the physiological and pathological consequences of dehydration. The use of laxatives, emetics and diuretics should be prohibited. Similarly, the use of excessive food and fluid restriction, self-induced vomiting, vapor-impermeable suits (e.g., rubber or rubberized nylon), hot rooms, hot boxes and steam rooms should be prohibited. Excessive food restriction or self-induced vomiting may be symptoms of serious eating disorders (see Guideline 2F).

Dehydration is a potential health hazard that acts with poor nutrition and intense exercise to compromise health and athletic performance. The sensible alternative to dehydration weight loss involves preseason determination of an acceptable (minimum) competitive weight, gradual weight loss to achieve the desired weight, and maintenance of the weight during the course of the competitive season. Standard body composition procedures should be used to determine the

appropriate competitive weight. Spot checks (body composition or dehydration) should be used to ensure compliance with the weight standard during the season.

Student-athletes and coaches should be informed of the health consequences of dehydration, educated in proper weight-loss procedures, and subject to disciplinary action when approved rules are violated.

REFERENCES

1. American College of Sports Medicine, *Position Stand: Weight Loss in Wrestlers*, 1995. (P.O. Box 1440, Indianapolis, IN 46206-1440).
2. Armstrong, L.E. *Performing in Extreme Environments*. Champaign, IL: Human Kinetics Publishers, pp. 15-70, 2000.
3. Horswill CA: Does Rapid Weight Loss by Dehydration Adversely Affect High-Power Performance? 3(30), 1991. (Gatorade Sports Science Institute, P.O. Box 9005, Chicago, IL 60604-9005).
4. *Hyperthermia and Dehydration-Related Deaths Associated With Intentional Rapid Weight Loss in Three Collegiate Wrestlers*. *Morbidity and Mortality Weekly* 47(6):105-108, 1998.
5. Sawka, MN (chair): Symposium—Current concepts concerning thirst, dehydration, and fluid replacement. *Medicine and Science in Sports and Exercise* 24(6):643-687, 1992.

GUIDELINE 2E

ASSESSMENT OF BODY COMPOSITION

June 1991 • Revised June 2002

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Dan Benardot, Georgia State University, who authored a revision of this guideline.

Athletic performance is, to a great degree, dependent on the ability of the student-athlete to overcome resistance and to sustain aerobic and/or anaerobic power. Both of these elements of performance have important training and nutritional components and are, to a large degree, influenced by the student-athlete's body composition. Coupled with the common perception of many student-athletes who compete in sports in which appearance is a concern (swimming, diving, gymnastics, skating, etc.), attainment of an "ideal" body composition often becomes a central theme of training.

Successful student-athletes achieve a body composition that is within a range associated with performance achievement in their specific sport. Each sport has different norms for the muscle and fat levels associated with a given height, and the student-athlete's natural genetic predisposition for a certain body composition may encourage him or her to participate in a particular sport or take a specific position within a sport. For instance, linemen on football teams have different responsibilities than receivers, and this difference is manifested in physiques that are also different.

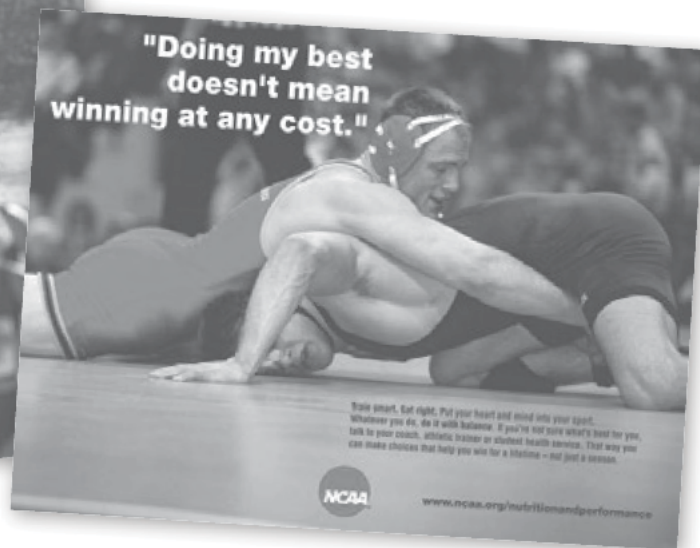
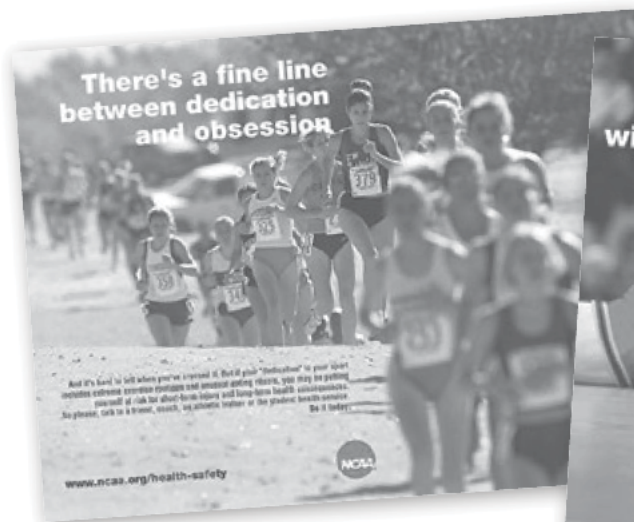
Besides the aesthetic and performance reasons for wanting to achieve an optimal body composition, there may also be safety reasons. A student-athlete who is carrying excess weight may be more prone to injury when performing difficult skills than the student-athlete with a more optimal body composition. However, the means student-athletes often use in an attempt to achieve an optimal body composition may be counterproductive. Diets and excessive training often result in such a severe energy deficit that, while total weight may be reduced, the constituents of weight also change, commonly with a lower muscle mass and a relatively higher fat mass. The resulting higher body fat percentage and lower muscle mass inevitably result in a performance reduction that motivates the student-athlete to follow regimens that produce even greater energy deficits. This downward energy intake spiral may be the precursor to eating disorders that place the student-athlete at serious health risk. Therefore, while achieving an optimal body composition is useful for high-level athletic performance, the processes student-athletes often use to attain an optimal body composition may reduce athletic performance, may place them at a higher injury risk and may increase health risks.

PURPOSE OF BODY COMPOSITION ASSESSMENT

The purpose of body composition assessment is to determine the student-athlete's distribution of lean (muscle) mass and fat mass. A high lean mass to fat mass ratio is often synonymous with a high strength to weight ratio, which is typically associated with athletic success. However, there is no single ideal body composition for all student-athletes in all sports. Each sport has a range of lean mass and fat mass associated with it, and each student-athlete in a sport has an individual range that is ideal for him or her. Student-athletes who try to achieve an arbitrary body composition that is not right for them are likely to place themselves at health risk and will not achieve the performance benefits they seek. Therefore, a key to body composition assessment is the establishment of an acceptable range of lean and fat mass for the individual student-athlete, and the monitoring of lean and fat mass over regular time intervals to assure a stability or growth of the lean mass and a proportional maintenance or reduction of the fat mass. Importantly, there should be just as much attention given to changes in lean mass (both in weight of lean mass and proportion of lean mass) as the attention traditionally given to body fat percent.

In the absence of published standards for a sport, one strategy for determining if a student-athlete is within the body composition standards for the sport is to obtain a body fat percent value for each student-athlete on a team (using the same method of assessment), and obtaining an average and standard deviation for body fat percent for the team. Student-athletes who are within 1 standard deviation (i.e., a Z-score of ± 1) of the team mean should be considered within the range for the sport. Those greater than or less than ± 1 standard deviation should be evaluated to determine the appropriateness of their training schedule and nutrient intake. In addition, it is important for coaches and student-athletes to use functional performance measures in determining the appropriateness of a student-athlete's body composition. Student-athletes outside the normal range of body fat percent for the sport may have achieved an optimal body composition for their genetic makeup, and may have objective performance measures (e.g., jump height) that are well within the range of others on the team.

Body composition can be measured indirectly by several methods, including hydrostatic weighing, skin-fold and girth measurements (applied to a nomogram or prediction equation), bioelectrical impedance analysis (BIA), dual-energy X-ray absorptiometry (DEXA),



ultrasound, computerized tomography, magnetic-resonance imagery, isotope dilution, neutron-activation analysis, potassium-40 counting and infrared intercalance. The most common of the methods now used to assess body composition in student-athletes are skinfold measurements, DEXA, hydrostatic weighing and BIA. While hydrostatic weighing and DEXA are considered by many to be the “gold standards” of the indirect measurement techniques, there are still questions regarding the validity of these techniques when applied to humans. Since skinfold-based prediction equations typically use hydrostatic weighing or DEXA as the criterion methods, results from skinfolds typically carry the prediction errors of the criterion methods plus the added measurement errors associated with obtaining skinfold values. BIA has become popular because of its noninvasiveness and speed of measurement, but results from this technique are influenced by hydration state. Since student-athletes have hydration states that are in constant flux, BIA results may be misleading unless strict hydration protocols are followed. In general, all of the commonly used techniques should be viewed as providing only estimates of body composition, and since these techniques use different theoretical assumptions in their prediction of body composition, values obtained from one technique should not be compared with values obtained from another technique.

CONCERNS WITH BODY COMPOSITION ASSESSMENT

1. Using Weight as a Marker of Body Composition.

While the collection of weight data is a necessary adjunct to body composition assessment, by itself weight may be a misleading value. For instance, young student-athletes have the expectation of growth and increasing weight, so gradual increases in weight should not be interpreted as a body composition problem. A student-athlete who has increased resistance training to improve strength may also have a higher weight, but since this

increased weight is likely to result from more muscle, this should be viewed as a positive change. The important consideration for weight is that it can be (and often is) misused as a measure of body composition, and this misuse can detract from the purpose of body composition assessment.

2. **Comparing Body Composition Values With Other Athletes.** Student-athletes often compare body composition values with other student-athletes, but this comparison is not meaningful and may drive a student-athlete to change body composition in a way that negatively impacts both performance and health. Health professionals involved in obtaining body composition data should be sensitive to the confidentiality of this information, and explain to each student-athlete that differences in height, age and gender are likely to result in differences in body composition, without necessarily any differences in performance. Strategies for achieving this include:

- Obtaining body composition values with only one student-athlete at a time, to limit the chance that the data will be shared.
- Giving student-athletes information on body composition using phrases such as “within the desirable range” rather than a raw value, such as saying “your body fat level is 18 percent.”
- Providing athletes with information on how they have changed between assessments, rather than offering the current value.
- Increasing the focus on muscle mass, and decreasing the focus on body fat.
- Using body composition values as a means of helping to explain changes in objectively measured performance outcomes.

3. **Seeking an Arbitrarily Low Level of Body Fat.**

Most student-athletes would like their body fat level to be as low as possible. However, student-athletes often try to seek a body fat level that is

arbitrarily low, and this can increase the frequency of illness, increase the risk of injury, lengthen the time the student-athlete can return to training after an injury, reduce performance and increase the risk of an eating disorder. Body composition values should be thought of as numbers on a continuum that are usual for a sport. If a student-athlete falls anywhere on that continuum, it is likely that factors other than body composition (training, skills acquisition, etc.) will be the major predictors of performance success.

4. Frequency of Body Composition Assessment.

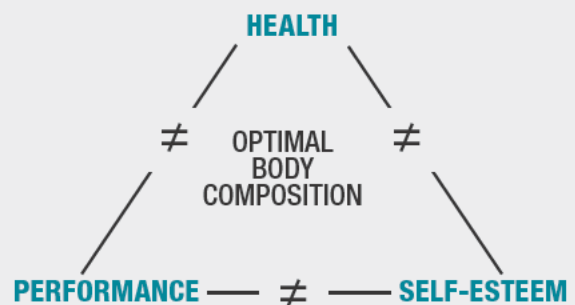
Student-athletes who have frequent weight and/or skinfolds taken are fearful of the outcome, since the results are often (inappropriately) used punitively. Real changes in body composition occur slowly, so there is little need to assess student-athletes weekly, biweekly or even monthly. If body composition measurements are sufficient and agreed upon by all parties, measurement frequency of twice a year should be sufficient. In some isolated circumstances in which a student-athlete has been injured or is suffering from a disease state, it is reasonable for a physician to recommend a more frequent assessment rate to control for changes in lean mass. Student-athletes and/or coaches who desire more frequent body composition or weight measurement should shift their focus to assessments of objective performance-related measures.

SUMMARY

The assessment of body composition can be a useful tool in helping the student-athlete and coach understand the changes that are occurring as a result of training and nutritional factors. However, the body composition measurement process and the values obtained can be a sensitive issue for the student-athlete. A legitimate purpose for body composition assessment should dictate the use of these measurement techniques. Health professionals involved in obtaining body composition data should focus on using the same technique with the same prediction equations to derive valid comparative data over time. Institutions should have a protocol in place outlining the rationale for body composition measurements, who is allowed to measure the student-athlete, who is permitted to discuss the results with the student-athlete and what frequency of body composition measurement is appropriate. The student-athlete should not feel forced or obligated to undergo body composition or weight measurement.

UNDERSTANDING OPTIMAL BODY COMPOSITION

For each student-athlete, there may be a unique optimal body composition for performance, for health and for self-esteem. However, in most cases, these three values are NOT identical. Mental and physical health should not be sacrificed for performance. An erratic or lost menstrual cycle, sluggishness or an obsession with achieving a number on a scale may be a sign that health is being challenged.



Everyone involved directly or indirectly with body composition measurement should understand that inappropriate measurement and use of body composition data might contribute to the student-athlete experiencing unhealthy emotional stress. This stress can lead to the development or enhancement of eating disorders in the student-athlete (see Guideline 2F). All coaches (sport or strength/conditioning) should be aware of the sizable influence they may have on the behaviors and actions of their student-athletes. Many student-athletes are sensitive about body fat, so care should be taken to apply body composition measurement, when appropriate, in a way that enhances the student-athlete's well-being.

REFERENCES

1. Benardot D: Working with young athletes: Views of a nutritionist on the sports medicine team. *Int. J. Sport Nutr.* 6(2):110-120, 1996.
2. Boileau RA and Lohman TG. The measurement of human physique and its effect on physical performance. *Orthopedic Clin. N. Am.* 8:563-581, 1977.
3. Clarkson PM. Nutritional supplements for weight gain. *Sports Science Exchange SSE#68(11):* 1-18, 1998.
4. Clasey JL, Kanaley JA, Wideman L, Heymsfield SB, Teates CD, Gutgesell ME, Thomer MO, Hartman ML, and Weltman A. Validity of

- methods of body composition assessment in young and older men and women. *J. Appl. Physiol.* 86(5):1728-38, 1999.
5. Fleck SJ. Body composition of elite American athletes. *Am. J. Sports Med.* 11:398-403, 1983.
 6. Heymsfield SB and Want Z. Measurement of total-body fat by underwater weighing: new insights and uses for old method. *Nutrition* 9:472-473, 1993.
 7. Houtkooper LB and Going SB. Body composition: How should it be measured? Does it affect sport performance? *Sports Science Exchange* SSE#52(7):1-15, 1994.
 8. Houtkooper LB, Going SB, Lohman TG, Roche AF, and Van Loan M. Bioelectrical impedance estimation of fat-free body mass in children and youth: a cross-validation study. *J. Appl. Physiol.* 72:366-373, 1992.
 9. Jackson AS and Pollock ML. Generalized equations for predicting body density in men. *Br. J. Nutr.* 40:497-504, 1978.
 10. Jackson AS, Pollock ML, and Ward A. Generalized equations for predicting body density of women. *Med. Sci. Sports Exerc.* 12:175-182, 1980.
 11. Lukaski HC. Methods for the assessment of human body composition—traditional and new. *Am. J. Clin. Nutr.* 46:537-56, 1987.
 12. Malina RM and Bouchard C. Characteristics of young athletes. In: *Growth, Maturation and Physical Activity*. Champaign, IL: *Human Kinetics Books*, pp. 443-463, 1991.
 13. Manore M, Benardot D, and Love P. Body measurements. In: Benardot D (Ed). *Sports Nutrition: A Guide for Professionals Working With Active People*. Chicago, IL: *American Dietetic Association*, pp. 70-93, 1993.
 14. Melby CL and Hill JO. Exercise, macronutrient balance, and body weight regulation. *Sports Science Exchange* SSE#72(12): 1-16, 1999.
 15. Thomas BJ, Cornish BH, Ward LC, and Jacobs A. Bioimpedance: is it a predictor of true water volume? *Ann. N.Y. Acad. Sci.* 873:89-93, 1999.

GUIDELINE 2F

NUTRITION AND ATHLETIC PERFORMANCE

January 1986 • Revised June 2002, May 2009, 2013

Athletic performance and recovery from training are enhanced by attention to nutrient intake. Optimal nutrition for health and performance includes the identification of both the quantity and quality of food and fluids needed to support regular training and peak performance. As training demands shift during the year, athletes need to adjust their caloric intake and macronutrient distribution while maintaining a high nutrient-dense diet that supports their training and competition nutrient needs. The following key points summarize the impacts of training on energy, nutrient and fluid recommendations for competitive student-athletes as recommended by the American College of Sports Medicine (ACSM) and the Academy of Nutrition and Dietetics.

It is helpful to think of collegiate athletes' training year as including three phases: **base**, **competition** and **transition**. During **base** training when training volume is high (practices are longer and/or more frequent), athletes' energy needs are at their highest. A high-quality nutritional plan is key during this phase. Base training is also the best phase to experiment with and define event fueling and hydration strategies that can be continued throughout the year.

The **competition** phase usually reflects a decrease in training volume, and perhaps high-intensity training sessions with extended periods of tapering leading up to competition and travel. During the competition phase, athletes should adjust calorie and macronutrient intake to prevent unwanted weight gain. They should learn how to eat before competition, how to eat while traveling and how to adjust fluid needs based on environmental impacts. Athletes who consume a balanced diet will likely exhibit the best performance and experience less illness during the competition phase.

The **transition** (recovery) phase, during which athletes' training volume and intensity are at their lowest, requires some attention to the prevention of unwanted changes in body weight (increased body fat or decreased muscle mass). During this phase, athletes may need to decrease total calorie intake and resist overindulging while still maintaining a nutrient-dense diet.

Carbohydrates, the primary fuel for higher intensity activity, are required to replenish liver and muscle

glycogen stores and to prevent low blood sugar (hypoglycemia) during training. Carbohydrate intake has been well documented to have a positive impact on adaptation to training, performance and improved immune function.

During base training, a daily intake of 6 to 10 grams of carbohydrate per kilogram of body weight per day is advised. As training intensity and/or volume increase, carbohydrate need may easily exceed 10 grams of carbohydrates per kilogram of body weight. Athletes should begin to think about fueling for their next athletics activity immediately after the one they just completed. Recovery carbohydrates, to replace glycogen stores, can be calculated based on 1 to 1.5 grams of carbohydrates per kilogram of body weight and should be consumed immediately after training sessions. Within two hours after training, additional carbohydrates will help continue glycogen repletion.

The U.S. Dietary Guidelines and experts in performance nutrition recommend that athletes focus their food choices on less-refined types of carbohydrates, as these contain essential micronutrients vital to health and performance. Whole grain breads and pasta, whole fruits and vegetables are excellent sources of high-quality carbohydrates.

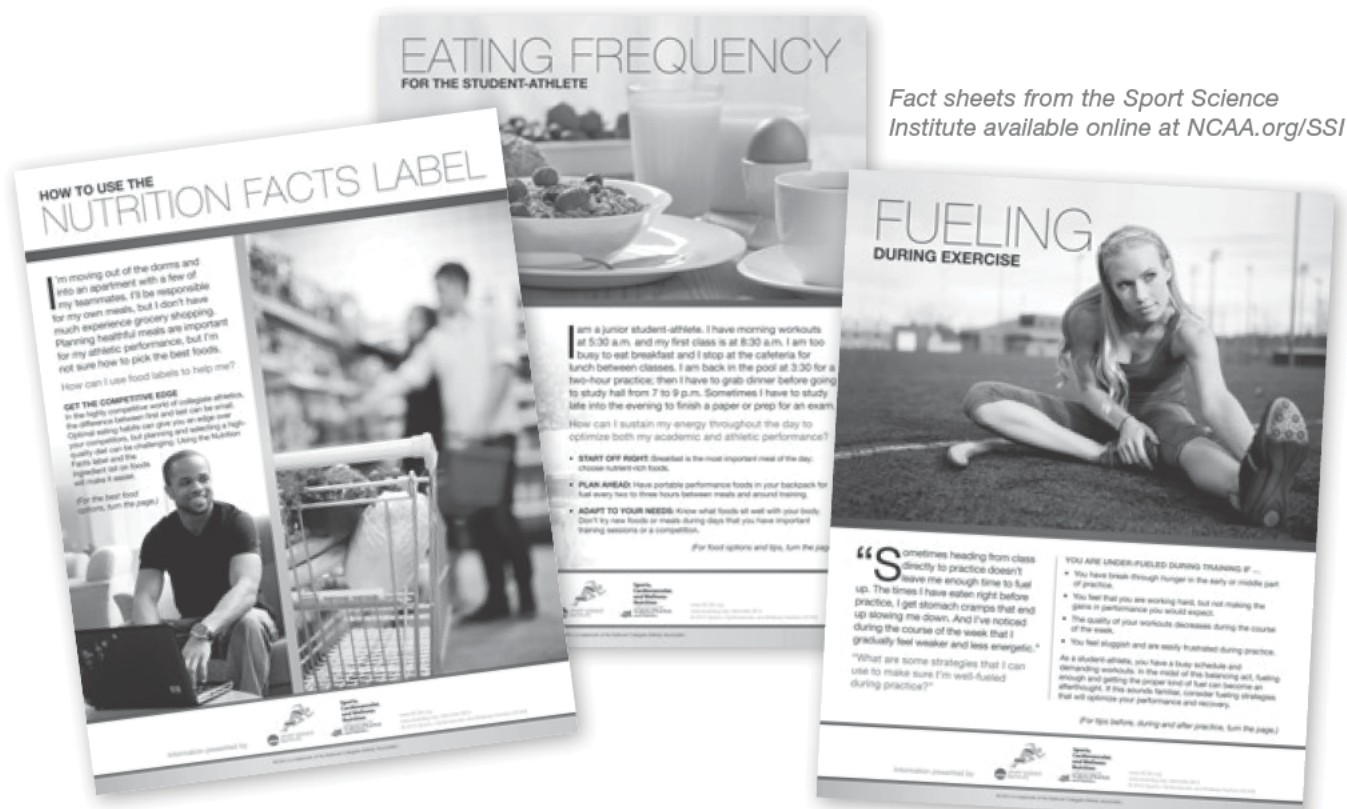
Protein requirements are slightly higher in both endurance (1.2 to 1.4 grams per kilogram body weight) and strength-training student-athletes (1.6 to 1.7 grams per kilogram body weight), above the typical recommended daily intake (0.8 grams per kilogram body weight). Recommendations include ingesting a snack rich in carbohydrates with 10-20 grams of protein within 30 minutes after a training session for effectiveness.

Fortunately, the higher intakes recommended for athletes are easily achieved in a well-balanced diet without the use of additional supplements.

Fat intake is an important source of essential fatty acids and carrier for fat-soluble vitamins necessary for optimal physiological immune function. During prolonged, lower-intensity training, fats are a major energy contributor and are stored in muscle as triglyceride for use during activity. Dietary fat intake is suggested to be from 20 to 35 percent of total daily caloric intake.



NCAA.org/SSI



Fact sheets from the Sport Science Institute available online at NCAA.org/SSI

Diets low in fat can negatively impact training, nutrient density of the diet and the ability to consistently improve performance.

In general, vitamin and mineral supplements are not required if a student-athlete is consuming adequate energy from a variety of foods to maintain body weight. However, the risk of micronutrient deficiencies is greatest in student-athletes who are restricting calories, engaging in rapid weight-loss practices or eliminating specific foods or food groups from their diet. A multivitamin providing not more than 100 percent of the daily recommended intake can be considered for these student-athletes. Female student-athletes are especially prone to deficiencies in calcium and iron due to the impacts of regular menstrual cycles. The diets and iron status of endurance athletes and vegetarians (especially females) should be evaluated. However, megadoses of specific vitamins or minerals (10 to 100 times the Recommended Dietary Allowances) are not recommended.

Hydration status affects health and performance. Athletes should consume fluids throughout their day (water, low-fat milk, 100 percent fruit juices) and before, during and after training.

Fluids containing electrolytes and carbohydrates are a good source of fuel and rehydration for exercise lasting longer than 60 minutes. Fluids (e.g., energy drinks) containing questionable supplement ingredients and high levels of caffeine or other stimulants (e.g. 500 milligrams) may be detrimental to the health of the competitive athlete and are not effective forms of fuel or hydration.

Adequate overall energy intake throughout the day is important for all student-athletes. Insufficient energy intakes (due to skipped meals or dieting) will have a

rapid negative impact on training and performance, and over time, on bone, immune function and injury risk. Inadequate energy intake increases fatigue, depletes muscle glycogen stores, increases the risk of dehydration, decreases immune function, increases the risk of injury and can result in unwanted loss of muscle mass. A low caloric intake in female student-athletes can lead to menstrual dysfunction and decreased bone mineral density.

The maintenance or attainment of an ideal body weight is sport-specific and represents an important part of a nutritional program. However, student-athletes in certain sports face a difficult paradox in their training/nutrition regimen, particularly those competing in "weight class" sports (e.g., wrestling, rowing), sports that favor those with lower body weight (e.g., distance running, gymnastics), sports requiring student-athletes to wear body contour-revealing clothing (track, diving, swimming, volleyball) and sports with subjective judging related to "aesthetics" (gymnastics, diving). These student-athletes are encouraged to eat to provide the necessary fuel for performance, yet they often face self- or team-imposed weight restrictions. Emphasis on low body weight or low body fat may benefit performance only if the guidelines are realistic, the calorie intake is reasonable and the diet is nutritionally balanced.

The use of extreme weight-control measures can jeopardize the health of the student-athlete and possibly trigger behaviors associated with disordered eating. NCAA studies have shown that at least 40 percent of member institutions reported at least one case of anorexia nervosa or bulimia nervosa in their athletics programs. Once identified, these individuals should be referred for interdisciplinary medical care (medical, psychological, sports dietetics).

A more prevalent issue is the large number of sub-clinical or chronically dieting athletes. Department-wide efforts to educate staff and student-athletes should include addressing the negative impacts of under-fueling and weight/food preoccupation on the athletes' performance and overall well-being. Although disordered eating is much more prevalent in women (approximately 90 percent of the reports in NCAA studies were in women's sports), disordered eating also occurs in men. Female athletes who miss three or more menstrual cycles in a year, are preoccupied with weight, experience rapid changes in body weight, avoid eating with others, or are over-focused on shape and food are exhibiting warning signs worth addressing for health reasons. The medical examination and updated health history (Bylaw 17.1.5) is an opportunity to assess athletes for these risk factors and refer them to appropriate professionals for further evaluation and diagnosis.

Disordered eating is often an expression of underlying emotional distress that may have developed long before the individual was involved in athletics. Disordered eating can be triggered in psychologically vulnerable individuals by a single event or comments (such as offhand remarks about appearance, or constant badgering about a student-athlete's body weight, body composition or body type) from a person important to the individual. Coaches, athletic trainers, sport dietitians and supervising physicians must be watchful for student-athletes at higher risk for eating disorders. Disordered eating can lead to dehydration, resulting in loss of muscular strength and endurance, decreased aerobic and anaerobic power, loss of coordination, impaired judgment, and other complications that decrease performance and impair health. These symptoms may be readily apparent or may not be evident for an extended period of time. Many student-athletes have performed successfully while experiencing an eating disorder. Therefore, diagnosis of this problem should not be based entirely on a decrease in athletic performance.

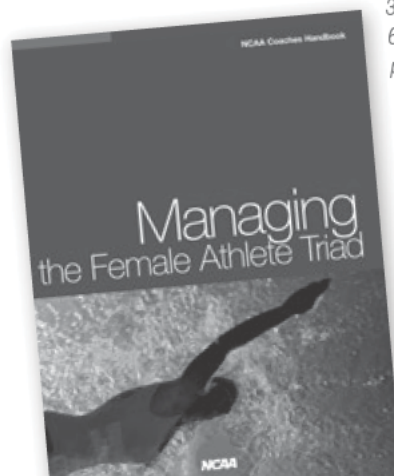
Body composition and body weight can affect exercise performance but should not be used as the main criteria for participation in sports. Decisions regarding weight loss should be based on the following recommendations to reduce the risk of disordered eating:

1. Frequent weigh-ins (either as a team or individually) are discouraged unless part of strategies to determine sweat loss as outlined in Guideline 2C.
2. Weight loss (fat loss) should be addressed during base or transition phases.
3. Weight-loss goals should be determined by the student-athlete, sports dietitian and medical staff with consultation from the coach.
4. Weight-loss plans should be individualized, realistic and preferably designed by a board certified specialist in sports dietetics (CSSD).

For each student-athlete, there may be a unique optimal body composition for performance, for health and for self-esteem. However, in most cases, these three values are NOT identical. Mental and physical health should not be sacrificed for performance. An erratic or lost menstrual cycle, sluggishness or an obsession with achieving a number on a scale may be signs that a student-athlete's health is being challenged.

REFERENCES

1. *Nutrition and Athletic Performance*. American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada, Joint Position Stand, *Medicine and Science in Sports and Exercise*. 109:3:509-527, March 2009
2. *The Female Athlete Triad*. American College of Sports Medicine (ACSM) Position Stand, *Medicine and Science in Sports and Exercise*, 39:10: 1-10 2007.
3. *Exercise and Fluid Requirements*. American College of Sports Medicine (ACSM) Position Stand. 2007
4. Brownell KD, Rodin J, Wilmore JH: *Eating, Body Weight, and Performance in Athletes: Disorders of Modern Society* Malvern, PA: Lea and Febiger, 1992.
5. Dale, KS, Landers DM. Weight control in wrestling: eating disorders or disordered eating? *Medicine and Science in Sports and Exercise* 31:1382-1389, 1999.
6. Dick RW: *Eating disorders in NCAA athletics programs*. *Athletic Training* 26:136-140, 1991.
7. Sandbom CF, Horea M, Siemers BJ, Dieringer KI. *Disordered eating and the female athlete triad*. *Clinics in Sports Medicine*:19:199-213, 2000.



Available online at
NCAA.org/SSI.

GUIDELINE 2G

DIETARY SUPPLEMENTS

January 1990 • Revised June 2004, June 2009

Nutritional and dietary supplements are marketed to student-athletes to improve performance, recovery time and muscle-building capability. Many student-athletes use nutritional supplements despite the lack of proof of effectiveness. In addition, such substances are expensive and may potentially be harmful to health or performance. Of greater concern is the lack of regulation and safety in the manufacture of dietary supplements. Most compounds obtained from specialty “nutrition” stores and mail-order businesses are not subject to the strict regulations set by the U.S. Food and Drug Administration. Therefore, the contents of many of these compounds are not represented accurately on the list of ingredients and may contain impurities or banned substances, which may cause a student-athlete to test positive. Positive drug-test appeals based on the claim that the student-athletes did not know the substances they were taking contained banned drugs have not been successful. Student-athletes should be instructed to consult with the institution’s sports medicine staff before taking ANY nutritional supplement. Reference NCAA Banned Drug Classes in Appendix A.

Member institutions are restricted in the providing of nutritional supplements – see NCAA bylaws for divisional regulations.

It is well known that a high-carbohydrate diet is associated with improved performance and enhanced ability to train. Carbohydrates in the form of glycogen are the body’s main fuel for high-intensity activity. A large number of student-athletes only consume 40 to 50 percent of their total calories from carbohydrates, versus the recommended 55 to 65 percent for most people (about 5 to 10 grams per kilogram of body weight). The lower end of the range should be ingested during regular training; the high end during intense training.

High-carbohydrate foods and beverages can provide the necessary amount of carbohydrates for the high caloric demand of most sports to optimize performance. Low-carbohydrate diets are not advantageous for athletes during intense training and could result in a significantly reduced ability to perform or train by the end of an intense week of training. When the levels of carbohydrates are reduced, exercise intensity and length of activity decreases, and fatigue rapidly increases. A high-carbohydrate diet consisting of complex carbohydrates, fruits, vegetables, low-fat dairy products and whole grains (along with adequate protein) is the optimal diet for peak performance. (See Guideline 2F, Nutrition and Athletic Performance.)

RESOURCE EXCHANGE CENTER

The NCAA subscribes to the Resource Exchange Center (REC). The REC (www.drugfreesport.com/rec) provides accurate information on performance-enhancing drugs, dietary supplements, medications, new ingredients and validity of product claims, and whether a substance is banned by the NCAA. This service is provided 24 hours a day via a password-protected website for all NCAA member schools and their student-athletes and athletics personnel. To access the REC, go to www.drugfreesport.com/rec. The password is ncaa1, ncaa2 or ncaa3, depending on your divisional classification.

Protein and amino acid supplements are popular with bodybuilders and strength-training student-athletes. Although protein is needed to repair and build muscles after strenuous training, most studies have shown that student-athletes ingest a sufficient amount without supplements. The recommended amount of protein in the diet should be 12 to 15 percent of total energy intake (about 1.4 to 1.6 grams per kilogram of body weight) for all types of student-athletes. Athlete should consider eating a post-workout carbohydrate snack that contains protein within one hour of concluding that vigorous exercise session. Although selected amino acid supplements are purported to increase the production of anabolic hormones, studies using manufacturer-recommended amounts have not found increases in growth hormone or muscle mass. Ingesting high amounts of single amino acids is contraindicated because they can affect the absorption of other essential amino acids, produce nausea, and/or impair kidney function and hydration status.

Other commonly advertised supplements are vitamins and minerals. Most scientific evidence shows that selected vitamins and minerals will not enhance performance provided no deficiency exists. Some vitamins and minerals are marketed to student-athletes for other benefits. For example, the antioxidants, vitamins E and C, and beta carotene, are used by many student-athletes because they believe that these antioxidants will protect them from the damaging effects of aerobic exercise. Although such exercise can cause muscle damage, studies have found that training will increase the body’s natural antioxidant defense system so that megadoses of antioxidants may not be needed. Supplementation in

high dosages of antioxidants, such as vitamins E and C, and beta carotene, could disrupt the normal balance of these compounds and the balance of free radicals in the body and cause more harm than good. (American Council on Science and Health)

The mineral chromium has been suggested to increase muscle mass and decrease fat; these claims have little, if any, credible support. In fact, the Federal Trade Commission has declared such claims to be unsubstantiated and deceptive. Similarly, magnesium is purported, but not proven, to prevent cramps. To obtain necessary vitamins and minerals, student-athletes should eat a wide variety of foods because not all vitamins and minerals are found in every food.

Other substances naturally occurring in foods, such as carnitine, herbal extracts and special enzyme formulations, do not provide any benefit to performance. The main source of energy for the muscle during exercise will come from carbohydrate rich foods. The high-protein diet has received recent attention, but data showing that this diet will enhance performance are weak. High-protein diets are discouraged by most nutrition experts due to increased stress placed on the kidneys. Mild to severe stomach cramping and diar-

rhea, dehydration and gout have been associated with use of certain amino acid supplements.

Creatine has been found in some laboratory studies to enhance short-term, high-intensity exercise capability, delay fatigue on repeated bouts of such exercise and increase strength. Several studies have contradicted these claims, and, moreover, the safety of creatine supplements has not been verified. Weight gains of 1 to 3 kilograms per week have been found in creatine users, but the cause is unclear.

Many other "high-tech" nutritional or dietary supplements may seem to be effective at first, but this is likely a placebo effect — if student-athletes believe these substances will enhance performance, they may train harder or work more efficiently. Ultimately, most nutritional supplements are ineffective, costly and unnecessary.

Student-athletes should be aware that nutritional supplements are not limited to pills and powders; "energy" drinks that contain stimulants are popular. Many of these contain large amounts of either caffeine (e.g. 500 milligrams) or other stimulants, both of which can result in a positive drug test. Student-athletes should be wary of drinks that promise an "energy boost," because they may contain banned stimulants. In addition, the use of stimulants while exercising can increase the risk of heat illness.

Student-athletes should be provided accurate and sound information on nutritional supplements. It is not worth risking eligibility for products that have not been scientifically proven to improve performance and may contain banned substances. Member institutions should review NCAA Bylaw 16.5.2, educational

What you don't know can hurt your eligibility

Nutritional/Dietary Supplements

- Are not strictly regulated
- May contain banned substances
- May not list all contents on the label
- May be legal but still contain NCAA banned substances

Consult with your institution's sports medicine staff before taking any nutritional/dietary supplement.

Ignorance is no excuse!

NCAA www.NCAA.org/health-safety

THE DANGER OF SUPPLEMENTS

Nutritional/dietary supplements may contain NCAA banned substances. The U.S. Food and Drug Administration does not strictly regulate the supplement industry; therefore, purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their institution's team physician or athletic trainer for further information.

columns and interpretations for guidance on restrictions on providing supplements to student-athletes. Institutions should designate an individual (or individuals) as the athletics department resource for questions related to NCAA banned drugs and the use of nutritional supplements. In addition, institutions should educate athletics department staff members who have regular interaction with student-athletes that the NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA website; any nutritional supplement use may present risks to a student-athlete's health and eligibility; and questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated department resource individual (or individuals). See Appendix B for Division I legislative requirements.

REFERENCES

1. Burke L: *Practical issues in nutrition for athletes*. *Journal of Sports Sciences* 13:S83-90, 1995.
2. Clarkson PM, Haymes EM: *Trace Mineral Requirements for Athletes*. *International Journal of Sport Nutrition* 4:104-19, 1994.
3. Clarkson PM: *Micronutrients and exercise: Antioxidants and minerals*. *Journal of Sports Sciences* 12:S11-24, 1995.
4. American College of Sports Medicine. *The physiological and health effects of oral creatine supplementation*. *Medicine and Science in Sports and Exercise*. 32 (3): 706-717, 2000.
5. Lemon PWR: *Do athletes need more dietary protein and amino acids?* *International Journal of Sport Nutrition* 5:S39-61, 1995.
6. Volek JS, Kraemer WJ: *Creatine supplementation: Its effect on human muscular performance and body composition*. *Journal of National Strength and Conditioning Research* 10:200-10, 1996.
7. Williams C: *Macronutrients and performance*. *Journal of Sports Sciences* 13:S1-10, 1995.
8. The National Center for Drug Free Sport, Inc., 810 Baltimore, Suite 200, Kansas City, Missouri. 64105; 816/474-8655.
9. ACSM JOINT POSITION STATEMENT, *Nutrition and Athletic Performance*, 2000. Available at www.acsm-msse.org.
10. *Nutritional Supplements*, *The NCAA News*, April 15, 2005.
11. IOC study, 2001.
12. HFL study, 2007.

GUIDELINE 2H

'BURNERS' (BRACHIAL PLEXUS INJURIES)

June 1994 • Revised June 2003

"Burners" or "stingers" are so named because the injuries can cause a sudden pain and numbness along the forearm and hand. The more formal medical terminology is transient brachial plexopathy or an injury to the brachial plexus. A brachial plexus injury may also involve injury to a cervical root. An injury to the spinal cord itself is more serious and frequently does not fall under this category of injury, although it shares certain symptoms; therefore, spinal cord injuries should be ruled out when diagnosing stingers.

The majority of stingers occur in football. Such injuries have been reported in 52 percent of college football players during a single season. As many as 70 percent of college football players have experienced stingers. Stingers also can occur in a variety of other sports, including basketball, ice hockey, wrestling and some field events in track.

MECHANISM

The most common mechanism for stingers is head movement in an opposite direction from the shoulder either from a hit to the head or downward traction of the shoulder, although foramen encroachment may also be a cause of symptoms. This can stretch the nerve roots on the side receiving the blow (traction), or compress or pinch those on the opposite side. Contact to the side of the neck may cause a direct contusion to the brachial plexus. In football, improper blocking and tackling techniques may result in a brachial plexus injury. Coaches, parents and student-athletes should be cautioned regarding the consequences of improper techniques, which may result in cervical spine injuries or trauma to the brachial plexus.

SYMPTOMS AND SEVERITY

Student-athletes who suffer burners may be unable to move the affected arm from their side and will complain of burning pain, and potentially, numbness traveling from the injured side of the neck through the shoulder down the arm and forearm, and sometimes into the hand. Weakness may be present in the muscles of the shoulder, elbow and hand.

Brachial plexus injuries can be classified into three categories. The mildest form (Grade 1) are neuropraxic injuries that involve demyelination of the axon sheath without intrinsic axonal disruption. Complete recovery typically occurs in a few seconds to days. Grade 1 injuries are the most common in athletics. Grade 2 injuries involve axonotmesis, or disruption of the axon and myelin sheath, with preservation of the epineuri-

um, perineurium and endoneurium, which can serve as the conduit for the regenerating axon as it re-grows at 1 to 7 millimeters per day. Weakness can last for weeks, but full recovery typically occurs. Grade 3 injuries, neurotmesis, or complete nerve transections, are rare in athletes. Surgical repair of the nerve is required in these cases, and complete recovery may not occur.

These classifications have more meaning with regard to anticipated recovery of function than a grading on the severity of symptoms at the time of initial injury.

TREATMENT AND RETURN TO PLAY

Burners and stingers typically result in symptoms that are sensory in nature, frequently involving the C5 and C6 dermatomes. All athletes sustaining burners should be removed from competition and examined thoroughly for injury to the cervical spine and shoulder. All cervical roots should be assessed for motor and sensory function. If symptoms clear within seconds to several minutes and are not associated with any neck pain, limitation of neck movement or signs of shoulder subluxation or dislocation, the athlete can safely return to competition. It is important to re-examine the athlete after the game and for a few successive days to detect any reoccurrence of weakness or alteration in sensory exam.

If sensory complaints or weakness persists for more than a few minutes, a full medical evaluation with radiographs and consideration for an MRI should be done to rule out cervical disk or other compressive pathology. If symptoms persist for more than two to three weeks, an EMG may be helpful in assessing the extent of injury. However, an EMG should not be used for return-to-play criteria, as EMG will not show positive findings until at least two weeks after the nerve injury and those nerve changes may persist for several years after the symptoms have resolved. Shoulder injuries (acromioclavicular separation, shoulder subluxation or dislocation, and clavicular fractures) should be considered in the differential diagnosis of the athlete with transient or prolonged neurologic symptoms of the upper extremity. Any injured athlete who presents with specific cervical-point tenderness, neck stiffness, bony deformity, fear of moving his/her head and/or complains of a heavy head should be immobilized on a spine board (as one would for a cervical spine fracture) and transported to a medical facility for a more thorough evaluation.

Bilateral symptoms indicate that the cord itself has been traumatized and may suggest transient



quadriplegia. These athletes should also be immobilized and transported to a medical facility for a more thorough evaluation.

All athletes sustaining burners or stingers should undergo a physical rehabilitation program that includes neck and trunk strengthening exercises. The fit of shoulder pads should be re-checked, and consideration of other athletic protective equipment, such as neck rolls and/or collars, should be given. The athlete's tackling techniques should be reviewed.

Stinger assessment should be part of the student-athletes' preseason physical and mental history (see Guideline 1C) so that these "at-risk" athletes can be instructed in a preventative exercise program and be provided with proper protective equipment.

RECURRENT BURNERS

Recurrent burners may be common; 87 percent of athletes in one study had experienced more than one. Medical personnel should pay special attention to this condition. Although rare, risk of permanent nerve injury exists for those with recurrent burners. Therefore, participants should report every occurrence to their certified athletic trainers or team physician. Any player with persistent pain, burning, numbness and/or weakness (lasting longer than two minutes) should be held out of competition and referred to a physician for further evaluation.

A WORD OF CAUTION

Management of the student-athlete with recurrent burners can be difficult. There are no clear guidelines concerning return to play. However, at-risk student-athletes are those who have: 1) narrow cervical foramen or 2) poor neck and should muscular stabilization. Although some risk of permanent nerve injury exists, a review of the literature shows this risk to be small for those with recurrent episodes. The most important concern for student-athletes with recurrent

burners is to stress the importance of reporting all symptoms to the attending medical personnel so that a thorough physical examination, with particular attention to strength and sensory changes, can be obtained. Any worsening of symptoms should provoke a more thorough evaluation.

REFERENCES

1. Meyer S, Schulte K, et al: Cervical Spinal Stenosis and Stingers in Collegiate Football Players. *American Journal of Sports Medicine* 22(2):158-166, 1994.
2. Torg J, et al: Cervical Cord Neuropraxia: Classification Pathomechanics, Morbidity and Management Guidelines. *Journal of Neurosurgery* 87:843-850, 1997.
3. Feinberg J, et al: Peripheral Nerve Injuries in the Athlete. *Sports Medicine* 12(6):385-408, 1997.
4. Meyer S, et al: Cervical Spinal Stenosis and Stingers in Collegiate Football Players. *American Journal of Sports Medicine* 22(2), 1994.
5. Cantu R: Stingers, Transient Quadriplegia, and Cervical Spinal Stenosis: Return-to-Play Criteria. *Medicine and Science of Sports and Exercise* 7(Suppl):S233-235, 1997.
6. Levitz C, et al: The Pathomechanics of Chronic Recurrent Cervical Nerve Root Neuropraxia, the Chronic Burner Syndrome. *American Journal of Sports Medicine* 25(1), 1997.
7. Castro F, et al: Stingers, the Torg Ratio, and the Cervical Spine. *American Journal of Sports Medicine* 25(5), 1997.
8. Weinstein S: Assessment and Rehabilitation of the Athlete With a Stinger. A Model for the Management of Non-catastrophic Athletic Cervical Spine Injury. *Clinic and Sports Medicine* 17(1), 1998.
9. Shannon B, Klimkiewicz J, Cervical Burners in the Athlete. *Clinic and Sports Medicine* 21(1):29-35 January 2002.
10. Koffler K, Kelly J, Neurovascular Trauma in Athletes. *Orthop Clin N Am* 33: 523-534(2002).
11. Feinberg J, Burners and Stingers, *Phys Med Rehab N Am* 11(4): 771-783 Nov 2000.

GUIDELINE 21

SPORT-RELATED CONCUSSION

June 1994 • Revised July 2004, 2009, July 2010, July 2011, July 2013, July 2014

In July 2014, the NCAA, in partnership with numerous medical and sport organizations, announced “Inter-Association Guidelines” (www.NCAA.org/ssi) that addressed diagnosis and management of sport-related concussion. The section in teal that follows is taken directly from these guidelines.

BACKGROUND

There are more than 42 consensus-based definitions of concussion. A recently published, evidence-based definition of concussion follows.¹

Concussion is:

- a change in brain function,
- following a force to the head, which
- may be accompanied by temporary loss of consciousness, but is
- identified in awake individuals, with
- measures of neurologic and cognitive dysfunction.

Diagnosis and management of sport-related concussion is a clinical diagnosis based on the judgment of the student-athlete’s health care providers.² The diagnosis and management of sport-related concussion is challenging for many reasons:

- The physical and cognitive examinations are often normal, and additional tests such as brain computerized tomography (CT), brain MRI, electroencephalogram and blood tests are also commonly normal. Although comprehensive neuropsychological tests may be a useful adjunctive tool supporting the diagnosis of sport-related concussion, there remains controversy regarding interpretation and utility as a clinical tool.
- The clinical effects of sport-related concussion are often subtle and difficult to detect with existing sport-related concussion assessment tools.
- The symptoms of sport-related concussion are not specific to concussion and it is challenging to evaluate a student-athlete who presents non-specific symptoms that may be related to other conditions.
- Sport-related concussion may manifest with immediate or delayed-onset symptoms. Symptom manifestation can vary between individuals and in the same individual who has suffered a repeat concussion.

- Modifying factors and co-morbidities -- such as attention deficit hyperactivity disorder, migraine and other headache disorders, learning disabilities and mood disorders -- should be considered in making the diagnosis, in providing a management plan, and in making both return-to-play and return-to-learn recommendations.³⁻⁷

- “Signal detection” on clinical measures (e.g., cognitive and balance testing) often quickly diminishes in the acute setting of early recovery. Although cognitive function and balance assessed within 24 hours with various sideline tests (Standardized Assessment of Concussion [SAC] and Balance Error Scoring System, respectively) have been shown to be useful in diagnosing concussion, these tests often normalize within a few days and cannot be used to make a definitive diagnosis.

- Student-athletes may underreport symptoms and inflate their level of recovery in hopes of being rapidly cleared for return to competition.^{8,9}
- Clinical assessment of sport-related concussion is a surrogate index of recovery and not a direct measure of brain structure and functional integrity after concussion.

In summary, the natural history of concussion remains poorly defined, diagnosis can be difficult, there are often few objective findings for diagnosis or physiological recovery that exist for clinical use, and there often remains a significant reliance on self-report of symptoms from the student-athlete.

The NCAA Concussion Policy and Legislation mandates that institutions implement the following:¹⁰

1. An annual process that ensures student-athletes are educated about the signs and symptoms of concussion;
2. A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities and evaluated by a medical staff member with experience in the evaluation and management of concussion;
3. A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity for at least the remainder of that calendar day; and
4. A policy that requires medical clearance for a stu-

dent-athlete diagnosed with a concussion to return to athletics activity as determined by a physician or the physician's designee.

GUIDELINES

The goals of developing guidelines for the diagnosis and management of sport-related concussion are: (1) helping athletic health care providers to diagnose and manage sport-related concussion; (2) developing prevention strategies for sport-related concussions and repeat sport-related concussion; (3) promoting sport-related concussion injury resolution; (4) minimizing factors that contribute to prolonged or recurrent symptoms of sport-related concussion; and (5) preventing or minimizing complications of other co-morbidities that may accompany sport-related concussion (e.g., ADHD, migraine and other headache disorders, learning disabilities and mood disorders).

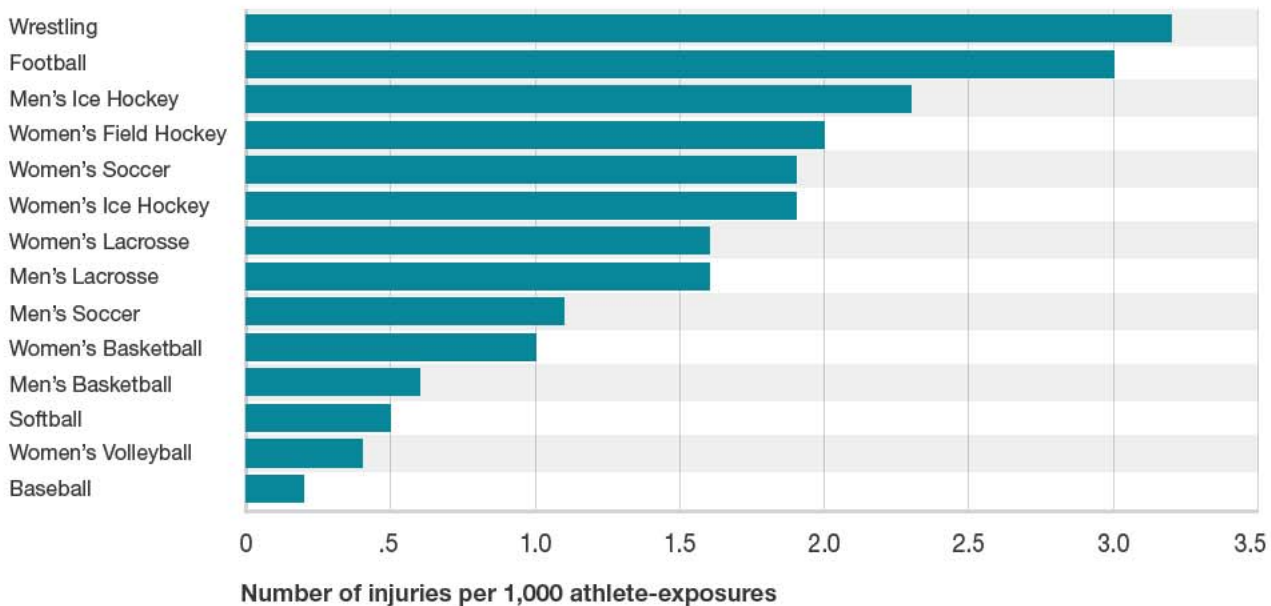
CONCUSSION MANAGEMENT PLAN

Institutions should make their concussion management plan publically available, either through printed material, their website, or both. Guideline components of a concussion management plan are:

1. Education: Institutions should provide applicable NCAA concussion fact sheets or other applicable educational material annually to student-athletes,



Figure 1: Rate of competition concussion injury in 14 NCAA sports



Data from 2004-05 to 2013-14. Overall practice and game injury rates for each sport can be found in

coaches, team physicians, athletic trainers, and athletics directors. There should be a signed acknowledgment that all parties have read and understand these concussion facts and their institution's concussion management plan.

2. Pre-participation assessment: A one-time, pre-participation baseline concussion assessment for all varsity student-athletes should include, but not necessarily be limited to:

- A brain injury/concussion history;
- Symptom evaluation;
- Cognitive assessment; and
- Balance evaluation.

The team physician should determine pre-participation clearance and/or the need for additional consultation or testing.¹¹

3. Recognition and diagnosis of concussion: All student-athletes who are experiencing signs, symptoms or behaviors consistent with a sport-related concussion, at rest or with exertion, must be removed from practice or competition and referred to an athletic trainer or team physician with experience in concussion management. A student-athlete's health care provider experienced in the diagnosis and management of concussion should conduct and document serial clinical evaluation inclusive of symptom inventory and evaluation of cognition and balance. A student-athlete diagnosed with sport-related concussion should not be allowed to return to play in the current game or practice and should be withheld from athletic activity for the remainder of the day. Disposition decisions for more serious injuries such as cervical spine trauma, skull fracture or intracranial bleed, should be made at the time of presentation.

4. Post-concussion management: The foundation of sport-related concussion management is initial physical and relative cognitive rest as part of an individualized treatment plan.² Initial management of sport-related concussion is based on individual serial clinical assessments, taking a concussion history, modifying factors, and taking specific needs of the student-athlete into consideration. Such management includes, but is not limited to:

Figure 2: National annual estimate of concussions for practice and competition in 14 NCAA sports

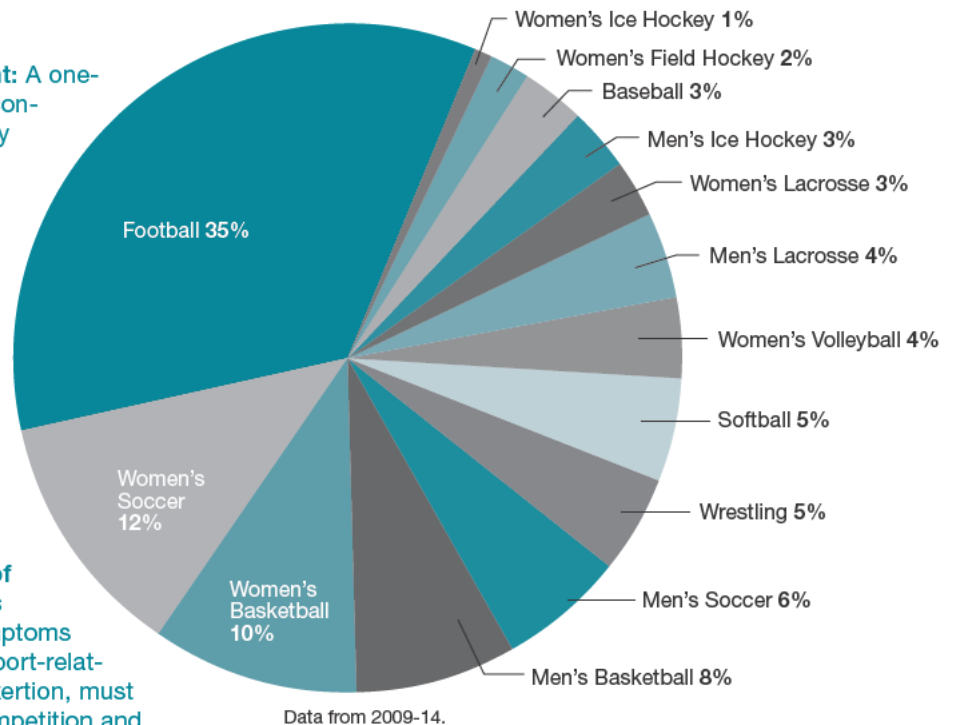
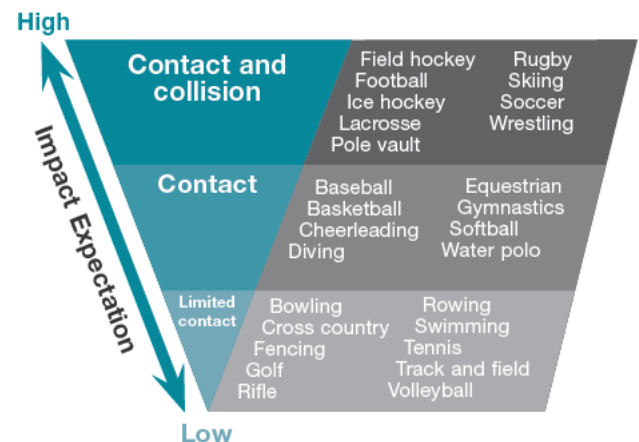


Figure 3: Impact expectation by sport



- Clinical evaluation at the time of injury. When the rapid assessment of concussion is necessary (e.g., during competition), symptom assessment, physical and neurological exam, and balance

SIGNS AND SYMPTOMS OF CONCUSSION

Physical

- Headache
- Nausea
- Vomiting
- Balance problems
- Fatigue
- Sensitivity to light
- Numbness/tingling
- Dazed
- Stunned

Cognitive

- Feeling mentally “foggy”
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering
- Forgetful of recent information and conversations
- Confused about recent events
- Answers questions slowly

Emotional

- Irritable
- Sad
- More emotional
- Nervous

Sleep

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Difficulty falling asleep

American Medical Society for Sports Medicine 2013 Position Stand

exam should be performed. Brief concussion-evaluation tools such as the Standardized Concussion Assessment Tool 3 (SCAT3), which includes the Standardized Assessment of Concussion (SAC), provide standardized methods and can be compared to a baseline evaluation.¹²

- Assessment for head and cervical spine injury at time of injury and implementation of the emergency action plan, as warranted.
- Transportation to the nearest hospital if any of following signs and symptoms are present: Glasgow Coma score less than 13; prolonged period of loss of consciousness (longer than one minute); focal neurological deficit; repetitive vomiting; persistently diminished or worsening mental status or other neurological signs or symptoms; and potential spine injury.
- Serial evaluation and monitoring for deterioration following injury. Upon discharge from medical care, both oral and written instructions for home care should be given to the student-athlete and to a responsible adult (e.g., parent or roommate) who should continue to monitor and supervise the student-athlete during the acute phase of sport-related concussion.¹²

RETURN TO ACTIVITY

Sport-related concussion is a challenging injury for student-athletes and, unlike other injuries, the timeline for return to full activity (including return-to-play and return-to-learn) is often difficult to project. The psychological response to injury is also unpredictable. Sometimes, student-athletes who are kept out of their sport for a prolonged period of time experience emotional distress related to being unable to participate in sport.¹³ It is important that health care providers remain alert to the

signs and symptoms of depression and other emotional responses to injury that can be particularly challenging following concussive injury.¹³ A student-athlete's health care providers should verify the diagnosis instead of assuming that the student-athlete has prolonged concussion symptoms. These symptoms may represent post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, or co-morbid mood disorders such as anxiety and depression.⁷ Passive management, such as prolonged physical and cognitive rest, may be counter-productive in these scenarios.

RETURN-TO-PLAY

Once a student-athlete has returned to his/her baseline, the return-to-play decision is based on a protocol of a stepwise increase in physical activity that includes both an incremental increase in physical demands and contact risk supervised by a physician or physician-designee.¹² Most return-to-play protocols are similar to those in the Consensus Statement on Concussion in Sport guidelines,² which outline a progressive increase in physical activity if the individual is at baseline before starting the protocol and remains at baseline throughout each step of the protocol. It is noteworthy that all return-to-play guidelines are consensus-based and have not been validated by evidence-based studies.¹⁴⁻¹⁵ McCrea and colleagues¹⁶ have reported that a symptom-free waiting period is not predictive of either clinical recovery or risk of a repeat concussion. Further, student-athletes have variable understanding of the importance of reporting possible concussion symptoms.⁸⁻⁹ In summary, it should be recognized that current return-to-play guidelines are based on expert consensus.

There is emerging evidence that focused exercise or recovery techniques may be utilized before full recovery

has occurred, but more study is needed. Given the paucity of scientific evidence regarding return-to-play and expert consensus documents that have been published, adherence to consensus guidelines is recommended. However, it is important to stress an individualized approach for return-to-play. Some student-athletes may have minimal concussive symptomatology with minimal symptom duration and no modifiers (conditions that may prolong recovery such as prior concussion, migraine, ADHD, depression/anxiety). In scenarios of this nature, and with experienced clinicians in a highly select setting, the return-to-play protocol may be modified.¹⁷ In contrast, if a student-athlete has a concussion history, increased symptom burden or duration, or has symptoms for three to four weeks with other concussion modifiers, then the return-to-play progression should proceed more cautiously and each stage may take more than a day.¹²

Distinctive neurological deficits, such as vestibular or oculo-motor dysfunction, should be specifically addressed to avoid prolonged return-to-play. For example, if a student-athlete suffers from vestibular dysfunction as a manifestation of sport-related concussion, and is unable to progress in the return-to-play protocol, it is important to address the specific vestibular dysfunction rather than to simply return the student-athlete to the previous level of return-to-play progression.⁷ In other words, ‘rest’ can sometimes lead to adverse outcomes if an accurate diagnosis based on neurological dysfunction is not made. The guidelines presented herein serve as a general guide and are not meant to be prescriptive.

STEPWISE PROGRESSION

The initial management of sport-related concussion is relative physical and cognitive rest. Athletes diagnosed with sport-related concussion must be removed from play and must not return to sport-related activity for at least one calendar day and are to be evaluated by a health care provider with expertise in sport-related concussion. Once a concussed student-athlete has returned to baseline level of symptoms, cognitive function and balance, then the return-to-play progression can be initiated, as follows in this general outline:

1. Light aerobic exercise such as walking, swimming or riding a stationary bike. No resistance training. If asymptomatic with light aerobic exercise, then;
2. Mode, duration and intensity-dependent exercise based upon sport. If asymptomatic with such exertion, then;
3. Sport-specific activity with no head impact. If asymptomatic with sport-specific activity, then;

4. Non-contact sport drills and resumption of progressive resistance training. If asymptomatic with non-contact drills and resistance training, then;
5. Full-contact practice. If asymptomatic with full-contact practice, then;
6. Return-to-play. Medical clearance will be determined by the team physician/physician designee, or athletic trainer in consultation with a team physician.

At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete should be returned to the previous level of activity. Final determination of return-to-play ultimately resides with the team physician/physician designee.

RETURN TO ACADEMICS

Return to academics (return-to-learn) is a parallel concept to return-to-play,^{6,18-20} but has received less scientific evaluation. Return-to-learn guidelines assume that both physical and cognitive activities require brain energy utilization, and that after a sport-related concussion, brain energy may not be available for physical and cognitive exertion because of a brain energy crisis.³ Return-to-learn should be managed in a stepwise program that fits the needs of the individual, within the context of a multi-disciplinary team that includes physicians, athletic trainers, coaches, psychologists/counselors, neuropsychologists, administrators as well as academic (e.g. professors, deans, academic advisors) and office of disability services representatives. The return-to-learn recommendations outlined below are based on expert consensus. Like return-to-play, it is difficult to provide prescriptive recommendations for return-to-learn. The student-athlete may appear physically normal but may be unable to perform as expected due to concussive symptomatology.

STEPWISE PROGRESSION

As with return-to-play, the first step of return-to-learn is relative physical and cognitive rest. Relative cognitive rest involves minimizing potential cognitive stressors, such as school work, video games, reading, texting and watching television. Data from small studies suggest a beneficial effect of cognitive rest on concussion recovery.²⁰ For the college student-athlete, consideration should be given to avoiding the classroom for at least the same day as the sport-related concussion. The period of time needed to avoid class or homework should be individualized. The gradual return to academics should be based on the absence

STEPWISE RETURN-TO-PLAY PROTOCOL

-
1. Light aerobic exercise (Walking, swimming or stationary cycling; no resistance training.)
 2. Mode, duration and intensity-dependent exercise based upon sport
 3. Sport-specific activity with no head impact
 4. Non-contact sport drills and resumption of progressive resistance training
 5. Full-contact practice
 6. Return to play

of concussion symptoms following cognitive exposure. The consensus to date includes:^{3,19}

1. If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall.
2. Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.

At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician should be notified and the student-athlete's cognitive activity reassessed.

The extent of academic adjustments needed should be decided by a multi-disciplinary team that may include the team physician, athletic trainer, faculty athletics representative or other faculty representative, coach, individual teachers, neuropsychologist and psychologist/counselor. The level of multi-disciplinary involvement will vary on a case-by-case basis. The majority of student-athletes who are concussed will not need a detailed return-to-learn program because full recovery typically occurs within two weeks. For the student-athlete whose academic schedule requires some minor modification in the first one to two weeks following a sport-related concussion, adjustments can often be made without requiring meaningful curriculum or testing alterations.

For those student-athletes whose symptoms persist for longer than two weeks, there are differing ways to access academic adjustment or accommodations. The student-athlete may need a change in his or her class schedule; special arrangements may be required for extended absences, tests, term papers and projects.

Many institutions offer "provisional or temporary" accommodations for individuals who have impairments that are short-term in nature – six months or less (such as a broken arm or concussion). Such accommodations are often accessed through the disability services office.

A more difficult scenario occurs when the student-athlete experiences prolonged cognitive difficulties. In this case, considerations should include neuropsychological evaluation to: (a) determine the nature and severity of cognitive impairment, and (b) identify the extent to which psychological issues may be present and may be interacting with the cognitive processes. Institutions can develop a detailed academic plan that specifies the support services available for that student-athlete. The student-athlete can also choose to disclose the documentation to the disability office in order to seek long-term accommodations or academic adjustments. The disability office will verify if the impairment is limiting a major life activity per the Americans with Disabilities Act. Accommodations or academic adjustments are often provided in order to "level the playing field" for the student-athlete with prolonged cognitive difficulties resulting from a concussion. A detailed academic plan coupled with accommodations can provide the needed support for a student-athlete as he or she returns to learning after a concussion.

The successful implementation of return-to-learn depends on several variables:

- Recognition that concussion symptoms vary widely among student-athletes, and even within the same individual who may be suffering a repeat concussion.
- Identification of a point person or case manager for the student-athlete who can navigate the dual obligations of academics and athletics.

- Identification of co-morbid conditions that may impair recovery, such as migraine or other headache conditions, attention-deficit hyperactivity disorder, anxiety and depression, or other mood disorders.
- Identification of campus resources that can help assure that student-athletes are provided their full rights during this transition period.

Campus resources vary, and may include the following:

- Learning specialists. Many college campuses have certified learning specialists who have specialized knowledge of medical conditions such as concussion and post-concussion syndrome. They usually work directly with the disability office.
- Office of disability services. Most campuses have a disability office that is responsible for verifying each student's impairment under the Americans with Disabilities Act Amendments Act (ADAAA). Sometimes there is a separate disability office and ADAAA office. In this case the first resource is the campus disability office. Concussion and mild traumatic brain injury are covered under ADAAA.

It is advisable for the concussed student-athlete's medical team to identify an academic point person and to be certain this academician is interwoven into the medical management plan. Because return-to-learn is often under-managed and under-recognized, there should also be broad discussions of this important paradigm with athletics departments across the country, engaging organizations such as the National Association of Academic Advisors for Athletics, the American College Personnel Association, NASPA, Student Affairs Administrators in Higher Education, the Coalition on Intercollegiate Athletics, National Athletic Trainers Association, College Athletic Trainers Society, American Medical Society for Sports Medicine and other allied organizations. Student-athletes are more likely to return successfully to full classroom activity in the setting of a proactive and well-integrated management plan.

SPORTS PARTICIPATION DEFINITIONS AND CONCUSSION EPIDEMIOLOGY

Concussion incidence varies among sports. The American Academy of Pediatrics published a classification of sports by contact in 2001. Then in 2013, the American Academy of Neurology's statement described contact and collision sports as those in which athletes purposely hit other athletes or inanimate objects. The purposeful collisions put athletes participating in this class of sports at greater risk for concussions. Limited contact sports were described

as those in which the force and the frequency of collisions, whether with other athletes or inanimate objects, are decreased. Noncontact sports were described as those in which players do not come in contact with athletes or inanimate objects by force.

The rate of concussion in NCAA sports can be assessed in various ways. Figure 1 demonstrates the rate of competition concussion per 1,000 student-athlete exposures. It is noteworthy that the higher rates occur in contact/collision sports. All meaningfully measurable rates occur in either contact/collision or limited contact/impact sports. It is also noteworthy that women have a higher rate of concussion than men for soccer and basketball. Another way to look at concussion is through annual estimates of the actual number of concussions within the sport, combining both practice and competition sessions. Figure 2 depicts the percentage of concussions from each sport given the total number of concussion in 14 NCAA sports.

Because of the large size of football teams and the higher rate of concussion relative to other sports, concussion incidence is highest in football. In assessing the available data, anticipating concussion risk can be made based on the sport; anticipating concussion risk can also be guided by impact expectation. For each sport, it is important to follow the institution's concussion management plan.

The NCAA reviewed various concussion guidelines in addition to the injury data across sports to classify sports by an expectation for impacts and collisions. Unlike the previous two classifications, this classification (Figure 3) lists lower-tier sports as limited contact because athletes are still at risk of a concussion both in sports and daily life.

POST-CONCUSSION RAMIFICATIONS

There is considerable controversy with regard to long-term implications of concussion. On one end of the spectrum, some claim that repeated concussions cause a neurodegenerative brain disease called chronic traumatic encephalopathy or CTE. On the other end of the spectrum, some claim that there are no significant long-term sequelae of concussion. The murky evidence lies somewhere in between.

Post-Concussion Syndrome. Post-concussion syndrome refers to prolonged concussion symptoms following concussion. It is not truly a "syndrome" because there is no core of consistent symptoms and there is no clear correlation with type or severity of concussion, biomarkers, or genetic/personality predisposition.

NCAA CONCUSSION POLICY AND LEGISLATION

The NCAA Executive Committee adopted (April 2010) the following policy for institutions in all three divisions:

“Institutions shall have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an athletics health care provider with experience in the evaluation and management of concussions. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or his or her designee according to the concussion management plan.

“In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process, student-athletes should be presented with educational material on concussions.”

NCAA adopted concussion management plan legislation

An active member institution shall have a concussion management plan for its student-athletes. The plan shall include, but is not limited to, the following:

- (a) An annual process that ensures student-athletes are educated about the signs and symp-

toms of concussions. Student-athletes must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion-related injuries and illnesses to a medical staff member;

- (b) A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities (e.g., competition, practice, conditioning sessions) and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions;
- (c) A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (d) A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to athletics activity (for example, competition, practice, conditioning sessions) as determined by a physician (e.g., team physician) or the physician's designee.

Effect of violation. A violation of Constitution 3.2.4.17 shall be considered an institutional violation per Constitution 2.8.1; however, the violation shall not affect the student-athlete's eligibility.

Symptoms may be neurologic (e.g., dizziness, light sensitivity), cognitive (memory, attention deficits) and emotional (depression, anxiety). Post-concussion syndrome is best considered a neuropsychiatric disorder, and it is important to recognize that it has no bearing on the extent of, or expected recovery from, concussion. Post-concussion syndrome is best managed in a multidisciplinary manner that includes gradual increase in physical and cognitive activity. Management is distinctly different from acute concussion management, and individuals should not simply be relegated to prolonged rest, which may perpetuate the symptomatology.

Chronic Neurobehavioral Impairment. Cognitive and executive dysfunction has been described following multiple concussions. However, only two Class I studies exist, and these are for jockeys and rugby players. There

are seven Class II studies that include boxers, NFL players and soccer players, which demonstrate long-term cognitive impairment. Two studies show an association with apoE4 genotype, suggesting a genetic predisposition, and one study shows an association with a prior history of learning disability. There is one Class III study of NFL players. There is some correlation with magnitude of exposure and chronic neurobehavioral impairment in professional athletes, but the relationship between exposure and chronic neurobehavioral impairment in amateur athletes is uncertain. This may be from a combination of underpowered studies and possible brain adaptations that are different in younger individuals.

Depression. Depression also has been reported as a possible long-term manifestation of repeated concussion. Two Class II studies of retired NFL players note

an increased rate of depression in a dose-response manner, and one Class III study of retired NFL players notes a higher depression rate than the general population. There are also studies that show no clear relationship between depression and prior concussion. Of note: about 21 percent of college student-athletes report depression at baseline.

Chronic Traumatic Encephalopathy (CTE). CTE is a progressive neurodegenerative disease whose pathologic hallmark is abnormal tau deposition, with clinical manifestations of mood disorder, neuromuscular incoordination, dementia and death. There are not agreed-upon pathological and clinical criteria for CTE, although it seems clear that CTE is a distinct clinical entity from Alzheimer's disease. In a 2012 publication of CTE case series (Brain), CTE is described as a "progressive tauopathy that occurs as a consequence of repetitive mild traumatic brain injury." In the Zurich 2012 consensus paper, it is noted that "it is not possible to determine the causality or risk factors [of CTE] with any certainty. As such, the speculation that repeated concussion or sub-concussive impacts cause CTE remains unproven." The universal consensus in the NCAA Concussion Task Force was that we need to better understand CTE with regard to genetic predispositions and biomarkers. No task force member noted a clear cause-and-effect relationship between concussion and CTE.

REFERENCES

1. Carney N, Ghajar J, Jagoda A et al. Concussion Guidelines Part 1: Systematic review of prevalent indicators. *Neurosurgery*, accepted in press.
2. McCrory P et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *Br J Sports Med* 2013; 47:250-258.
3. NCAA Sport Science Institute Newsletter, Vol 1, Issue 2, 2013.
4. NCAA Sport Science Institute Newsletter, Vol 1, Issue 4, 2013.
5. NCAA Sport Science Institute Newsletter, Vol 1, Issue 6, 2013.
6. NCAA Sport Science Institute Newsletter, Vol 1, Issue 7, 2013.
7. NCAA Sport Science Institute Newsletter, Vol 2, Issue 3, 2014.
8. Torres DM et al. Sports-related concussion: anonymous survey of a collegiate cohort. *Neurol Clin Pract* 2013; 3:279-287.
9. Kroshus E et al. NCAA concussion education in ice hockey: an ineffective mandate. *Br J Sports Med* 2013; 48:135-140.
10. 2013-14 NCAA Sports Medicine Handbook.
11. Makdissi et al. Revisiting the modifiers: how should the evaluation and management of acute concussions differ in specific groups. *Br J Sports Med* 2013; 47:314-320.
12. Broglio SP et al. National Athletic Trainers' Association position statement: management of sport concussion. *J Athl Train* 2014; 49:245-265.
13. Putukian M. Psychological response to injury: mental health issues. Presented at NCAA Mental Health Task Force, November 2013.
14. Harmon KG et al. American Medical Society for Sports Medicine position statement: concussion in sport. *Br J Sports Med* 2013; 47:15-26.
15. Giza CC et al. Summary of evidence-based guideline update: Evaluation and management of concussion in sports. *Neurology* 2013; 80:2250-2257.
16. McCrea M et al. Effects of a symptom-free waiting period on clinical outcome and risk of reinjury after sport-related concussion. *Neurosurgery* 2009; 65:876-883.
17. Guskiewicz K, Putukian M. Standardized assessment and return to play. Safety in College Football Summit. Presented January 23, 2014, Atlanta, GA.
18. Centers for Disease Control and Prevention: Returning to school after a concussion: a fact sheet for school professionals. http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf.
19. Halstead ME et al: Returning to learning following a concussion. *Pediatrics* 2013; 132:948-957.
20. Moser RS et al. Efficacy of immediate and delayed cognitive and physical for treatment of sports-related concussion. *J Pediatr* 2012; 161:922-926.

ENDORSEMENTS

The 'Consensus Best Practice, Diagnosis and Management of Sport-Related Concussion' has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- National Athletic Trainers' Association
- NCAA Concussion Task Force
- Sports Neuropsychological Society

RESOURCES

- **NCAA Concussion Fact Sheets and Video for Coaches and Student-Athletes**
Available at NCAA.org/SSI.
- **Heads Up: Concussion Tool Kit**
CDC. Available at www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm.
- **Heads Up Video**
NATA. Streaming online at www.nata.org/Heads-Up.

GUIDELINE 2J

SKIN INFECTIONS

July 1981 • Revised June 2008

Skin infections may be transmitted by both direct (person to person) and indirect (person to inanimate surface to person) contact. Infection control measures, or measures that seek to prevent the spread of disease, should be used to reduce the risks of disease transmission. Efforts should be made to improve student-athlete hygiene practices, to use recommended procedures for cleaning and disinfection of surfaces, and to handle blood and other bodily fluids appropriately. Institutions should promote hand- and personal-hygiene practices; educate athletes and athletics staff; ensure procedures for cleaning and disinfection of hard surfaces are followed; and verify the cleanup of blood and other potentially infectious materials is done according to the Occupational Health and Safety Administration (OSHA) Blood-borne Pathogens standard.

Categories of skin conditions and examples include:

1. Bacterial skin infections
 - a. Impetigo;
 - b. Erysipelas;
 - c. Carbuncle;
 - d. Staphylococcal disease, MRSA;
 - e. Folliculitis (generalized);
 - f. Hidradenitis suppurativa;
2. Parasitic skin infections
 - a. Pediculosis;
 - b. Scabies;

3. Viral skin infections
 - a. Herpes simplex;
 - b. Herpes zoster;
 - c. Molluscum contagiosum; and
4. Fungal skin infections
 - a. Tinea corporis (ringworm).
 - b. Tinea pedis (athlete's foot).

Note: Current knowledge indicates that many fungal infections are easily transmitted by skin-to-skin contact. In most cases, these skin conditions can be covered with a securely attached bandage or nonpermeable dressing to allow participation.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition (see Guideline 2A). The term “adequately protected” means that the wound or skin condition has been deemed as noninfectious and adequately treated as deemed appropriate by a health care provider and is able to be properly covered. The term “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity. A health care provider might exclude a student-athlete if the activity poses a risk to the health of the infected athlete (such as injury to the infected area), even though the infection can be properly covered. If wounds can be properly covered, good hygiene measures such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash should be stressed to the athlete.

ANTIBIOTIC RESISTANT STAPH INFECTIONS

There is much concern about the presence and spread of antibiotic-resistant *Staphylococcus aureus* in intercollegiate athletics across sports. Athletes are at risk due to the presence of open wounds, poor hygiene practices, close physical contact, and the sharing of towels and equipment. Institutions and conferences should continue efforts and support for the education of staff and student-athletes on the importance of proper hygiene and wound care to prevent skin infections from developing and infectious diseases from being transmitted.

Staphylococcus aureus, often referred to as “staph,” are bacteria commonly carried on the skin or in the nose of healthy people. Occasionally, staph can cause an infection. Staph bacteria are one of most common causes of skin infections in the U.S. Most infections



PREVENTING SKIN INFECTIONS

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based sanitizer routinely
2. Encourage good hygiene
 - Immediate showering after activity
 - Ensure availability of adequate soap and water
 - Pump soap dispensers are preferred over bar soap
3. Avoid whirlpools or common tubs
 - Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment
4. Avoid sharing towels, razors and daily athletic gear
 - Avoid contact with other people's wounds or material contaminated from wounds
5. Maintain clean facilities and equipment
 - Wash athletic gear and towels after each use
 - Establish routine cleaning schedules for shared equipment
6. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy
 - Train student-athletes and coaches to recognize potentially infected wounds and seek first aid
 - Encourage coaches and sports medicine staff to assess regularly for skin lesions
 - Encourage health care personnel to seek bacterial cultures to establish a diagnosis
7. Care and cover skin lesions appropriately before participation
 - Keep properly covered with a proper dressing until healed
 - "Properly covered" means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity
 - If wounds can be properly covered, good hygiene measures should be stressed to the student-athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash
 - If wound cannot be properly covered, consider excluding players with potentially infectious skin lesions from practice and/or competition until lesions are healed or can be covered adequately

are minor, typically presenting as skin and soft tissue infections (SSTI) such as pimples, pustules and boils. They may be red, swollen, warm, painful or purulent. Sometimes, athletes confuse these lesions with insect bites in the early stages of infection. A purulent lesion could present as draining pus; yellow or white center; central point or "head"; or a palpable fluid-filled cavity.

In the past, most serious staph bacterial infections were treated with antibiotics related to penicillin. In recent years, antibiotic treatment of these infections has changed because staph bacteria have become resistant to various antibiotics, including the commonly used penicillin-related antibiotics. These resistant bacteria are called methicillin-resistant *Staphylococcus aureus*, or MRSA. Fortunately, the first-line treatment for most purulent staph, including MRSA, skin and soft tissue infections is incision and drainage with or without antibiotics. However, if antibiotics are prescribed, patients should complete the full course and consult physicians if the infection does not get better. The Centers for Disease Control and Prevention (CDC), American Medical Association (AMA) and Infectious Diseases Society of America (IDSA) have developed a treatment algorithm that should be reviewed; it is accessible at www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_skin.html.

Staph bacteria including MRSA can spread among people having close contact with infected people. MRSA is almost always spread by direct physical contact, and not through the air. Spread may also occur through indirect contact by touching objects contaminated by the infected skin of a person with MRSA or staph bacteria (e.g. towels, sheets, wound dressings, clothes, workout areas, sports equipment).

If a lesion cannot be properly covered for the rigors of the sport, consider excluding players with potentially infectious skin lesions from practice and competition until lesions are healed.

Staph bacteria including MRSA can be found on the skin and in the nose of some people without causing illness. The role of decolonization is still under investigation. Regimens intended to eliminate MRSA colonization should not be used in patients with active infections. Decolonization regimens may have a role in preventing recurrent infections, but more data are needed to establish their efficacy and to identify optimal regimens for use in community settings. After treating active infections and reinforcing hygiene and appropri-



ate wound care, consider consultation with an infectious disease specialist regarding use of decolonization when there are recurrent infections in an individual patient or members of a defined group.

MRSA infections in the community are typically SSTI, but can also cause severe illness such as pneumonia. Most transmissions appear to be from people with active MRSA skin infections. Staph and MRSA infections are not routinely reported to public health authorities, so a precise number is not known. It is estimated that as many as 300,000 hospitalizations are related to MRSA infections each year. Only a small proportion of these have disease onset occurring in the community. It has also been estimated that there are more than 12 million outpatient (i.e., physician offices, emergency and outpatient departments) visits for suspected staph and MRSA SSTIs in the U.S. each year. Approximately 25 to 30 percent (80 million people) of the population is colonized in the nose with staph bacteria at a given time and approximately 1.5 percent (4.1 million people) is colonized with MRSA.

In an effort to educate the public about the potential risks of MRSA, organizations such as the CDC, NCAA and the National Athletic Trainers' Association (NATA) have issued official statements recommending all health care personnel and physically active adults and children take appropriate precautions if suspicious skin infections appear, and immediately contact their health care provider.

Individual cases of MRSA usually are not required to be reported to most local/state health departments; however, most states have laws that require reporting of certain communicable diseases, including outbreaks regardless of pathogens. So in most states if an outbreak of skin infections is detected, the local and/or state health department should be contacted.

Recognition of MRSA is critical to clinical management. Education is the key, involving all individuals associated with athletics, from student-athletes to coaches to medical personnel to custodial staff. Education should encompass proper hygiene, preven-

tion techniques and appropriate precautions if suspicious wounds appear. Each institution should develop prevention strategies and infection control policies and procedures.

SKIN INFECTIONS IN WRESTLING

Data from the NCAA Injury Surveillance Program indicate that skin infections are associated with at least 17 percent of the practice time-loss injuries in wrestling.

It is recommended that qualified personnel, including a knowledgeable, experienced physician, examine the skin of all wrestlers before any participation (practice and competition). Male student-athletes shall wear shorts and female student-athletes should wear shorts and a sports bra during medical examinations.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition (see Guideline 2A). The term "adequately protected" means that the wound or skin condition has been deemed as noninfectious and adequately treated as deemed appropriate by a health care provider and is able to be properly covered. The term "properly covered" means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity. An example would be a noncontagious/noninfectious skin condition covered by a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged. A health care provider might exclude a student-athlete if the activity poses a risk to the health of the infected athlete (such as injury to the infected area), even though the infection can be properly covered. If wounds can be properly covered, good hygiene measures such as performing hand hygiene before and after changing bandages and discarding used bandages in the biohazard waste should be stressed to the athlete. (See Wrestling Rule 6.1.4.)

MEDICAL EXAMINATIONS

Medical examinations must be conducted by knowledgeable physicians and/or certified athletic trainers.

The presence of an experienced dermatologist is recommended. The examination should be conducted in a systematic fashion so that more than one examiner can evaluate problem cases. Provisions should be made for appropriate lighting and the necessary facilities to confirm and diagnose skin infections.

Wrestlers who are undergoing treatment for a communicable skin disease at the time of the meet or tournament shall provide written documentation to that effect from a physician. The status of these individuals should be decided before the screening of the entire group. The decision made by a host event physician and/or certified athletic trainer "on site" should be considered FINAL.

GUIDELINES FOR DISPOSITION OF SKIN INFECTIONS

Unless a new diagnosis occurs at the time of the medical examination conducted at the meet or tournament, the wrestler presenting with a skin lesion shall provide a completed Skin Evaluation and Participation Status Form from the team physician documenting clinical diagnosis, lab and/or culture results, if relevant, and an outline of treatment to date (i.e., surgical intervention, duration, frequency, dosages of medication).

Adequately covered is defined as "the noninfectious/noncontagious lesion is covered by a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged throughout the sport activity."

Bacterial infections

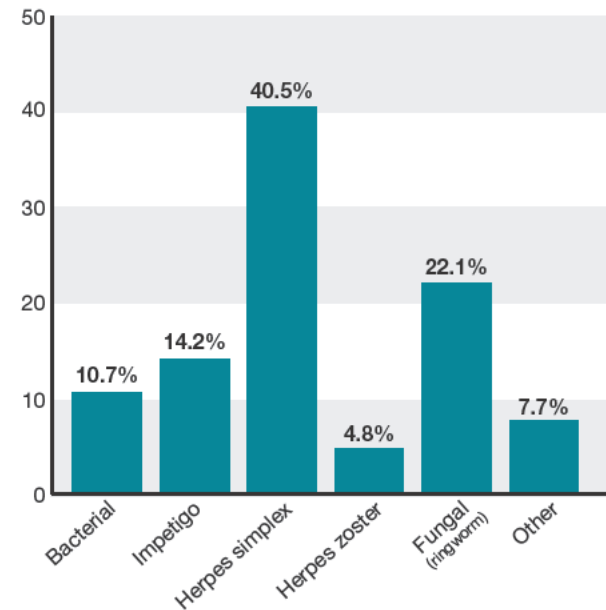
(Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease, MRSA)

1. Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament.
2. Wrestler must have completed 72 hours of antibiotic therapy and have no moist, exudative or draining lesions at meet or tournament time.
3. Gram stain of exudate from questionable lesions (if available).
4. Active purulent lesions shall not be covered to allow participation. See above criteria when making decisions for participation status.

Hidradenitis suppurativa

1. Wrestler will be disqualified if extensive or purulent draining lesions are present.
2. Extensive or purulent draining lesions shall not be covered to allow participation.

Percentage of infections in practices



Skin Infections in practices, men's wrestling, 1993-1994 through 2003-2004 (n = 1151).

Pediculosis

Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Scabies

Wrestler must have negative scabies prep at meet or tournament time.

Herpes simplex

Primary Infection

1. Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
2. Wrestler must have developed no new blisters for 72 hours before the examination.
3. Wrestler must have no moist lesions; all lesions must be dried and surmounted by a FIRM ADHERENT CRUST.
4. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
5. Active herpetic infections shall not be covered to allow participation.

See form on page 71 when making decisions for participation status.

CLEANING AND DISINFECTING ATHLETIC FACILITIES FOR MRSA

Shared equipment that comes into direct skin contact should be cleaned after each use and allowed to dry. Equipment, such as helmets and protective gear, should be cleaned according to the equipment manufacturers' instructions to make sure the cleaner will not harm the item.

1. Athletic facilities such as locker rooms should always be kept clean whether or not MRSA infections have occurred among the athletes.
2. Review cleaning procedures and schedules with the janitorial/environmental service staff.
 - Cleaning procedures should focus on commonly touched surfaces and surfaces that come into direct contact with people's bare skin each day.
 - Cleaning with detergent-based cleaners or Environmental Protection Agency (EPA)-registered detergents/disinfectants will remove MRSA from surfaces.
 - Cleaners and disinfectants, including household chlorine bleach, can be irritating, and exposure to these chemicals has been associated with health problems such as asthma and skin and eye irritation.
 - Take appropriate precautions described on the product's label instructions to reduce exposure. Wearing personal protective equipment such as gloves and eye protection may be indicated.
3. Follow the instruction labels on all cleaners and disinfectants, including household chlorine bleach, to make sure they are used safely and correctly.
 - Some key questions that should be answered by reading the label include:
 - How should the cleaner or disinfectant be applied?
 - Do you need to clean the surface first before using the disinfectant (e.g., pre-

cleaned surfaces)?

- Is it safe for the surface? Some cleaners and disinfectants, including household chlorine bleach, might damage some surfaces (e.g., metals, some plastics).
 - How long do you need to leave it on the surface to be effective (i.e., contact time)?
 - Do you need to rinse the surface with water after using the cleaner or disinfectant?
- If you are using household chlorine bleach, check the label to see if the product has specific instructions for disinfection. If no disinfection instructions exist, then use 1/4 cup of regular household bleach in 1 gallon of water (a 1:100 dilution equivalent to 500-615 parts per million [ppm] of available chlorine) for disinfection of pre-cleaned surfaces.
 - Environmental cleaners and disinfectants should not be put onto skin or wounds and should never be used to treat infections.
 - The EPA provides a list of registered products that work against MRSA (Available online at <http://epa.gov/oppad001/chem-regindex.htm>)
4. There is a lack of evidence that large-scale use (e.g., spraying or fogging rooms or surfaces) of disinfectants will prevent MRSA infections more effectively than a more targeted approach of cleaning frequently touched surfaces.
 5. Repair or dispose of equipment and furniture with damaged surfaces that do not allow surfaces to be adequately cleaned.
 6. Covering infections will greatly reduce the risks of surfaces becoming contaminated with MRSA.

Centers for Disease Control and Prevention
Available online at www.cdc.gov/mrsa/environment/athleticFacilities.html.

Recurrent Infection

1. Blisters must be completely dry and covered by a FIRM ADHERENT CRUST at time of competition, or wrestler shall not participate.
2. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
3. Active herpetic infections shall not be covered to allow participation.

See form on page 73 when making decisions for participation status.

Questionable Cases

1. Tzanck prep and/or HSV antigen assay (if available).
2. Wrestler's status deferred until Tzanck prep and/or HSV assay results complete.

Wrestlers with a history of recurrent herpes labialis or

herpes gladiatorum could be considered for season-long prophylaxis. This decision should be made after consultation with the team physician.

Herpes zoster

Skin lesions must be surmounted by a FIRM ADHERENT CRUST at meet or tournament time and have no evidence of secondary bacterial infection.

Molluscum contagiosum

1. Lesions must be curetted or removed before the meet or tournament.
2. The only way that coverage ensures prevention of transmission is if the molluscum is on the trunk or most uppermost thighs, which are assured of remaining covered with clothing; Band-Aids are not sufficient.
3. Solitary or localized, clustered lesions can be covered with a gas impermeable dressing, pre-wrap and stretch tape that is appropriately anchored and cannot be dislodged.

Verrucae (wart)

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament but cannot be seeping.
2. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions "adequately covered."

Tinea infections (ringworm)

1. A minimum of 72 hours of topical therapy is considered appropriate therapeutic regimen to allow effective drug intervention for most tinea infections. The NCAA Skin Evaluation and Participation Status form shall be used to confirm time-under-treatment.
2. Status of lesions (activity) can be judged by KOH preparation or a review of documented therapeutic regimen.
3. On-site medical personnel will disqualify wrestlers with extensive, multiple lesions following assessment.
4. A minimum of two weeks of systemic (oral) antifungal therapy is required for scalp (diagnosed tinea capitis) lesions.
5. Active lesions may be covered to allow participation if lesions are in a body location that can be "adequately covered."
6. The final disposition of student-athletes with tinea

infections will be decided on an individual basis by the on-site examining physician or certified athletic trainer.

REFERENCES

1. *Descriptive Epidemiology of Collegiate Men's Wrestling Injuries: National Collegiate Athletic Association Injury Surveillance System, 1988-1989 Through 2003-2004.* *Journal of Athletic Training* 2007;42(2):303-310.
2. Adams, BB.: Transmission of cutaneous infection in athletics. *British Journal of Sports Medicine* 34(6):413-4, 2000 Dec.
3. Anderson BJ.: The Effectiveness of Valacyclovir in Preventing Reactivation of Herpes Gladiatorum in Wrestlers. *Clin J Sports Med* 9(2):86-90, 1999 Apr.
4. Association for Professionals in Infection Control and Epidemiology (APIC). 1996. *APIC infection control and applied epidemiology principles and practice.* St. Louis: Mosby.
5. Beck, CK.: Infectious diseases in sports: *Medicine and Science in Sports and Exercise* 32(7 Suppl):S431-8, 2000 Jul.
6. Belongia EA, Goodman JL, Holland EJ, et. al.: An outbreak of herpes gladiatorum at a high school wrestling camp. *The New England Journal of Medicine.* 325(13):906-910, 1991.
7. Cordoro, KM and Ganz, JE. Training room management of medical condition: *Sports Dermatology. Clinics in Sports Medicine.* 24: 565-598, 2005.
8. Cozad, A. and Jones, R. D. Disinfection and the prevention of disease. *American Journal of Infection Control*, 31(4): 243-254, 2003.
9. Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion. (2002). Campaign to prevent antimicrobial resistance in health care settings. Available at www.cdc.gov/drugresistance/healthcare/.
10. Dorman, JM.: Contagious diseases in competitive sport: what are the risks? *Journal of American College Health* 49(3):105-9, 2000 Nov.
11. Mast, E. and Goodman, R.: Prevention of Infectious Disease Transmission in Sports. *SportsMedicine* 24(1):1-7, 1997.
12. Kohl TD, Martin DC, Nemeth R, Hill T, Evans D.: Fluconazole for the prevention and treatment of tinea gladiatorum. *Pediatric Infectious Disease Journal* 19(8):717-22, 2000 Aug.
13. Lindenmayer JM, Schoenfeld S, O'Grady R, Carney JK.: Methicillin-resistant *Staphylococcus aureus* in a high school wrestling team and the surrounding community. *Archives of Internal Medicine* 158(8):895-9, 1998 Apr.
14. Vasily DB, Foley JJ.: More on Tinea Corporis Gladiatorum. *J Am Acad Dermatol* 2002, Mar.
15. Vasily DB, Foley JJ, First Episode Herpes Gladiatorum: Treatment with Valacyclovir (manuscript submitted for publication). Weiner, R. Methicillin-Resistant *Staphylococcus aureus* on Campus: A new challenge to college health. *Journal of American College Health.* 56(4):347-350.
16. Zinder SM, Basler RS, Foley J, Scarlata C, Vasily DB. National Athletic Trainers' Association Position Statement; Skin Diseases. *Journal of Athletic Training.* 2010; 95 (H):411-428.
17. Selected EPA-registered Disinfectants. U.S. Environmental Protection Agency. October 22, 2012, Available online at <http://epa.gov/oppad001/chemregindex.htm>

National Collegiate Athletic Association
SKIN EVALUATION AND PARTICIPATION STATUS
 (Physician Release for Student-Athlete to Participate with Skin Lesion)

Student-Athlete: _____

Date of Exam: ____ / ____ / ____

Institution: _____

Please Mark Location of Lesion(s):

Dual(s)/Tournament: _____

Number of Lesion(s): _____

Cultured: ☐ No ☐ Yes _____

Diagnosis: _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ____ / ____ / ____ Time: _____

Earliest Date student-athlete may return to participation: ____ / ____ / ____

Physician Name (Printed): _____

Physician Signature: _____

(M.D. or D.O.)

Specialty: _____

Office Address: _____

Contact #: _____

Institution Certified Athletic Trainer Notified: ☐ No ☐ Yes Signature: _____

Note to Physicians: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NCAA Wrestling Rules which state: (refer to the NCAA Wrestling Rules and Interpretations publication for complete information)

"9 6 4 ... The presence of a communicable skin disease ... shall be full and sufficient reason for disqualification"

"9 6 5 ... If a student-athlete has been diagnosed as having such a condition, and is currently being treated by a physician (ideally a dermatologist) who has determined that it is safe for that individual to compete without jeopardizing the health of the opponent, the student-athlete may compete. However, the student-athlete or his/her coach or athletic trainer shall provide current written documentation from the treating physician to the medical professional at the medical examination, ..."

"9 6 6 ... Final determination of the participant's ability to compete shall be made by the host site's physician or certified athletic trainer who conducts the medical examination after review of any such documentation and the completion of the exam."

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to wrestling: (please refer to the NCAA Sports Medicine Handbook for complete information)

Bacterial Infections (Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease, CA-MRSA): Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament; completed 72 hours of antibiotic therapy and have no moist, exudative or draining lesions at meet or tournament time. Gram stain of exudate from questionable lesions (if available). Active bacterial infections shall not be covered to allow participation.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): Skin lesions must be surmounted by a FIRM ADHERENT CRUST at competition time, and have no evidence of secondary bacterial infection. For primary (first episode of Herpes Gladiatorum) infection, the wrestler must have developed no new blisters for 72 hours before the examination; be free of signs and symptoms like fever, malaise, and swollen lymph nodes; and have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the competition. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over. Active herpetic infections shall not be covered to allow participation.

Tinea Lesions (ringworm): Oral or topical treatment for 72 hours on skin and 14 days on scalp. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be adequately covered.

Molluscum Contagiosum: Lesions must be curetted or removed before the meet or tournament and covered.

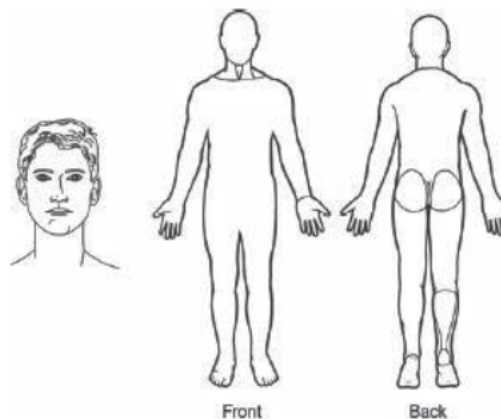
Verrucae: Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions adequately covered.

Hidradenitis Suppurativa: Wrestler will be disqualified if extensive or purulent draining lesions are present; covering is not permissible.

Pediculosis: Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Scabies: Wrestler must have negative scabies prep at meet or tournament time.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named physician/provider, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided herein



GUIDELINE 2K

MENSTRUAL-CYCLE DYSFUNCTION

January 1986 • Revised June 2002

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Anne Loucks, Ohio University, in the revision of this guideline.

In 80 percent of college-age women, the length of the menstrual cycle ranges from 23 to 35 days. Oligomenorrhea refers to a menstrual cycle that occurs inconsistently, irregularly and at longer intervals. Amenorrhea is the cessation of the menstrual cycle with ovulation occurring infrequently or not at all. A serious medical problem of amenorrhea is the lower level of circulating estrogen (hypoestrogenism) and its potential health consequences.

The prevalence of menstrual-cycle irregularities found in surveys depends on the definition of menstrual function used, but has been reported to be as high as 44 percent in athletic women. Research suggests that failure to increase dietary energy intake in compensation for the expenditure of energy during exercise can disrupt the hypothalamic-pituitary-ovarian (HPO) axis. Exercise training appears to have no suppressive effect on the HPO axis beyond the impact of its strain on energy availability.

There are several important reasons to discuss the treatment of menstrual-cycle irregularities. One reason is infertility; fortunately, the long-term effects of menstrual cycle dysfunction appear to be reversible. Another medical consequence is skeletal demineralization, which occurs in hypoestrogenic women. Skeletal demineralization was first observed in amenorrheic athletes in 1984. Initially, the lumbar spine appeared to be the primary site where skeletal demineralization occurs, but new techniques for measuring bone mineral density show that demineralization occurs throughout the skeleton. Some women with menstrual disturbances involved in high-impact activities, such as gymnastics and figure skating, display less demineralization than women runners. Despite resumption of normal menses, the loss of bone mass during prolonged hypoestrogenemia is not completely reversible. Therefore, young women with low levels of circulating estrogen, due to menstrual irregularities, are at risk for low peak bone mass, which may increase the potential for osteoporotic fractures later in life. An increased incidence of stress fractures also has been observed in the long bones and feet of women with menstrual irregularities.

The treatment goal for women with menstrual irregularities is the re-establishment of an appropriate hormonal environment for the maintenance of bone health.

This can be achieved by the re-establishment of a regular menstrual cycle or by hormone replacement therapy, although neither change has been shown to result in complete recovery of the lost bone mass. Additional research is necessary to develop a specific prognosis for exercise-induced menstrual dysfunction. All student-athletes with menstrual irregularities should be seen by a physician. General guidelines include:

1. Full medical evaluation, including an endocrine work-up and bone mineral density test;
2. Nutritional counseling with specific emphasis on:
 - a. Total caloric intake versus energy expenditure;
 - b. Calcium intake of 1,200 to 1,500 milligrams a day; and
3. Routine monitoring of the diet, menstrual function, weight-training schedule and exercise habits.

If this treatment scheme does not result in regular menstrual cycles, estrogen-progesterone supplementation should be considered. This should be coupled with appropriate counseling on hormone replacement and review of family history. Hormone-replacement therapy is thought to be important for amenorrheic women and oligomenorrheic women whose hormonal profile reveals an estrogen deficiency.

The relationship between amenorrhea, osteoporosis and disordered eating is termed the "female athlete triad." In 1997, the American College of Sports Medicine issued a position stand calling for all individuals working with physically active girls and women to be educated about the female athlete triad and develop plans for prevention, recognition, treatment and risk reduction. Recommendations are that any student-athlete who presents with any one component of the triad be screened for the other two components and referred for medical evaluation.

Other recommendations include:

- All sports medicine professionals, including coaches and athletic trainers, should learn to recognize the symptoms and risks associated with the female athlete triad.
- Coaches and others should avoid pressuring female athletes to diet and lose weight and should be educated about the warning signs of eating disorders.
- Sports medicine professionals, athletics administrators and officials of sport governing bodies

share a responsibility to prevent, recognize and treat this disorder.

- Sports medicine professionals, athletics administrators and officials of sport governing bodies should work toward offering opportunities for educating and monitoring coaches to ensure safe training practices.
- Young, physically active females should be educated about proper nutrition, safe training practices, and the risks and warning signs of the female athlete triad.

REFERENCES

1. Ackerman KE, Misra M. Bone health and the female athlete triad in adolescent athletes. *Phys Sportsmed*. 2011 Feb;39(1):131-41.
2. American Academy of Pediatrics Committee on Sports Medicine: Amenorrhea in adolescent athletes. *Pediatrics* 84(2):394-395, 1989.
3. Doyle-Lucas AF, Akers JD, Davy BM. *Energetic efficiency, menstrual irregularity, and bone mineral density in elite professional female ballet dancers*. *J Dance Med Sci*. 2010;14(4):146-54.
4. Ducher G, Turner AI, Kukuljan S, Pantano KJ, Carlson JL, Williams NI, De Souza MJ. Obstacles in the optimization of bone health outcomes in the female athlete triad. *Sports Med*. 2011 Jul 1;41(7):587-607.
5. Gibbs JC, Williams NI, Scheid JL, Toombs RJ, and MJ De Souza. The Association of a High Drive for Thinness With Energy Deficiency and Severe Menstrual Disturbances: Confirmation in a Large Population of Exercising Women. *Int J Sport Nutr Exerc Metab*. 2011 Aug 21(4):280-290.
6. Joy EA. ACSM Clinician Profile. *Curr Sports Med Rep*. 2011 May-Jun;10(3):121.
7. Keen AD, Drinkwater BL. Irreversible bone loss in former amenorrheic athletes. *Osteoporosis International* 7(4):311-315, 1997.
8. Loucks AB, Verdun M, Heath EM: Low energy availability, not stress of exercise, alters LH pulsatility in exercising women. *Journal of Applied Physiology* 84(1):37-46, 1998.
9. Otis CT, Drinkwater B, Johnson M, Loucks A, Wilmore J: American College of Sports Medicine Position Stand on the Female Athlete Triad. *Medicine and Science in Sports and Exercise* 29(5):i-ix, 1997.
10. Shangold M, Rebar RW, Wentz AC, Schiff I: Evaluation and management of menstrual dysfunction in athletes. *Journal of the American Medical Association* 262(12):1665-1669, 1990.

GUIDELINE 2L

BLOOD-BORNE PATHOGENS

April 1988 • Revised August 2013

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis virus (HBV, HCV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HCV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or hepatitis C.

The emphasis for the student-athlete and the athletics health care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

HEPATITIS B VIRUS (HBV)

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of 1 percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately 1 million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure.

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS VIRUS)

The acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately 14 percent of all new HIV infections occur in people from 12 to 24 years old. The risk of infection is increased by having unprotected sexual intercourse, and the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized-wound or mucous-membrane exposure.

COMPARISON OF HBV/HIV

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained, close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

TESTING OF STUDENT-ATHLETES

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing



based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, and modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

PARTICIPATION BY THE STUDENT-ATHLETE WITH HEPATITIS B (HBV) INFECTION

Individual's Health. In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission. The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained, close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following rec-

ommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

PARTICIPATION OF THE STUDENT-ATHLETE WITH HIV

Individual's Health. In general, the decision to allow an HIV-positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV-infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.

The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health

and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

Disease Transmission. Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate, but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

ADMINISTRATIVE ISSUES

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those people in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete's medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

ATHLETICS HEALTH CARE RESPONSIBILITIES

The following recommendations are designed to further minimize risk of transmission of blood-borne pathogens and other potentially infectious organisms in the context of athletics events and to provide treatment guidelines for caregivers. In the past, these guidelines were referred to as "Universal (blood and body fluid) Precautions." Over time, the recognition of "Body Substance Isolation," or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as "Standard Precautions." Standard precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether they contain visible blood. These guidelines, originally developed for health

care, have additions or modifications relevant to athletics. They are divided into two sections — the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

Care of the Athlete

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include personal protective equipment (PPE) (minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled "sharps" container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are

deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change the uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution and presume all blood is infectious. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.
9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled "sharps" container. Medical equipment, bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71 degrees Celsius (160 degrees Fahrenheit) for 25-minute cycles may be used.
10. Post-exposure evaluation and follow-up. Following the report of any incident in which an athlete has nonintact skin, eye, mouth, mucous membrane or parenteral (under the skin) contact with blood or other potentially infectious materials, the athlete should seek a confidential medical evaluation and follow-up. This evaluation must be conducted by a licensed health care professional.

Disinfecting of Environmental Surfaces

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include personal protective equipment (PPE) (gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).
3. Put on disposable gloves.
4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer's label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:100, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol, the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

Final Notes:

1. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a hepatitis B (HBV) vaccination.

2. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
3. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information.

Member institutions should ensure that policies exist for orientation and education of all health care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.

REFERENCES

1. AIDS education on the college campus: A theme issue. *Journal of American College Health* 40(2):51-100, 1991.
2. American Academy of Pediatrics: Human immunodeficiency virus (AIDS virus) in the athletic setting. *Pediatrics* 88(3):640-641, 1991.
3. Calabrese L, et al.: HIV infections: exercise and athletes. *Sports Medicine* 15(1):1-7, 1993.
4. Canadian Academy of Sports Medicine position statement: HIV as it relates to sport. *Clinical Journal of Sports Medicine* 3:63-68, 1993.
5. Fitzgibbon J, et al.: Transmissions from one child to another of human immunodeficiency virus type I with azidovudine-resistance mutation. *New England Journal of Medicine* 329 (25):1835-1841, 1993.
6. HIV transmission between two adolescent brothers with hemophilia. *Morbidity and Mortality Weekly Report* 42(49):948-951, 1993.
7. Kashiwagi S, et al.: Outbreak of hepatitis B in members of a high-school sumo wrestling club. *Journal of American Medical Association* 248 (2):213-214, 1982.
8. Klein RS, Freidland GH: Transmission of human immunodeficiency virus type 1 (HIV-1) by exposure to blood: defining the risk. *Annals of Internal Medicine* 113(10):729-730, 1990.
9. Public health services guidelines for counseling and antibody testing to prevent HIV infection and AIDS. *Morbidity and Mortality Weekly Report* 36(31):509-515, 1987.
10. Recommendations for prevention of HIV transmission in health care settings. *Morbidity and Mortality Weekly Report* 36(25):3S-18S, 1987.
11. United States Olympic Committee Sports Medicine and Science Committee: Transmission of infectious agents during athletic competition, 1991. (1750 East Boulder Street, Colorado Springs, CO 80909)
12. Update: Universal precautions for prevention of transmission by human immunodeficiency virus, hepatitis B virus, and other blood borne pathogens in health care settings. *Morbidity and Mortality Weekly Report* 37:377-388, 1988.
13. When sports and HIV share the bill, smart money goes on common sense. *Journal of American Medical Association* 267(10):1311-1314, 1992.
14. World Health Organization consensus statement: Consultation on AIDS and sports. *Journal of American Medical Association* 267(10):1312, 1992.
15. Human immunodeficiency virus (HIV) and other blood-borne pathogens in sports. Joint position statement by the American Medical Society for Sports Medicine (AMSSM) and the American Academy of Sports Medicine (AASM). *The American Journal of Sports Medicine* 23(4):510-514, 1995.
16. Most E, et al.: Transmissions of blood-borne pathogens during sport: risk and prevention. *Annals of Internal Medicine* 122(4):283-285, 1995.
17. Brown LS, et al.: Bleeding injuries in professional football: estimating the risk for HIV transmission. *Annals of Internal Medicine* 122(4):271-274, 1995.
18. Arnold BL: A review of selected blood-borne pathogen statements and federal regulations. *Journal of Athletic Training* 30(2):171-176, 1995.
19. Montalov v. Radcliffe, 167 F. 3d 873 (4th Cir. 1999), cert. denied, 120 S Ct. 48 1999.
20. Bitting, LA, Trowbridge, CA, Costello, LE. A Model for a Policy on HIV/AIDS and Athletics. *J Athl Train.* 1996 Oct-Dec; 31(4): 356-357
21. McGrew CA, Dick RW, Schniedwind K, Gikas P. Survey of NCAA institutions concerning HIV/AIDS policies and universal precautions. *Med Sci Sports Exerc.* 1993 Aug;25(8):917-21.
22. Brown LS Jr, Phillips RY, Brown CL Jr, Knowlan D, Castle L, Moyer J. HIV/AIDS policies and sports: the National Football League. *Med Sci Sports Exerc.* 1994 Apr;26(4):403-7.
23. Kordi, R. and Wallace, WA. Blood-borne infections in sport: risks of transmission, methods of prevention, and recommendations for hepatitis B vaccination. *Br J Sports Med* 2004;38:678-684 doi:10.1136/bjsm.2004.011643

GUIDELINE 2M

THE USE OF LOCAL ANESTHETICS

June 1992 • Revised June 2004

The use of local injectable anesthetics to treat sports-related injuries in college athletics is primarily left to the discretion of the physician treating the individual, since there is little scientific research on the subject. This guideline provides basic recommendations for the use of these substances, which commonly include lidocaine (Xylocaine), 1 or 2 percent; bupivacaine (Marcaine), 0.25 to 0.50 percent; and mepivacaine (Carbocaine), 3 percent. The following recommendations do not include the use of corticosteroids.

It is recommended that:

1. These agents should be administered only by a qualified clinician who is licensed to perform this procedure and who is familiar with these agents' actions, reactions, interactions and complications. The treating clinician should be well aware of the quantity of these agents that can be safely injected.
2. These agents should only be administered in facilities equipped to handle any allergic reaction, including a cardiopulmonary emergency, which may follow their use.
3. These agents should only be administered when medically justified, when the risk of administration is fully explained to the patient, when the use is not harmful to continued athletics activity and when there is no enhancement of a risk of injury.

The following procedures are not recommended:

1. The use of local anesthetic injections if they jeopardize the ability of the student-athlete to protect himself or herself from injury.
2. The administration of these drugs by anyone other than a qualified clinician licensed to perform this procedure.
3. The use of these drugs in combination with epinephrine or other vasoconstrictor agents in fingers, toes, earlobes and other areas where a decrease in circulation, even if only temporary, could result in significant harm.

GUIDELINE 2N

INJECTABLE CORTICOSTEROIDS IN SPORTS INJURIES

June 1992 • Revised June 2004

Corticosteroids, alone or in combination with local anesthetics, have been used for many years to treat certain sports-related injuries. This guideline is an attempt to identify specific circumstances in which corticosteroids may be appropriate and also to remind both physicians and student-athletes of the inherent dangers associated with their use.

The most common reason for the use of corticosteroids in athletics is the treatment of chronic overuse syndromes such as bursitis, tenosynovitis and muscle origin pain (for example, lateral epicondylitis). They have also been used to try to prevent redevelopment of a ganglion and to reduce keloid scar formation. Rarely is it appropriate to treat acute syndromes such as acromioclavicular (AC) joint separations or hip pointers with a corticosteroid.

There is still much to be learned about the effects of intra-articular, intraligamentous or intratendinous injection of corticosteroids. Researchers have noted reduced synthesis of articular cartilage after corticosteroid administration in both animals and human models. However, a causal relationship between the intra-articular corticosteroid and degeneration of articular cartilage has not been established. Research also has shown that a single intraligamentous or multiple intra-articular injections have the potential to cause significant and long-lasting deterioration in the mechanical properties of ligaments and collagenous tissues in animal models. Finally, studies have shown significant degenerative changes in active animal tendons treated with a corticosteroid as early as 48 hours after injection.

This research provides the basis for the following recommendations regarding the administration of corticosteroids in college-athletics.

It is recommended that:

1. Injectable corticosteroids should be administered only after more conservative treatments, including nonsteroidal anti-inflammatory agents, rest, ice, ultrasound and various treatment modalities, have been exhausted.
2. Only those physicians who are knowledgeable about the chemical makeup, dosage, onset of action, duration and potential toxicity of these agents should administer corticosteroids.
3. These agents should be administered only in facilities that are equipped to deal with allergic reactions, including cardiopulmonary emergencies.

4. Repeated corticosteroid injections at a specific site should be done only after the consequences and benefits of the injections have been thoroughly evaluated.
5. Corticosteroid injections only should be done if a therapeutic effect is medically warranted and the student-athlete is not subject to either short- or long-term significant risk.
6. These agents should only be administered when medically justified, when the risk of administration is fully explained to the student-athlete, when the use is not harmful to continued athletics activity and when there is no enhancement of a risk of injury.

The following procedures are not recommended:

1. Intra-articular injections, particularly in major weight-bearing joints. Intra-articular injections have a potential softening effect on articular cartilage.
2. Intratendinous injections, since such injections have been associated with an increased risk of rupture.
3. Administration of injected corticosteroids immediately before a competition.
4. Administration of corticosteroids in acute trauma.
5. Administration of corticosteroids in infection.

REFERENCES

1. Corticosteroid injections: balancing the benefits. *The Physician and Sports Medicine* 22(4):76, 1994.
2. Corticosteroid Injections: Their Use and Abuse. *Journal of the American Academy of Orthopaedic Surgeons* 2:133-140, 1994.
3. Kennedy JC, Willis RD: The effects of local steroid injections on tendons: A biomechanical and microscopic correlative study. *American Journal of Sports Medicine* 4:11-21, 1970.
4. Leadbetter WB: Corticosteroid injection therapy in sports injuries. In: *Sports Induced Inflammation* Park Ridge, IL: *American Academy of Orthopaedic Surgeons*, pp. 527-545, 1990.
5. Mankin HJ, Conger KA: The acute effects of intra-articular hydrocortisone on articular cartilage in rabbits. *Journal of Bone and Joint Surgery* 48A:1383-1388, 1966.
6. Noyes FR, Keller CS, Grood ES, et al.: Advances in the understanding of knee ligament injuries, repair and rehabilitation. *Medicine and Science in Sports and Exercise* 16:427-443, 1984.
7. Noyes FR, Nussbaum NS, Torvik PT, et al.: Biomechanical and



ultrastructural changes in ligaments and tendons after local corticosteroid injections. *Abstract, Journal of Bone and Joint Surgery* 57A:876, 1975.

8. Pfenninger JL: Injections of joints and soft tissues: Part I. General guidelines. *American Family Physician* 44(4):1196-1202, 1991.
9. Pfenninger JL: Injections of joints and soft tissues: Part II. Guidelines for specific joints. *American Family Physician* 44(5):1690-1701, 1991.

GUIDELINE 20

MENTAL HEALTH: INTERVENTIONS

June 2006 • Revised 2012, July 2014

In November 2013, the NCAA Sport Science Institute hosted a Mental Health Task Force that included clinicians, scientists, administrators, coaches and student-athletes. A broad range of mental health issues were discussed, and a number of mental health research projects and initiatives were agreed to. Readers are encouraged to monitor developments at www.NCAA.org/ssi.

CONSIDERATIONS IN IDENTIFYING AND REFERRING STUDENT-ATHLETES WITH POTENTIAL MENTAL HEALTH ISSUES

The full range of mental health issues found in the general student population can also be found in the life of a student-athlete. The mental health of a college student is challenged by any number of factors of student life, and participation in athletics does not provide the student-athlete with immunity from mental health issues. Rather, participation in intercollegiate athletics imposes additional stressors on the student-athlete that can increase the risk for mental health issues. The unique stressors of intercollegiate athletic participation include the physical demands of training and competition, the time commitment to their sport, sustaining a time-loss, chronic or season-/career-ending injury, having difficulty interacting with teammates and coaches, and struggling with poor sports performance. This chapter offers suggestions in developing an institution's Student-Athlete Mental Health Considerations Plan. Each plan may vary from institution to institution; however, having a plan assists the athletics department in navigating the student-athlete's health and well-being.

Coaches, athletic trainers, team physicians, strength and conditioning staff, academic support staff, equipment managers and administrators are in position to observe and interact with student-athletes on a daily basis. In most cases, athletics department personnel have the trust of the student-athlete and are someone that the student-athlete turns to in difficult times or personal crisis. In some cases, the student-athlete will confide in a teammate and/or roommate. Also, there are some student-athletes who will not be aware of and/or inform anyone of their developing mental or emotional health issue, but will act out in nonverbal ways to let on that something is bothering them. In addition, some student-athletes will demonstrate behaviors that have at their root mental health issues. For example, someone who gets in fights when drinking and shows up late all the time may actually be struggling with depression.

BEHAVIORS TO MONITOR

The behaviors in the following list are not all-inclusive, may be singular or multiple in nature, and may be subtle in appearance. Concern is warranted when the following behaviors for a student-athlete change from his/her normal lifestyle:

- Changes in eating and sleeping habits.
- Unexplained weight loss.
- Drug and/or alcohol abuse.
- Gambling issues.
- Withdrawing from social contact.
- Decreased interest in activities that have been enjoyable, or taking up risky behavior.
- Talking about death, dying or "going away."
- Loss of emotion, or sudden changes of emotion within a short period of time.
- Problems concentrating, focusing or remembering.
- Frequent complaints of fatigue, illness or being injured that prevent participation.
- Unexplained wounds or deliberate self-harm.
- Becoming more irritable or problems managing anger.

SPORT PSYCHOLOGY

Commonly, the term "sport psychologist" can mean one of two things – someone who is licensed to practice psychology and can diagnose and treat mental health problems with a special emphasis on athletes, or someone trained to apply mental preparation techniques to athletes with an understanding of how physiological processes relate to performance.

While performance enhancement is a major part of sport psychology and often provides a psychologist entrée to discuss more serious clinical issues, some NCAA member institutions are hiring licensed, clinical psychologists to work with student-athletes on issues ranging from mental preparation for competition and relaxation to clinical depression and eating disorders. Licensed mental health professionals can enhance the medical care for student-athletes by:

- Providing mental health screening and prevention education.
- Conducting pre-participation evaluation screenings.
- Providing continuing care for concussion management.
- Managing eating disorders.
- Providing counseling on challenges and stresses related to being a student-athlete.
- Resolving conflict between athlete and coach, athlete and athlete, coach and administrator, athlete and parent, etc.

TRIGGER EVENTS

There are events that may serve to trigger or exacerbate a mental or emotional health concern with a student-athlete. Some examples:

- Poor performance, or perceived “poor” performance by the student-athlete.
- Conflicts with coaches or teammates.
- A debilitating injury or illness, resulting in a loss of playing time or surgery.
- Concussions.
- Class issues — schedule, grades, amount of work.
- Lack of playing time.
- Family and relationship issues.
- Changes in importance of sport, expectations by self/parents, role of sport in life.
- Violence — being assaulted, a victim of domestic violence, automobile accidents, or merely witnessing a personal injury or assault on a family member, friend or teammate.
- Adapting to college life.
- Death of a loved one or close friend.
- Alcohol or drug abuse.
- Significant dieting or weight loss.
- History of physical or sexual abuse.
- Gambling issues.
- Post-traumatic stress disorder (PTSD) for combat veterans who are now enrolled in college and participating in intercollegiate athletics.

- Serving as a key member of the athletics department catastrophic-incident team.

ESTABLISHING A RELATIONSHIP WITH MENTAL HEALTH SERVICES

Unless the athletics department staff member is a credentialed and practicing mental health care professional, the athletics department staff member should refrain from attempts to “counsel” a student-athlete who may be experiencing a mental health issue. Encouraging student-athletes, or “giving them permission,” to seek help from mental health providers that will help them gain insight into their situation, and encouraging athletes that seeking counseling is a sign of strength, not weakness, can be very useful.

Athletics departments should identify and foster relationships with mental health resources on campus or within the local community that will enable the development of a diverse and effective referral plan addressing the mental well-being of their student-athletes and staff. Because student-athletes are less likely to use counseling than nonathlete students, increasing interaction among mental health staff members, coaches and student-athletes will improve compliance with referrals. The sports medicine staff is often a reasonable first resource for student-athletes who are not at imminent risk, yet who do not feel comfortable going directly to a mental health provider. If the student-athlete requests a mental health care evaluation, or is compelled to be evaluated because of behavior that violates an institutional code of conduct, then referring the student-athlete to the mental health care system at your institution is recommended. There are many avenues for the student-athlete to be referred. Athletics departments can seek psychological services and mental health professionals from the following resources:

- Athletics department sports medicine services.
- Athletics department academic services.
- University student health and counseling services.
- University medical school.
- University graduate programs (health sciences, education, medical, allied health).
- Local community.

Understand that per institutional policy, unless a code of conduct violation has occurred, the student-athlete makes the final decision to go for a mental health

Available online at NCAA.org/SSI.



evaluation and care. The athletics department staff member can encourage the student-athlete to go for an evaluation and care, but unless there is a violation, or a threat of self-harm or harm to others, then, per institutional policy, the student-athlete can't be compelled to go for an evaluation or care.

It is recommended that a relationship be developed with the campus counseling services and any community mental health care professionals in order to facilitate referrals. **All athletic health care providers should be aware of such relationships. Ideally, the relationship can become part of the extended interdisciplinary health care team. (See Guideline 1B.)**

Confidentiality. The student-athlete's privacy must be respected unless he/she is at risk for self-harm or harm to others. The student-athlete may be encouraged to inform others about his/her care as appropriate. If the student-athlete is under age, then refer to your institutional general counsel and student affairs office for guidance in informing the parents or guardians.

Create a Supportive Environment. Coaches and sports medicine staff members should follow the following guidelines in order to help enhance student-athlete compliance with mental health referrals:

- Express confidence in the mental health professional (e.g., "I know that other student-athletes have felt better after talking to Dr. Kelly.>").
- Be concrete about what counseling is and how it could help (e.g., "Amy can help you focus more on your strengths.>").
- Focus on similarities between the student-athlete and the mental health professional (e.g., "Bob has a sense of humor that you would appreciate." "Dr. Jones is a former college student-athlete and understands the pressures student-athletes face.>").
- Offer to accompany the student-athlete to the initial appointment.
- Offer to make the appointment (or have the student-athlete make the appointment) while in your office.
- Emphasize the confidentiality of medical care and the referral process.

The following self-help strategies may improve mild depression symptoms:

- Reduce or eliminate the use of alcohol and drugs.
- Break large tasks into smaller ones; set realistic goals.

- Engage in regular, mild exercise.
- Eat regular and nutritious meals.
- Participate in activities that typically make you feel better.
- Let family, friends and coaches help you.
- Increase positive or optimistic thinking.
- Engage in regular and adequate sleep habits.

Emergency Considerations. If the student-athlete reports suicidal feelings or comments, or he/she reports feeling like harming others, follow the institution's mental health issue emergency protocol. Be sure the procedure is included in the athletics department plan. Include phone numbers, protocol in staying with the student-athlete, where to take the student-athlete on campus or in the community, and counseling services contact numbers. It is recommended to work with the student affairs office in developing this component of the plan, and be sure to contact appropriate institutional departments in the event of an emergency, per the institution's plan.

Institutional Review of Plan. Have the Student-Athlete Mental Health Considerations Plan reviewed and approved by the institution's general counsel, risk management, student affairs office and any other department recommended by the institution's general counsel.

MENTAL HEALTH CONDITIONS AND INTERCOLLEGIATE ATHLETICS

As with physical injuries, mental health problems may, by their severity, affect athletic performance and limit or even preclude training and competition until successfully managed and treated. Some examples include:

Mood Disorders

- Depression
- Suicidal Ideation

Anxiety Disorders

- Panic Attacks
- Stress
- General Anxiety
- Obsessive Compulsive Disorder
- Eating Disorders and Disordered Eating
- Substance Abuse Disorders

Depression is more than the blues, letdowns from a game loss, or the normal daily ups and downs. It is feeling "down," "low" and "hopeless" for weeks at a time. Depression is a serious medical condition.

Little research has been conducted on depression among student-athletes; however, preliminary data indicate that student-athletes experience depressive symptoms and illness at similar or decreased rates than nonathlete students. Approximately 9.5 percent of the population — or one out of 10 people — suffers from a depressive illness during any given one-year period. Women are twice as likely to experience depression as men; however, men are less likely to admit to depression. Moreover, even though the majority of people's depressive disorders can be improved, most people with depression do not seek help.

Depression is important to assess among student-athletes because it impacts overall personal well-being, athletic performance, academic performance and injury healing. No two people experience depressed feelings in exactly the same way. However, with the proper treatment 80 percent of those who seek help and 50 percent of those who are clinically depressed get better, and many people begin to feel better in just a few weeks.

Student-athletes may experience depression because of genetic predisposition, developmental challenges of college transitions, academic stress, financial pressures, interpersonal difficulties and grief over loss/failure.

Participation in athletics does not provide student-athletes any immunity to these stresses, and it has the potential to pose additional demands. Student-athletes must balance all of the demands of being a college student along with athletics demands. This includes the physical demands of their sport, and the time commitment of participation, strength and conditioning, and skill instruction.

Most student-athletes participate almost year-round, often missing holidays, school and summer breaks, classes and even graduation. In addition, if they struggle in their performance, have difficulty interacting with the coach or teammates, or they lose their passion for their sport, it can be very difficult to handle. Many athletes also define themselves by their role as an athlete, and an injury can be devastating.

Some attributes of athletics and competition can make it extremely difficult for student-athletes to obtain help. They are taught to “play through the pain,” struggle through adversity, handle problems on their own and “never let anyone see you cry.” Seeking help is seen as a sign of weakness, when it should be recognized as a sign of strength.

Team dynamics also may be a factor. Problems often are kept “in the family,” and it is common for teams to try to solve problems by themselves, often ignoring signs or symptoms of more serious issues. Depression affects approximately 19 million Americans, and for many, the symptoms first appear before or during college.

Early identification and intervention (referral/treatment) for depression or other mental illness is extremely important, yet may be inhibited within the athletics culture for the following reasons:

- Physical illness or injury is more readily measured and treated within sports medicine, and often there is less comfort in addressing mental illness.
- Mental wellness is not always perceived as necessary for athletic performance.
- The high profile of student-athletes may magnify the attention paid on campus and in the surrounding community when an athlete seeks help.
- History and tradition drive athletics and can stand as barriers to change.
- The athletics department may have difficulty associating mental illness with athletic participation.

Enhancing Knowledge and Awareness of Depressive Disorders. Sports medicine staff, coaches and student-athletes should be knowledgeable about the types of depression and related symptoms. Men may be more willing to report fatigue, irritability, loss of interest in work or hobbies and sleep disturbances, rather than feelings of sadness, worthlessness and excessive guilt, which are commonly associated with depression in women. Men often mask depression with the use of alcohol or drugs, or by the socially acceptable habit of working excessively long hours.

TYPES OF DEPRESSIVE ILLNESS

Depressive illnesses come in different forms. The following are general descriptions of the three most prevalent, though for an individual the number, severity and duration of symptoms will vary.

Major Depression, or “clinical depression,” is manifested by a combination of symptoms that interfere with a person's once pleasurable activities (school, sport, sleep, eating, work). Student-athletes experiencing five or more symptoms for two weeks or longer, or noticeable changes in usual functioning, are factors that should prompt referral to the team physician or mental health professional. Fifteen percent of people with major depression die by suicide. The

rate of suicide in men is four times that of women, though more women attempt it during their lives.

Dysthymia is a less severe form of depression that tends to involve long-term, chronic depressive symptoms. Although these symptoms are not disabling, they do affect the individual's overall functioning.

Bipolar Disorder, or "manic-depressive illness," involves cycling mood swings from major depressive episodes to mania. Depressive episodes may last as little as two weeks, while manic episodes may last as little as four days.

In addition to the three types of depressive disorders, student-athletes may suffer from an adjustment disorder. Adjustment disorders occur when an individual experiences depressive (or anxious) symptoms in response to a specific event or stressor (e.g., poor performance, poor relationship with a coach). An adjustment disorder can also progress into major depressive disorder.

SCREENING FOR DEPRESSION AND RELATED RISK FOR SUICIDE

One way to ensure an athletics department is in tune with student-athletes' mental well-being is to systematically include mental health checkups, especially around high-risk times such as the loss of a coach or teammate, significant injury, being cut from the team and catastrophic events. Members of the sports medicine team and/or licensed mental health professionals should also screen athletes for depression at pre-established points in time (e.g., pre-participation, exit interviews). Research indicates that sports medicine professionals are better equipped to assess depression with the use of appropriate mental health instruments; simply asking about depression is not recommended.

A thorough assessment on the part of a mental health professional is also imperative to differentiate major depression from dysthymia and bipolar disorder, and other conditions, such as medication use, viral illness, anxiety disorders, overtraining and illicit substance use. Depressive disorders may co-exist with substance-abuse disorders, panic disorder, obsessive-compulsive disorder, anorexia nervosa, bulimia nervosa and borderline personality disorder.

For depression screening, it is recommended that sports medicine teams use the Center for Epidemiological Studies Depression (CES-D) Scale published by the National Institute for Mental Health (NIMH). The CES-D is free to use and available at

WHAT TO LOOK FOR

Depressive signs and symptoms

Individuals might present:

- Decreased performance in school or sport.
- Noticeable restlessness.
- Significant weight loss or weight gain.
- Decrease or increase in appetite nearly every day (fluctuating?).

Individuals might express:

- Indecisiveness.
- Feeling sad or unusual crying.
- Difficulty concentrating.
- Lack of or loss of interest or pleasure in activities that were once enjoyable (hanging out with friends, practice, school, sex).
- Depressed, sad or "empty" mood for most of the day and nearly every day.
- Recurrent thoughts of death or thoughts about suicide.
- Frequent feelings of worthlessness, low self-esteem, hopelessness, helplessness or inappropriate guilt.

Manic signs and symptoms

Individuals might present:

- Abnormal or excessive elation.
- Unusual irritability.
- Markedly increased energy.
- Poor judgment.
- Inappropriate social behavior.
- Increased talking.

Individuals might express:

- Racing thoughts.
- Increased sexual desire.
- Decreased need for sleep.
- Grandiose notions.

www.nimh.nih.gov. Other resources include such programs as QPR (Question, Persuade, Refer) Gatekeeper training; the Jed Foundation ULifeline; and the Screening for Mental Health depression and anxiety screenings. Information about these programs, and ways to incorporate them into student-athlete checkups, can be found at NCAA.org.

SEEKING HELP

Most individuals who suffer from depression will fully

APPROACHING THE STUDENT-ATHLETE WITH A POTENTIAL MENTAL HEALTH ISSUE

Approaching anyone with a concern over mental well-being can be an uncomfortable experience. However, the health and wellness of the student-athlete is paramount. It is important to have facts correctly, with context, before arranging a private meeting with the student-athlete. The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening is essential. Consider questions that are open ended and encouraging for the student-athlete to talk about his or her issue:

- “How are things going for you?”
- “Tell me what is going on.”
- “Your behavior (mention the incident or incidents) has me concerned for you. Can you tell me what is going on, or is there something I need to understand or know why this incident happened?”
- “Tell me more (about the incident).”
- “How do you feel about this (the incident or the facts presented)?”
- “Tell me how those cuts (or other wounds) got there.”
- “Perhaps you would like to talk to someone about this issue?”
- “I want to help you, but this type of issue is beyond my scope as (coach, athletic trainer, administrator, support staff member), but I know how to refer you to someone who can help.”

recover to lead productive lives. A combination of counseling and medication appears to be the most effective treatment for moderately and severely depressed individuals. Although some improvement in mood may occur in the first few weeks, it typically takes three to four weeks of treatment to obtain the full therapeutic effect. *Medication should only be taken and/or stopped under the direct care of a physician, and the team physicians should consult with psychiatrists regarding complex mental health issues.*

A referral should be made to a licensed mental health professional when coaches or sports medicine staff

members witness any of the following with their student-athletes:

- Reported suicidal thoughts.
- Multiple depressive symptoms.
- A few depressive symptoms that persist for several weeks.
- Depressive symptoms that lead to more severe symptoms or destructive behaviors.
- Alcohol and drug abuse as an attempt at self-treatment.
- Overtraining or burnout, since depression has many of the same symptoms.
- Manic-type symptoms.

REFERENCES

1. Backmand J, et. al. Influence of physical activity on depression and anxiety of former elite athletes. *International Journal of Sports Medicine*. 2003. 24(8):609-919.
2. Hosick, M. Psychology of sport more than performance enhancement. *The NCAA News*. March 14, 2005. Available online.
3. Klossner, DA. Essay: Individuals Providing Consultation on the Psychology of Sport within NCAA Division I Institutions. *Journal of Intercollegiate Sport*. 2012;4(2): 243 – 246.
3. Maniar SD, Chamberlain R, Moore N. Suicide risk is real for student-athletes. *The NCAA News*. November 7, 2005. Available online.
4. Maniar SD, Curry LA, Sommers-Flanagan J, Walsh JA. Student-athlete preferences in seeking help when confronted with sport performance problems. *The Sport Psychologist*. 2001;15(2):205-23.
5. National Institute of Mental Health. Depression. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services; 2000. (NIH Publication No 02-3561). 25 pages. Available at <http://www.nimh.nih.gov/health/topics/depression/index.shtml>.
6. Neal, TL. Syracuse University. Considerations in Identifying and Referring Student-Athletes with Potential Mental Health Issues. 2010.
7. Neal TL, Diamond AB, Goldman S, et al. Inter-association recommendations in developing a plan for recognition and referral of student-athletes with psychological concerns at the collegiate level: A consensus statement 2014:85, Dallas, Tx.
8. Pinkerton RS, Hinz LD, Barrow JC. The college student-athlete: Psychological considerations and interventions. *Journal of American College Health*. 1989;37(5):218-26.
9. Putukian, M, Wilfert, M. Student-athletes also face dangers from depression. *The NCAA News*. April 12, 2004. Available online.
10. Schwenk, TL. The stigmatization and denial of mental illness in athletes. *British Journal of Sports Medicine*. 2000. 34:4-5.

GUIDELINE 2P

PARTICIPATION BY THE STUDENT-ATHLETE WITH IMPAIRMENT

January 1976 • Revised August 2004

In accordance with the recommendations of major medical organizations and pursuant to the requirements of federal law (in particular, the Rehabilitation Act of 1976 and the Americans With Disabilities Act), the NCAA encourages participation by student-athletes with physical or mental impairments in intercollegiate athletics and physical activities to the full extent of their interests and abilities. It is imperative that the university's sports medicine personnel assess a student-athlete's medical needs and specific limitations on an individualized basis so that needless restrictions will be avoided and medical precautions will be taken to minimize any enhanced risk of harm to the student-athlete or others from participation in the subject sport.

A student-athlete with impairment should be given an opportunity to participate in an intercollegiate sport if he or she has the requisite abilities and skills in spite of his or her impairment, with or without a reasonable accommodation. Medical exclusion of a student-athlete from an athletics program should occur only when a mental or physical impairment presents a significant risk of substantial harm to the health or safety of the student-athlete and/or other participants that cannot be eliminated or reduced by reasonable accommodations. Recent judicial decisions have upheld a university's legal right to exclude a student-athlete from competition if the team physician has a reasonable medical basis for determining that athletic competition creates a significant risk of harm to the student-athlete or others. When student-athletes with impairments not otherwise qualified to participate in existing athletics programs are identified, every means should be explored by member institutions to provide suitable sport and recreational programs in the most appropriate, integrated settings possible to meet their interests and abilities.

PARTICIPATION CONSIDERATIONS

Before allowing any student-athlete with an impairment to participate in an athletics program, it is recommended that an institution require joint approval from the physician most familiar with the student-athlete's condition, the team physician and an appropriate official of the institution, as well as his or her parent(s) or guardian. The following factors should be considered on an individualized basis in determining whether he or she should participate in a particular sport:

1. Available published information regarding the medical risks of participation in the sport with the athlete's mental or physical impairment;

2. The current health status of the student-athlete;
3. The physical demands of the sport and position(s) that the student-athlete will play;
4. Availability of acceptable protective equipment or measures to reduce effectively the risk of harm to the student-athlete or others; and
5. The ability of the student-athlete [and, in the case of a minor, the parent(s) or guardian] to fully understand the material risks of athletic participation.

ORGAN ABSENCE OR NONFUNCTION

When the absence or nonfunction of a paired organ constitutes the impairment, the following specific issues need to be addressed with the student-athlete and his/her parents or guardian (in the case of a minor). The following factors should be considered:

- The quality and function of the remaining organ;
- The probability of injury to the remaining organ; and
- The availability of current protective equipment and the likely effectiveness of such equipment to prevent injury to the remaining organ.

MEDICAL RELEASE

When a student-athlete with impairment is allowed to compete in the intercollegiate athletics program, it is recommended that a properly executed document of understanding and a waiver release the institution for any legal liability for injury or death arising from the student-athlete's participation with his or her mental or physical impairment/medical condition. The following parties should sign this document: the student-athlete, his or her parents/guardians, the team physician and any consulting physician, a representative of the institution's athletics department, and the institution's legal counsel. This document evidences the student-athlete's understanding of his or her medical condition and the potential risks of athletic participation, but it may not immunize the institution from legal liability for injury to the student-athlete.

REFERENCES

1. American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Medical Conditions Affecting Sports Participation Pediatrics. 94(5): 757-60, 1994.
2. Mitten, M.J. Enhanced risk of harm to one's self as a justification for exclusion from athletics. Marquette Sports Law Journal. 8:189-223, 1998.
3. CASE SUMMARY: Knapp v. Northwestern University: No. 95 C6454, 1996 WL 495559 (N.D.ILL. AUG. 18, 1996) Journal of Art and Entertainment Law

GUIDELINE 2Q

PREGNANCY

January 1986 • Revised June 2009

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. James Clapp, FACSM, in the revision of this guideline.

PREGNANCY POLICIES

Pregnancy places unique challenges on the student-athlete. Each member institution should have a policy clearly outlined to address the rights and responsibilities of the pregnant student-athlete. The policy should address:

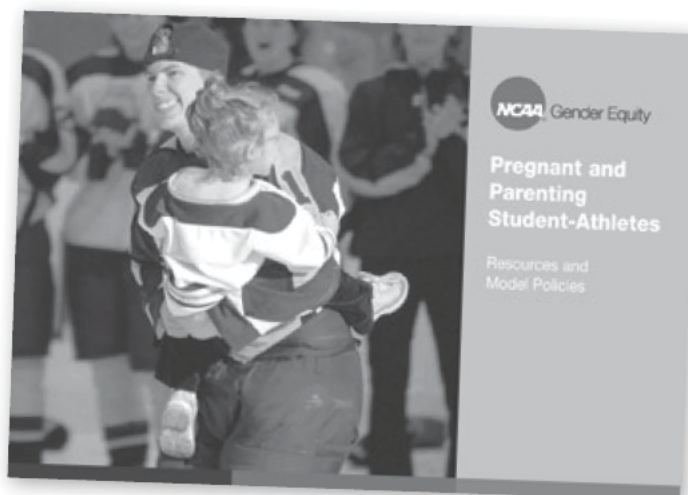
- Where the student-athlete can receive confidential counseling;
- Where the student-athlete can access timely medical and obstetrical care;
- How the pregnancy may affect the student-athlete's team standing and institutional grants-in-aid;
- That pregnancy should be treated as any other temporary health condition regarding receipt of institutional grants-in-aid; and
- That NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

Student-athletes should not be forced to terminate a pregnancy because of financial or psychological pressure or fear of losing their institutional grants-in-aid. See Bylaw 15.3.4.3, which specifies that institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award because of an injury, illness or physical or mental medical condition.

The team's certified athletic trainer or team physician is often approached in confidence by the student-athlete. The sports medicine staff should be well-versed in the athletics department's policies and be able to access the identified resources. The sports medicine staff should respect the student-athlete's requests for confidentiality until such time when there is medical reason to withhold the student-athlete from competition.

EXERCISE IN PREGNANCY

Assessing the risk of intense, strenuous physical activity in pregnancy is difficult. There is some evidence that women who exercise during pregnancy have improved cardiovascular function, limited weight gain and fat retention, improved attitude and mental state, easier and less complicated labor and enhanced postpartum recovery. There is no evidence that increased activity increases the risk of spontaneous abortion in uncomplicated pregnancies. There are, however, theo-



WARNING SIGNS TO TERMINATE EXERCISE WHILE PREGNANT

- Vaginal bleeding
- Shortness of breath before exercise
- Dizziness
- Headache
- Chest pain
- Calf pain or swelling
- Preterm labor
- Decreased fetal movement
- Amniotic fluid leakage
- Muscle weakness

retical risks to the fetus associated with increased core body temperatures that may occur with exercise, especially in the heat.

The fetus may benefit from exercise during pregnancy in several ways, including an increased tolerance for the physiologic stresses of late pregnancy, labor and delivery.

The safety of participation in individual sports by a pregnant woman should be dictated by the movements and physical demands required to compete in that sport and the previous activity level of the individual. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsava.

Exercise in the supine position after the first trimester may cause venous obstruction, and conditioning or training exercises in this position should be avoided. Sports with increased incidences of bodily contact (basketball, ice hockey, field hockey, lacrosse, soccer, rugby) or falling (gymnastics, equestrian, downhill skiing) are generally considered higher risk after the first trimester because of the potential risk of abdominal trauma. The student-athlete's ability to compete also may be compromised due to changes in physiologic capacity, and musculoskeletal issues unique to pregnancy. There is also concern that in the setting of intense competition a pregnant athlete will be less

likely to respond to internal cues to moderate exercise and may feel pressure not to let down the team.

The American College of Obstetrics and Gynecology states that competitive athletes can remain active during pregnancy but need to modify their activity as medically indicated and require close supervision.

If a student-athlete chooses to compete while pregnant, she should:

- Be made aware of the potential risks of her particular sport and exercise in general while pregnant;
- Be encouraged to discontinue exercise when feeling overexerted or when any warning signs (see page 91) are present;
- Follow the recommendations of her obstetrical provider in coordination with the team physician; and
- Take care to remain well-hydrated and to avoid overheating.

After delivery or pregnancy termination, medical clearance is recommended to ensure the student-athlete's safe return to athletics. (See Follow-up Examinations section of Guideline 1C.) The physiologic changes of pregnancy persist four to six weeks postpartum; however, there have been no known maternal complications from resumption of training. Care should be taken to individualize return to practice and competition.

REFERENCES

1. *Pregnant & Parenting Student-athletes: Resources and Model Policies*. 2009. NCAA.org/SSI.
2. American College of Obstetrics and Gynecology Committee on Obstetric Practice: *Exercise During Pregnancy and the Postpartum Period*. *Obstetrics and Gynecology* 99(1) 171-173, 2002.
3. American College of Sports Medicine: *Exercise During Pregnancy*. In: *Current Comment from the American College of Sports Medicine*, Indianapolis, IN, August 2000.
4. Clapp JF: *Exercise During Pregnancy, A Clinical Update*. *Clinics in Sports Medicine* 19(2) 273-286, 2000.

GUIDELINE 2R

THE STUDENT-ATHLETE WITH SICKLE CELL TRAIT

October 1975 • Revised June 2013

Sickle cell trait is not a disease and is not a barrier to exercise or participation in sport. It is the inheritance of one gene for normal hemoglobin (A) and one gene for sickle hemoglobin (S), giving the genotype AS. Sickle cell trait (AS) is not sickle cell anemia (SS), in which two abnormal genes are inherited. Sickle cell anemia causes major anemia and many clinical problems, whereas sickle cell trait causes no anemia and few clinical problems. Sickle cell trait will not turn into the disease. However, it is possible to have symptoms of the disease under extreme conditions of physical stress or low oxygen levels. In some cases, athletes with the trait have expressed significant distress, collapsed and even died during rigorous exercise.

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, the Caribbean, Mediterranean countries, India and Saudi Arabia. Sickle cell trait occurs in about 8 percent of the U.S. African-American population and rarely (between one in 2,000 and one in 10,000) in the Caucasian population. It is present in athletes at all levels, including high school, collegiate, Olympic and professional. Sickle cell trait is no barrier to outstanding athletic performance.

Sickle cell trait is generally benign and consistent with a long, healthy life. As they get older, some people with the trait become unable to concentrate urine nor-

mally, but this is not a key problem for college athletes. Most athletes complete their careers without any complications. However, there are three constant concerns that exist for athletes with sickle cell trait: gross hematuria, splenic infarction, and exertional rhabdomyolysis, which can be fatal.

Gross hematuria, visible blood in the urine, usually from the left kidney, is an occasional complication of sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Splenic infarction can occur in people with sickle cell trait, typically at altitude. The risk may begin at 5,000 feet and increases with rising altitude. Vigorous exercise (e.g., skiing, basketball, football, hiking, anaerobic conditioning) may increase the risk. Splenic infarction causes left upper quadrant or lower chest pain, often with nausea and vomiting. It can mimic pleurisy, pneumothorax, side stitch or renal colic. Splenic infarction at altitude has occurred in athletes with sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Exertional rhabdomyolysis can be life threatening. During intense exertion and hypoxemia, sickled red cells can accumulate in the blood. Dehydration worsens exertional sickling. Sickled red cells can "logjam" blood vessels in working muscles and provoke ischemic rhabdomyolysis. Exertional rhabdo-

NCAA fact sheets and video for coaches and student-athletes are available at NCAA.org/SSI.



BEST PRACTICES

The NCAA has published best practices for fall sports preseason periods throughout guidelines in this handbook on emergency care, preseason preparation and heat illness prevention.

myolysis is not exclusive to athletes with sickle cell trait. Planned emergency response and prompt access to medical care are critical components to ensure adequate response to a collapse or athlete in distress.

The U.S. armed forces linked sickle cell trait to sudden unexplained death during basic training. Recruits with sickle cell trait were about 30 times more likely to die than other recruits. The deaths were initially classified as either acute cardiac arrest of undefined mechanism or deaths related to heatstroke, heat stress or rhabdomyolysis. Further analysis showed that the major risk was severe exertional rhabdomyolysis, a risk that was about 200 times greater for recruits with sickle cell trait. Deaths among college athletes with sickle cell trait, almost exclusively in football dating back to 1974, have been from exertional rhabdomyolysis, including early cardiac death from hyperkalemia and lactic acidosis and later metabolic death from acute myoglobinuric renal failure.

In other cases, athletes have survived collapses while running a distance race, sprinting on a basketball court or football field, and running timed laps on a track. The harder and faster athletes go, the earlier and greater the sickling. Sickling can begin in only two to three minutes of sprinting, or in any other all-out exertion of sustained effort, thus quickly increasing the risk of collapse. Athletes with sickle cell trait cannot be “conditioned” out of the trait, and coaches pushing these athletes beyond their normal physiological response to stop and recover place these athletes at an increased risk for collapse.

An exertional collapse in a student-athlete with sickle cell trait can be a medical emergency. Even the fittest athletes can experience a collapse. Themes from the literature describe athletes with sickle cell trait experiencing ischemic pain and muscle weakness rather than muscular cramping or “locking up.” Unlike cardiac collapse (with ventricular fibrillation), the athlete who slumps to the ground from sickling can still talk. This athlete is typically experiencing major lactic acidosis, impending shock and imminent hyperkalemia from sudden rhabdomyolysis that can lead to life-threatening

complications or even sudden death. The emergent management of a collapsed athlete is covered in the references. In general, athletes with sickle cell trait may have more problems recovering during exercise or following a collapse and should be monitored closely.

Screening for sickle cell trait as part of the medical examination process is required in Division I, Division II and Division III institutions unless documented results of a prior test are provided to the institution or the student-athlete or prospective student-athlete declines the test and signs a written release. The references allude to growing support for the practical benefits of screening, and campuses that screen are increasing in frequency. Although sickle cell trait screening is normally performed on all U.S. babies at birth, many student-athletes may not know whether they have the trait.

Screening can be accomplished with a simple blood test that is relatively inexpensive. However, screening positives must be confirmed with additional diagnostic testing such as hemoglobin electrophoresis or high performance liquid chromatography (HPLC) to detect the specific hemoglobinopathies. If a test is positive, the student-athlete should be offered counseling on the implications of sickle cell trait, including health, athletics and family planning. Screening can be used as a gateway to targeted precautions.

Precautions can enable student-athletes with sickle cell trait to thrive in their sport. These precautions are outlined in the references and in a 2007 NATA Consensus Statement on Sickle Cell Trait and the Athlete. Knowledge of a student-athlete’s sickle cell status should facilitate prompt and appropriate medical care during a medical emergency.

Student-athletes with sickle cell trait should be knowledgeable of these precautions, and institutions should provide an environment in which these precautions may be activated. In general, these precautions suggest student-athletes with sickle cell trait should:

- Set their own pace.
- Engage in a slow and gradual preseason conditioning regimen to be prepared for sports-specific performance testing and the rigors of competitive intercollegiate athletics.
- Build up slowly while training (e.g., paced progressions).
- Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.

- Not be urged to perform all-out exertion of any kind beyond two to three minutes without a breather.
- Be excused from performance tests such as serial sprints or timed mile runs, especially if these are not normal sport activities.
- Stop activity immediately upon struggling or experiencing symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Access supplemental oxygen at altitude as needed.
- Seek prompt medical care when experiencing unusual distress.

REFERENCES

1. NATA Consensus Statement: Sick cell trait and the athlete, June 2007.
2. Clarke CE, Paul S, Stilson M, Senf J: Sick cell trait preparticipation screening practices of collegiate physicians. *Clin J Sport Med* 2007;16:440a
3. Eichner ER: Sick cell trait. *J Sport Rehab* 2007;16:197-203.
4. Eichner ER: Sick cell trait and athletes: three clinical concerns. *Curr Sports Med Rep* 2007;6:134-135.
5. Kark JA, Posey DM, Schumacher HR, Ruehle CJ: Sick cell trait as a risk factor for sudden death in physical training. *N Engl J Med* 1987;317:781-787.
6. Gardner JW, Kark JA: Fatal rhabdomyolysis presenting as mild heat illness in military training. *Milit Med* 1994;159:160-163.
7. Bergeron MF, Gannon JG, Hall EL, Kutlar A: Erythrocyte sickling during exercise and thermal stress. *Clin J Sport Med* 2004;14:354-356.
8. Eichner ER: Sick cell trait and the athlete. *Gatorade Sports Science Institute Sports Science Exchange* 2006; 19(4):1-4.
9. Browne RJ, Gillespie CA: Sick cell trait: A risk factor for life-threatening rhabdomyolysis? *Phys Sportsmed* 1993;21(6):80-88.
10. Dincer HE, Raza T: Compartment syndrome and fatal rhabdomyolysis in sick cell trait. *Wisc Med J* 2005;104:67-71.
11. Makaryus JN, Catanzaro JN, Katona KC: Exertional rhabdomyolysis and renal failure in patients with sick cell trait: Is it time to change our approach? *Hematology* 2007;12:349-352.
12. Mitchell BL: Sick cell trait and sudden death – bringing it home. *J Nat Med Assn* 2007;99:300-305.

GUIDELINE 2S

SUN PROTECTION

June 2012

Exposure to sunlight or ultraviolet (UV) light has a profound effect on the skin causing damage, premature skin aging, eye damage, immune system suppression and skin cancer. Repeated unprotected exposure to the sun's UVA and UVB rays can lead to sunburns, cataracts (clouding of the eye lens), photoaging and skin wrinkling and can contribute to skin cancer.

Skin cancer is the most common type of cancer and is thought to account for half of all cancers. About 3.5 million cases of nonmelanoma skin cancer (basal cell or squamous cell cancers, the two most common types of skin cancer) are diagnosed each year. Melanoma, the third most common type of skin cancer, accounts for fewer than 5 percent of skin cancer cases but causes a majority of skin cancer deaths.

RISK FACTORS

Skin cancer is largely preventable by limiting exposure to the primary source of ultraviolet (UV) radiation, sunlight. Reducing exposure to the sun's UV rays can decrease the risk of sunburn, skin cancer and photoaging. People with high levels of exposure to UV radiation are at an increased risk for all three major forms of skin cancer. The U.S. Environmental Protection Agency (EPA) estimates that the sun causes 90 percent of nonmelanoma skin cancers. Approximately 65 to 90 percent of melanomas can be attributed to exposure to UV radiation, and because a substantial percentage of lifetime sun exposure occurs before age 20, UV light exposure during childhood and adolescence plays an important role in the development of skin cancer. Other risk factors include lighter natural skin color and skin that burns, freckles, reddens easily, or becomes painful in the sun; appearance of moles (particularly an increased number of moles or an atypical mole or changing mole); family history of skin cancer; increasing age; and use of artificial UV radiation (e.g. tanning beds). Environmental factors that increase the amount of UV radiation exposure are also of importance to note, including latitude (closer distance to the equator), higher altitude, light cloud coverage (UV rays can penetrate clouds, windshields, windows and light clothing) and the presence of materials that reflect the sun (e.g. snow, pavement, water and sand).

PREVENTION

Unprotected skin can be damaged by the sun's UV rays in as little as 15 minutes. Reducing exposure to the sun's UV rays can decrease the risk of skin damage and developing skin cancer. Wearing

RISK FACTORS

Primary Risk Factors

Exposure to UV radiation is the most important risk factor for developing skin cancer. Other risk factors include:

- Those who have had at least one severe, blistering sunburn.
- A lighter natural skin color and skin that burns, freckles, reddens easily or becomes painful in the sun.
- Appearance of moles (particularly, an increased number of moles or an atypical or changing mole).
- Total amount of sun exposure over a lifetime.
- Use of artificial UV radiation (e.g. tanning beds).
- Family history of skin cancer.
- Increasing age.

Environmental Risk Factors

The hours between 10 a.m. and 4 p.m. daylight saving time (9 a.m. to 3 p.m. standard time) are the most hazardous for UV exposure outdoors. Environmental factors that increase the amount of UV radiation exposure include:

- Latitude (closer distance to the equator).
- Higher altitude.
- Light cloud coverage (UV rays can get through clouds, windshields, windows and light clothing).
- The presence of materials that reflect the sun (e.g. snow, pavement, water and sand).





broad spectrum (UVA and UVB) sunscreens and/or clothing to protect as much skin as possible when exposed to the sun are key components of a comprehensive skin protection program. Sunscreens help to prevent UV radiation from reaching the skin; however, no sunscreen provides complete and total protection. Avoiding the sun during the midday hours provides additional defense against skin damage. However, if the sun cannot be avoided, implementation of alternative sun protection measures (e.g. seeking shade, wearing a hat, protective clothing, sunglasses and using sunscreen) is paramount. With the right precautions student-athletes and athletics staff can participate safely in outdoor athletics activities.

Research suggests a need for improved primary prevention of UV damage among NCAA student-athletes. According to research, fewer than 10 percent of collegiate student-athletes reported using sunscreen regularly, defined as at least three of the previous seven days. Fifty-three percent of U.S. adults were “very likely” to protect themselves from the sun by practicing at least one sun protection measure. Another study of 290 student-athletes from two NCAA universities found that 96 percent of respondents believed sunscreen would help protect them from skin cancer. Yet, 43 percent of the student-athletes surveyed reported never using sunscreen, 31 percent reported only using sunscreen one to three days per week, 18 percent reported using sunscreen four to six days per week, and 8 percent reported using sunscreen every day of the week.

More than 250,000 NCAA student-athletes participate in outdoor sports. Sun protection measures should not reduce student-athlete participation. Institutions may find it difficult to avoid scheduling activities around the midday hours or when UV radiation is most damaging. Institutions should focus their efforts on promoting other protection measures (e.g. seeking shade;

PROTECTIVE MEASURES

Primary protective measures that help reduce the risk for skin cancer:

- Avoiding the sun between 10 a.m. and 4 p.m.
- Wearing sun-protective clothing when exposed to the sun.
- Using a broad spectrum sunscreen with a sun-protection factor (SPF) greater than or equal to 30.
- Avoiding tanning beds and other artificial sources of UV light.

wearing a hat and protective clothing; and using sunscreen), which can be implemented without compromising athletics participation while gradually making feasible scheduling changes.

Research suggests improved availability of sunscreen increases use among collegiate athletes. A study of collegiate women golfers reported the application of sunscreen increased significantly when athletes had easy access to sunscreen during practice and competition, highlighting an opportunity to improve sun-protective behaviors. A study, which included 13 NCAA outdoor sports, found that the percentage of athletes who wore sunscreen increased significantly with the frequency of coaches or athletic administrators speaking with them about sun protection.

PERSONAL SUN PROTECTION RECOMMENDATIONS

- Liberally and evenly apply a golf ball-sized amount (palm full) of a broad-spectrum sunscreen evenly over all exposed areas. For those with thin or thinning hair, apply sunscreen to the scalp, as well.
- Apply a broad spectrum sunscreen with an SPF greater than 30 before going outdoors.

- Reapply sunscreen every two hours and after swimming, perspiring and toweling off.
- Always wear protective clothing before going outside:
 - Long-sleeve shirts or sun sleeves.
 - A wide-brimmed hat to shade the face, head, ears, and neck (at least a 2- to 3-inch brim all around is ideal).
 - Sunglasses that wrap around and block as close to 100 percent of both UVA and UVB rays as possible.
- Do not use tanning beds or other artificial sources of UV light.
- Maintain proper hydration.

RECOMMENDATIONS FOR ATHLETICS HEALTH CARE PROVIDERS AND ATHLETICS ADMINISTRATORS

- Serve as a sun safety role model.
- Promote a culture of sun safety and awareness.
- Educate student-athletes and athletics staff about UV protection and skin cancer prevention.
- Use the preparticipation examination as an opportunity to educate student-athletes and parents about skin damage and skin cancer prevention.
- Assess athletics staff and each team's sun exposure patterns and reinforce sun-safe behaviors.
- Provide sun protection resources to student-athletes, coaches, athletics staff, administrators and institutional staff.
- Advocate for sun protection policies and practices with appropriate athletics and institutional administrators.
- Improve access to sunscreen for student-athlete use at every outdoor practice and competition.
- Encourage sunscreen and protective clothing (e.g. long-sleeve shirts, hats and sunglasses) as indispensable during outdoor practice as sports equipment.
- Consider ultraviolet protection factor (UPF) clothing for outdoor practice and competition uniforms.
- Stay in the shade whenever possible and assist athletics staff in choosing locations with shade for outdoor activities. Seek alternative methods of shade such as tents, umbrellas and shade from buildings.
- Make sun protection behaviors routine so that wearing protective gear and taking time out to reapply sunscreen become as much a part of athletics practices and competitions as water breaks.

REFERENCES

1. Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). (2012). Skin cancer. Available at www.cdc.gov/cancer/skin/.
2. Chavez, Daniel. Young athletes and skin cancer risk. *Medical News Today*. MediLexicon, Intl., 16 Aug. 2005. Available online at www.medicalnewstoday.com/releases/29176.php.
3. Cohen PH, Tsai H, Puffer JC.: Sun-protective behavior among high-school and collegiate athletes in Los Angeles, CA. *Clin J Sport Med*, 16(3):253-60, 2006 May.
4. Dubas, LE, Adams, BB., Department of Dermatology, University of Cincinnati, Cincinnati, Ohio.: Sunscreen use and availability among female collegiate athletes. *J Am Acad Dermatol*, 2012 Feb.
5. Hamant, ES, Adams BB.: Sunscreen use among collegiate athletes. *J Am Acad Dermatol*, 53(2):237-41, 2005 Aug.
6. Miller, NS. NCAA athletes not using sunscreen. *Skin & Allergy News Digital Network* 10 Nov. 2011. Available online at www.skinandallergynews.com/single-view/ncaa-athletes-not-using-sunscreen/c1452aba0b.html.
7. The Nemours Foundation. (2012). Sun safety. Available at http://kidshealth.org/parent/firstaid_safe/outdoor/sun_safety.html.
8. Rogers HW, et al.: Incidence estimate of nonmelanoma skin cancer in the United States, 2006. *Arch Dermatol*, 46(3):283-287, 2010.
9. United States Environmental Protection Agency. The SunWise Program. (2012). Available at www.epa.gov/sunwise/.

GUIDELINE 2T

EXERTIONAL RHABDOMYOLYSIS

July 2013

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant input of Dr. Randy Eichner in the revision of this guideline.

Rhabdomyolysis is breakdown of skeletal muscle. In common use, however, rhabdomyolysis connotes an acute clinical syndrome of major muscle breakdown and leakage into the bloodstream of muscle contents (electrolytes, myoglobin, other proteins) as reflected by a sharp rise in serum creatine kinase (CK). The many causes of rhabdomyolysis can be categorized as: 1) trauma; 2) muscle hypoxia; 3) genetic defects; 4) infections; 5) body temperature changes; 6) metabolic or electrolyte disturbances; 7) drugs or toxins; and 8) exercise. This guideline focuses on rhabdomyolysis from exercise, or exertional rhabdomyolysis (ER). The first case series of ER was in 1960 in Marines doing squat jumps. ER also occurs in police and firefighter trainees, in overeager weightlifters and novice extreme exercise participants, in prisoners who overexert, in fraternity men who endure exercise hazing, in school kids pushed too hard in physical education class, and in recreational athletes who overdo it in training or competition. This guideline will focus on the NCAA student-athlete.

RECOGNITION

Exertional rhabdomyolysis occurs in the setting of strenuous exercise and can range from mild to severe. Clinical signs are often nonspecific: muscle pain, soreness, stiffness, and, in severe cases, weakness, loss of

mobility, and swollen, tender muscles. Severe ER is far more problematic than the milder form known as delayed onset muscle soreness (DOMS), in which muscles become sore and stiff in the first few days after a bout of unaccustomed, moderately strenuous exercise. DOMS is rarely a clinical problem and tends to be self-limited with only relative rest or a cutback in level of training. An even milder form of ER is the physiologic breakdown of muscle that commonly occurs while athletes train. This physiological muscle adaption to exercise overload has few or no symptoms, or only mild muscle symptoms that are generally ignored by the athlete, and so is manifest only by an elevation in serum creatine kinase (CK) – a condition sometimes called hyperCKemia.

Unlike hyperCKemia or DOMS, severe ER is a major health concern for any athlete. A challenge to the early recognition of ER for the athlete and clinician is that signs and symptoms of it during the triggering bout of intense exercise can be few and subtle. But there are clues that coaches and athletic trainers can watch for outlined by case examples involving team outbreaks. Importantly, signs and symptoms of severe ER can begin in the first few hours after the triggering exercise bout and tend to peak over the subsequent two days.

SEVERE EXERTIONAL RHABDOMYOLYSIS

The clinical diagnosis of severe exertional rhabdomyolysis soon after an overly intense exercise bout is a physician's judgment call that hinges in part on the fol-

SERIAL POSTURES OF EXERTIONAL COLLAPSE



- Athletes in active recovery to early fatigue: continue rehydration, rest intervals, cooling and controlled breathing.
- Athletes who are showing signs of physical distress should be allowed to set their own pace while conditioning. Instruct athletes to rest while experiencing symptoms as they may soon feel better and be ready to continue. If symptoms reoccur or progress, the athlete should stop exercise and be assessed by a health care provider.
- Athletes unable to stand on their own from a kneeling position or having trouble walking normally during recovery should raise suspicion of distress, and additional medical intervention should be considered.

lowing features that help separate severe ER from the overlapping but milder DOMS:

- Muscle pain more severe and sustained than expected.
- Swelling of muscles and adjacent soft tissues.
- Weak muscles, especially in hip or shoulder girdle.
- Limited active and passive range of motion.
- Brown (“Coca-Cola”) urine from myoglobin.

The clinical diagnosis of ER is commonly confirmed by documenting an elevated serum creatine kinase level. This raises the question of how to interpret CK levels. Several variables must be considered.

First, men tend to have CK levels about twice as high as women, and African-American men tend to have CK levels about twice as high as white men. These gender and ethnic differences in baseline CK level may in part reflect differences in muscle mass, muscle-fiber type and habits of physical activity.

Second, athletes tend to have CK levels higher than nonathletes, and CK can vary by sport and stage of training. For example, in a study of 12 Division I football players during two-a-days, mean CK was normal at the start (about 200 U/L), but by Day 4 had risen 25-fold (to about 5,000 U/L). Despite this sharp rise in CK level, all 12 players practiced football throughout the 10-day study without complications.

Third, there can be a wide range of serum CK elevation among exercising athletes. This was seen in the above football study, and is even more striking in laboratory studies that control the type and duration of exercise. For example, when college men perform the same bout of elbow-flexor exercise, the peak CK response can vary 100-fold, from about 250 U/L to about 25,000 U/L.

Fourth, the rate of rise in CK levels can vary in developing exertional rhabdomyolysis cases. This rate can be slow, over three to four days to a peak CK, as in the elbow-flexor exercise studies; or it can be rapid, as in exertional collapse in athletes or soldiers with sickle cell trait (SCT), where serum CK can reach 100,000 U/L in a few hours and exceed 1 million U/L by the next day.

Given these variables, what level of CK confirms ER that requires action? The U.S. military advises the following action for severe muscle pain if the CK is five times the upper limit of normal (ULN): oral hydration, relative rest and re-evaluation the next day. If the CK is greater than

CASE 1: FOOTBALL

Thirteen football players were hospitalized for ER following the first team workout after their three-week winter break. The workout was characterized as some upper body work and sled pushing with 100 timed back squats at 50 percent top weight for one repetition. The institution’s investigative committee concluded that the back squats were the likely cause of the ER and said that coaches told the players that the workout would be a tough challenge that “would demonstrate who wanted to be on the team.” Within the first two days, players reported with dark urine and severe leg pain, with complaints of difficulty putting on shoes or climbing stairs. These symptoms continued for days until ER was diagnosed in the players. All athletes went home over the next few days as symptoms subsided, and all but one returned to play within the next few weeks.

Another football team outbreak of ER occurred in January out-of-season training at a Division I institution. It was similar in some ways to the previously mentioned outbreak, occurring soon after a winter break transition period and including an intense back-squat drill. Up to five players developed ER, and one player had bilateral fasciotomy for thigh compartment syndrome.

5,000 U/L, the military advises referral to a medical treatment facility for full clinical and laboratory evaluation, intravenous hydration and possible hospital admission. These low CK values for clinical action cast a wide safety net but seem to conflict with research on ER in basic military training (BMT). In a recent study of 499 recruits during two weeks of BMT in hot and cool climates, none developed “clinically significant” ER (defined by muscle weakness, elevated CK, and myoglobin in serum or urine), although muscle pain and soreness were common, and nearly 90 percent of recruits had elevations in CK. At Day 7 of BMT, the range in CK levels was wide, from about 55 U/L to about 35,000 U/L; just more than 25 percent of the recruits had a CK greater than five times the ULN, and just more than 10 percent had a CK greater than 10 times the ULN.

The military researchers concluded that any ER in recruits in BMT is not “clinically significant” if there is no muscle weakness or swelling, no myoglobin in the urine,

no laboratory evidence of acute kidney injury (AKI) or electrolyte imbalance, and if the CK is less than 50 times the ULN. If this can be translated to sports medicine, given that the ULN for CK tends to be about 200-250 U/L, then any ER in an athlete is not necessarily “clinically significant” if the serum CK is less than 10,000-12,500 U/L. This may be true, but it casts too narrow a safety net, because in fulminant ER from exertional collapse in the athlete with sickle cell trait, for example, the initial CK in the emergency room can be less than 1,000 U/L, but the CK can increase exponentially in a few hours to 50,000-100,000 U/L. The bottom line is that wise and timely clinical decisions in athletes with ER are not easy and require informed physician judgment. Some lessons can be learned from recent NCAA team outbreaks of ER.

LESSONS FROM TEAM OUTBREAKS: 10 FACTORS THAT CAN INCREASE THE RISK OF EXERTIONAL RHABDOMYOLYSIS

1. Athletes who try the hardest — give it their all to meet the demands of the coach (externally driven) or are considered the hardest workers (internally driven).
2. Workouts not part of a periodized, progressive performance enhancement program (e.g., workouts not part of the annual plan).
3. Novel workouts or exercises immediately following a transitional period (winter/spring break).
4. Irrationally intense workouts intended to punish or intimidate a team for perceived underperformance, or to foster discipline and “toughness.”
5. Performing exercise to muscle failure during the eccentric phase of exercise such as repetitive squats (e.g. the downward motion of squats) and then pushed beyond to continue.
6. Focusing a novel intense drill/exercise on one muscle with overload and fast repetitions to failure.
7. Increasing the number of exercise sets and reducing the time needed to finish (e.g., 100 squats, timed runs, station drills).
8. Increasing the amount of weight lifted as a percentage of body weight.
9. Trying to “condition” athletes into shape in a day or even over several days, especially with novel exercises or loads.



10. Conducting an unduly intense workout ad hoc after a game loss and/or perceived poor practice effort.

RISK FACTORS FOR ER

Exertional rhabdomyolysis in an NCAA team athlete is commonly linked to three conditions:

- Novel overexertion.
- Exertional heatstroke.
- Exertional collapse with complications in athletes with sickle cell trait.

Novel overexertion is the single most common cause of exertional rhabdomyolysis and is characterized as too much, too soon, and too fast. Team outbreaks of ER in NCAA athletes (refer to case examples) have similarities of irrationally intense workouts designed and conducted by coaches and/or strength and conditioning personnel.

Consistent factors in military service ER cases include low baseline fitness and repetitive eccentric exercises.

Eccentric exercise is when a muscle contracts as an external force tries to lengthen it. Examples include downhill running, squats, push-ups, sit-ups, pull-ups, chair dips, plyometrics and lowering weights. Even though almost every athletic workout has an eccentric component, ER often occurs when exertion is pushed beyond the point at which fatigue would normally compel an individual to stop, such as what can occur during group exercise under demanding supervision or peer pressure.

Exertional heatstroke (EHS) and ER share common risk factors such as history of prior heat illness, elevated environmental heat and humidity, dehydration, or the abuse of stimulants. ER can accompany EHS but is rarely if ever the vital problem. Deaths in EHS are from heat damage to vital organs; the victim dies with some ER, but not directly from ER. In contrast, sickle cell trait is a critical risk factor for ER as deaths have been attributed directly to a seemingly unrecoverable metabolic cascade of ER. How to approach both EHS and sickle cell trait are covered in separate guidelines elsewhere in this handbook.

Other risk factors for ER are either rare or would preclude top athleticism in the first place. These include a severe viral invasion of the muscles, gravely low blood potassium, or an inborn metabolic myopathy. Among the drugs considered risk factors for ER, special consideration should be given to stimulants and pre-workout supplements.

Novel overexertion is by far the most common cause of ER; with early diagnosis and proper therapy, this condition is benign. For example, a recent brief review reported nearly 400 cases of ER (absent EHS or SCT) from novel overexertion in soldiers, athletes or other young people. All were benign. In sharp contrast, both EHS and exertional sickling can be fatal. However, ER from novel overexertion can lead to mild AKI, and/or muscle compartment syndrome, which if not treated promptly can lead to long-term disability.

It is vital that all coaches, strength and conditioning personnel, and athletic trainers prevent ER from novel overexertion, recognize it early and activate their emergency action plan while notifying the team physician for full clinical and laboratory assessment, rehydration to ensure good urine output, pain relief, and monitoring for acute compartment syndrome. After treatment for ER, the physician must assess the athlete for risk of recurrence, consider further testing, and decide on

CASE 2: FOOTBALL SUMMER CAMP

A team outbreak of ER occurred in a small high school. A new football coach introduced an intense, novel, triceps-focused drill, alternating chair dips and push-ups on the first day of a summer camp. This reported workout involved five consecutive bouts, with fast repetitions, competitive motivation and no rest periods. Over the next few days, half of the team members went to the hospital for ER, 12 were admitted, and three had surgery (fasciotomy) to release triceps muscle compartments under high pressure from the ER (compartment syndrome). The risk of ER was higher in the harder working players.

CASE 3: SWIMMING

On a Day 1 practice after a summer break, the 41 members of a Division I swim team met a new coach and a new, grueling drill before their usual two hours of swimming. The drill was as many push-ups as possible in a minute, followed by as many body squats as possible in a minute, with the sequence repeated for 10 minutes. Other upper body workouts continued on Days 2-3, along with swim practice. Beginning on Day 2 and continuing on subsequent days, several swimmers, men and women, presented with severe pain, swelling, and limited motion of the triceps and pectoral muscles, and dark urine. All were hospitalized. All went home in three to six days as their symptoms subsided, and all returned to college swimming.

when, if and under what conditions the athlete can safely return to play. A three-phase return-to-play guideline is recommended for athletes deemed as low risk for recurrence (refer to O'Conner et al reference). Athletes with recurrent rhabdomyolysis or cramping should seek additional testing by a specialist.

TIPS FOR PREVENTION AND EARLY RECOGNITION OF ER FROM NOVEL OVEREXERTION

- **Moderation.** Avoid too much, too soon, too fast. Educate everyone in the athletics department conducting exercise sessions – especially the

CASE 4: LACROSSE

On Day 1, after a three-month hiatus, a women's NCAA lacrosse team did three sets of 20 biceps curls with weights. The next day, several of them had painful, stiff, swollen biceps muscles. They gradually improved and by three weeks were back to full participation. They all completed the competitive season.

CASE 5: LACROSSE

An outbreak of ER in NCAA women's lacrosse occurred after a team lost its first game of the season. The student-athletes' next workout was reported to focus on the upper body and was new to them, with limited recovery on subsequent days. Exercises included many pull-ups, chin-ups and dips. Subsequent complaints included arms feeling "prickly, tingly" and being shaky and stiff; difficulty raising arms overhead to catch balls; and difficulty driving because of sore and stiff arms. Athletes experienced dark urine and were hospitalized for ER three days after the initial workout. All went home over the next three to five days, and all but one soon returned to lacrosse. The athlete who did the most pull-ups had the worst and longest course of ER.

coaches/strength and conditioning personnel – on all aspects of exertional rhabdomyolysis from novel overexertion and the additive effect of all physical exertion on the athlete.

- Strength and conditioning workouts are the highest risk rather than sport skills, drills or competitions. Group workouts in general can be risky if they drive all athletes at the same pace and intensity. Sometimes the athlete who tries the hardest to meet the demands of his/her coach suffers the worst ER.
- Avoid high-intensity conditioning workouts after vacations or seasonal breaks or on returning from injury. Athletes cannot be "conditioned into shape" in a day.
- The design of a workout should reflect a collaborative effort between a strength and conditioning coach and medical staff. However, athlete safety assumes the individual conducting the exercise sessions takes reasonable actions to allow recovery and prevent exertional collapse.
- All training programs should start slowly, build gradually, include adequate rest, and allow for individual differences. Avoid reckless intensity in an effort to make everyone bigger, stronger and faster.
- Workouts are meant to improve fitness, skills and athletic performance. They should be rational, physiologic and sport-specific. Avoid the use of additive physical activity as punishment or for building toughness.
- Athlete's physical readiness changes day to day. Encourage athletes to set their own pace or at least communicate with them frequently to learn if undue symptoms are developing. As the workout ends, watch them closely and ask them how they feel. Athletes who are showing signs of physical distress should be allowed to set their own pace while conditioning.
- Fluids should be regularly available, and frequent breaks should be scheduled.
- Set the right tone. Workouts are to enhance performance, not to punish or intimidate. Never use exercise as a form of punishment in an athlete experiencing physical distress. Athletes should feel free to report any symptom at any time and obtain immediate help. Athletic trainers should be authorized to step in to provide care for an athlete in distress at any time without retribution.
- Encourage athletes to read their body, cut back or stop if they start to struggle, and report immediately any concerning symptom, especially any peculiar, atypical or undue muscle discomfort, pain, swelling, stiffness or weakness.
- Post a urine-color chart in the locker room, athletic training room, and near urinals and restroom stalls. Athletes should report dark urine immediately.
- If one athlete on a team develops early signs or symptoms of possible ER, evaluate all members of the team who participated in the exercise session for ER.
- Design, file and practice an emergency action plan (EAP) for exertional heatstroke (EHS) and for exertional sickling in sickle cell trait (SCT). Coaches should be ready to intervene when athletes show signs of distress. Minutes count in these life-threatening emergencies. See the guidelines in this handbook on EAP, EHS and SCT.
- If you suspect that an athlete is developing ER from novel overexertion (absent EHS or SCT), the EAP should be activated, and the team physician should be promptly notified.

REFERENCES

1. Bosch X, Poch E, Grau JM. Rhabdomyolysis and acute kidney injury. *NEJM* 2009;361:62-72.
2. Ehlers GG, Ball TE, Liston L. Creatine kinase levels are elevated during 2-a-day practices in collegiate football players. *J Athl Train* 2002;37:151-56.
3. Eichner ER. An outbreak of muscle breakdown: A morality play in four acts. *Curr Sports Med Rep* 2010;9:325-26.
4. Eichner ER. Rhabdo redux: "Don't know much about history." *Curr Sports Med Rep* 2011;10:174-75.
5. Galvez G, Stacy J, Howley A. Exertional rhabdomyolysis in seven Division-1 swimming athletes. *Clin J Sport Med* 2008;18:366-68.
6. Hill OT, Wahi MM, Carter R, et al. Rhabdomyolysis in the US active duty Army, 2004-2006. *Med Sci Sports Exerc* 2012;44:442-49.
7. Kenney K, Landau ME, Gonzalez RS, et al. Serum creatine kinase after exercise: Drawing the line between physiologic response and exertional rhabdomyolysis. *Muscle Nerve* 2012;45:356-62.
8. Landau ME, Kenney K, Deuster P, Campbell R. Exertional rhabdomyolysis: A clinical review with a focus on genetic influences. *J Clin Neuromusc Dis* 2012;13:122-36.
9. Mougios V. Reference intervals for serum creatine kinase in athletes. *Br J Sports Med* 2007;41:674-78.
10. Oh JY, Laidler M, Fials SC, Hedberg K. Acute exertional rhabdomyolysis and triceps compartment syndrome during a high school football camp. *Sports Health* 2012;4:57-62.
11. O'Conner FG, Brennan FH, Campbell, W, Heled Y, Deuster, P. Return to physical activity after exertional rhabdomyolysis. *Current Sports Medicine Reports* 2008;7:328-331.
12. Smoot MK, Amendola A, Cramer E, et al. A cluster of exertional rhabdomyolysis affecting a Division 1 football team. *Clin J Sport Med* 2013;0:1-8 (Published ahead of print).

3 EQUIPMENT



GUIDELINE 3A

PROTECTIVE EQUIPMENT

June 1983 • Revised June 2007

Rules governing mandatory equipment and equipment use vary by sport. Athletics personnel should be familiar with what equipment is mandatory by rule and what constitutes illegal equipment; how to wear mandatory equipment during the contest; and when to notify the coaching staff that the equipment has become illegal during competition. Athletics personnel involved in sports with established equipment standards should adhere to those standards.

American Society for Testing and Materials (ASTM) International is one organization that creates specifications, test methods and practices for sports equipment, surfaces and facilities to reduce inherent risk of injuries. The National Operating Committee

on Standards for Athletic Equipment (NOCSAE) mark on a helmet or Hockey Equipment Certification Council (HECC) seal on an ice hockey face mask indicates that the equipment has been tested by the manufacturer in accordance with NOCSAE or HECC test standards. By keeping a proper fit, by not modifying its design, and by reporting to the coach or equipment manager any need for its maintenance, the student-athlete also is complying with the purpose of the standard.

The following list of mandatory equipment and rules regarding protective equipment use is based on NCAA sports rules. The most updated information should be obtained from relevant NCAA rules committees.



MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
1. Baseball	<ol style="list-style-type: none"> 1. A double ear-flap protective helmet while batting, on deck and running bases. Helmets must carry the NOCSAE mark. 2. All catchers must have a built-in or attachable throat guard on their masks. 3. All catchers are required to wear a protective helmet when fielding their position. 	None
2. Basketball	None	<p>Elbow, hand, finger, wrist or forearm guards, casts or braces made of fiberglass, plaster, metal or any other nonpliable substance shall be prohibited. Pliable (flexible or easily bent) material covered on all exterior sides and edges with no less than ½-inch thickness of a slow-rebounding foam shall be used to immobilize and/or protect an injury. The prohibition of the use of hard-substance material does not apply to the upper arm, shoulder, thigh or lower leg if the material is padded so as not to create a hazard for other players. Equipment that could cut or cause an injury to another player is prohibited, without respect to whether the equipment is hard. Equipment that, in the referee's judgment, is dangerous to other players, may not be worn.</p>
3. Fencing	<ol style="list-style-type: none"> 1. Masks with meshes (space between the wires) of a maximum of 2.1 millimeters and from wires with a minimum gauge of 1 millimeters diameter. 2. Gloves, of which the gauntlet must fully cover approximately half the forearm of the competitor's sword arm. 3. Jacket or vest and metallic lames. 4. Ladies' chest protectors made of metal or some other rigid material. 5. Underarm protector. 	
4. Field Hockey	<ol style="list-style-type: none"> 1. The following equipment is permitted for use only by goalkeepers: body and wrap-around throat protectors, pads, kickers, gauntlet gloves, helmet incorporating fixed full-face protection and cover for the head, and elbow pads. 2. Mouthguards for all players including goalkeepers. 3. Wrap-around throat protector and helmet for player designated as a "kicking back." In the event of a defensive penalty corner, the "kicking back" must also wear a chest protector and distinguishing jersey. 	<p>Players shall not wear anything that may be dangerous to other players. Players have the option of wearing soft headgear subject to game official approval.</p>

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
5. Football	<ol style="list-style-type: none"> 1. Soft knee pads at least ½-inch thick that are covered by pants. It is strongly recommended that they cover the knees. No pads or protective equipment may be worn outside the pants. 2. Face masks and helmets with a secured four- or six-point chin strap. All players shall wear helmets that carry a warning label regarding the risk of injury and a manufacturer's or reconditioner's certification indicating satisfaction of NOCSAE test standards. 3. Shoulder pads, hip pads with tailbone protectors and thigh guards. 4. An intra-oral mouthpiece of any readily visible color (not white or transparent) with FDA-approved base materials (FDCS) that covers all upper teeth. It is recommended that the mouthpiece be properly fitted. 	<p>Illegal equipment includes the following:</p> <ol style="list-style-type: none"> 1. Equipment worn by a player, including artificial limbs, that would endanger other players. 2. Hard, abrasive or unyielding substances on the hand, wrist, forearm or elbow of any player, unless covered on all exterior sides and edges with closed-cell, slow-recovery foam padding no less than ½-inch thick, or an alternate material of the same minimum thickness and similar physical properties. Hard or unyielding substances are permitted, if covered, only to protect an injury. Hand and arm protectors (covered casts or splints) are permitted only to protect a fracture or dislocation. 3. Thigh guards of any hard substances, unless all surfaces are covered with material such as closed-cell vinyl foam that is at least ¼-inch thick on the outside surface and at least ⅜-inch thick on the inside surface and the overlaps of the edges; shin-guards not covered on both sides and all edges with closed-cell, slow-recovery foam padding at least ½-inch thick, or an alternate material of the same minimum thickness having similar physical properties; and therapeutic or preventive knee braces, unless worn under the pants and entirely covered from direct external exposure. 4. Projection of metal or other hard substance from a player's person or clothing.
6. Gymnastics	None	None
7. Ice Hockey	<ol style="list-style-type: none"> 1. Helmet with chin straps securely fastened. It is recommended that the helmet meet HECC standards. 2. An intra-oral mouthpiece that covers all the upper teeth. 3. Face masks that have met the standards established by the HECC-ASTM F 513-89 Eye and Face Protective Equipment for Hockey Players Standard. 	<ol style="list-style-type: none"> 1. The use of pads or protectors made of metal or any other material likely to cause injury to a player is prohibited. 2. The use of any protective equipment that is not injurious to the player wearing it or other players is recommended. 3. Jewelry is not allowed, except for religious or medical medals, which must be taped to the body.
8. Women's Lacrosse	<ol style="list-style-type: none"> 1. The goalkeeper must wear a helmet with face mask, separate throat protector, a mouthpiece and a chest protector. 2. All field players shall wear properly an intra-oral mouthpiece that covers all upper teeth. 3. All field players shall wear protective eyewear that meets current ASTM lacrosse standards (effective January 1, 2005). 	<p>Protective devices necessitated on genuine medical grounds must be approved by the umpires. Close-fitting gloves, nose guards, eye guards and soft headgear may be worn by all players. These devices must create no danger to other players.</p>

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
9. Men's Lacrosse	<ol style="list-style-type: none"> 1. Protective helmet that carries the NOCSAE mark, equipped with face mask and chin pad, with a cupped four-point chin strap (high-point hookup). 2. Intra-oral mouthpiece that covers all the upper teeth and is yellow or any other highly visible color. 3. Protective gloves, shoulder pads, shoes and jerseys. Shoulder pads shall not be altered. 4. Throat protector and chest protector are required for the goalie. 	<ol style="list-style-type: none"> 1. A player shall not wear any equipment that, in the opinion of the official, endangers the individual or others. 2. The special equipment worn by the goalkeeper shall not exceed standard equipment for a field player, plus standard goalkeeper equipment, which includes shinguards, chest protectors and throat protectors.
10. Rifle	Shooters and range personnel in the immediate vicinity of the range required to wear hearing protection during smallbore. Shooters are urged to wear shatterproof eye protection.	None
11. Soccer	Players shall wear shinguards under the stockings in the manner intended, without exception. The shinguards shall be professionally manufactured, age and size appropriate and not altered to decrease protection. The shinguards must meet NOCSAE standards.	<ol style="list-style-type: none"> 1. A player shall not wear anything that is dangerous to another player. 2. Knee braces are permissible provided no metal is exposed. 3. Casts are permitted if covered and not considered dangerous. 4. A player shall not wear any jewelry of any type whatsoever. Exception: Medical alert bracelets or necklaces may be worn but must be taped to the body.
12. Skiing	Helmets manufactured for ski racing are required in all Alpine events and event training.	None
13. Softball	<ol style="list-style-type: none"> 1. Catchers must wear foot-to-knee shin-guards; NOCSAE-approved protective helmet with face mask and built-in or attach-able throat guard; and chest protector. 2. An NOCSAE-approved double-ear flap protective helmet must be worn by players while batting, running the bases or warming up in the on-deck circle. 	Casts, braces, splints and prostheses must be well-padded to protect both the player and opponent and must be neutral in color. If worn by a pitcher, they cannot be dis-tracting on the nonpitching arm. If worn on the pitching arm, they may not cause safety risk or unfair competitive advantage.
14. Swimming and Diving	None	None
15. Track and Field	Pole vault box collar pad that meets ASTM standard beginning December 1, 2013.	<ol style="list-style-type: none"> 1. No taping of any part of the hand, thumb or fingers will be permitted in the discus and javelin throws, and the shot put, except to cover or protect an open wound. In the hammer throw, taping of individual fingers is permissible. Any tap-ing must be shown to the head event judge before the event starts. 2. In the pole vault, the use of a forearm cover to prevent injuries is permissible.

MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Mandatory Protective Equipment	Rules Governing Special Protective Equipment
16. Volleyball	None	<ol style="list-style-type: none"> 1. It is forbidden to wear any object that may cause an injury or give an artificial advantage to the player, including but not limited to headgear, jewelry and unsafe casts or braces. Religious medallions or medical identifications must be removed from chains and taped or sewn under the uniform. 2. All jewelry must be removed. Earrings must be removed. Taping of earrings or other jewelry is not permitted. 3. Hard splints or other potentially dangerous protective devices worn on the arms or hands are prohibited, unless padded on all sides with at least ½-inch thick slow rebounding foam.
17. Water Polo	Cap with protective ear guards.	None
18. Wrestling	Protective ear guard.	<ol style="list-style-type: none"> 1. Anything that does not allow normal movement of the joints and prevents one's opponent from applying normal holds shall be barred. 2. Any legal device that is hard and abrasive must be covered and padded. Loose pads are prohibited. It is recommended that all wrestlers wear a protective mouthguard. 3. Jewelry is not allowed.

GUIDELINE 3B

EYE SAFETY IN SPORTS

January 1975 • Revised August 2013

Eye injuries in sports are relatively frequent, sometimes catastrophic, and almost completely preventable with the use of appropriate protective devices. A sports eye protector may be a spectacle, a goggle, a face-supported protector, or a protector attached to a helmet. It comes with or without lenses, is capable of being held securely in place and may protect the face as well as the eyes. Some forms can be worn over regular glasses. Sports eye protectors are specially designed, fracture-resistant units that comply with the American Society for Testing and Materials (ASTM), or the National Operating Committee on Standards for Athletic Equipment (NOCSAE) standards for specific sports.

Approximately one-third of all people participating in sports require corrective lenses to achieve the visual acuity necessary for proper and safe execution of their particular sports activity. Athletes who need corrective eyewear for participation should use lenses and frames that meet the appropriate safety standards. At this time, polycarbonate plastic is the only clear lens material that has been tested for sports and is recommend-

ed for all sports with the potential for impact. Other impact-resistant lens materials may be available in the near future. Contact lenses are not capable of protecting the eye from direct blows. Student-athletes who wear contact lenses for corrective vision should wear appropriate sports safety eyewear for ocular protection.

Sports with a moderate to high risk of eye injury include basketball, baseball, softball, lacrosse, field hockey, ice hockey, fencing, rifle, tennis, soccer, volleyball, water polo, football, golf and wrestling.

The most common sports vision concerns include:

1. **Protection:** Athletes' eyes need certified sports protective eyewear that will protect against injury with lenses that protect from impact and ultra-violet light.
2. **Correction:** Spectacle wearers require sports protective eyewear that also will correct their vision, while contact-lens wearers may need a different lens than their everyday one.



- 3. Vision enhancement:** Athletes may desire help enhancing their binocularity or depth perception.

The American Academy of Ophthalmology recommends that head, face and eye protection should be certified by either the Hockey Equipment Certification Council (HECC — www.hecc.net), the National Operating Committee on Standards for Athletic Equipment (NOCSAE), or the Canadian Standards Association (CSA — www.csa-international.org/). The cited websites will have more specific information on these standards. Certification ensures that the protective device has been properly tested to current standards.

Protective eyewear should be considered for all sports that have a projectile object (ball/stick) whose size and/or speed could potentially cause ocular damage. Eye protection is especially important for functionally one-eyed sports participants (whose best corrected vision in their weaker eye is 20/40 or worse). Eye protection devices are designed to significantly reduce the risk of injury but can never provide a guarantee against such injuries.

SUMMARY

1. Appropriate for eye protection in sports:
 - a. Safety sports eyewear that conforms to the requirements of the American Society for Testing and Materials (ASTM) Standard F803 for selected sports (racket sports, basketball, women's lacrosse and field hockey).
 - b. Sports eyewear that is attached to a helmet or is designed for sports for which ASTM F803 eyewear alone provides insufficient protection. Those for which there are standard specifications include skiing (ASTM 659) and ice hockey (ASTM F513). Other protectors with NOCSAE standards are available for football and men's lacrosse.
2. Not appropriate for eye protection in sports:
 - a. Streetwear (fashion) spectacles that conform to the requirements of American National Standards Institute (ANSI) Standard Z80.3.
 - b. Safety eyewear that conforms to the requirements of ANSI Z87.1, mandated by OSHA for industrial and educational safety eyewear.

3. Vinger PF: *The Eye and Sports Medicine*. In Duane TD, Jaeger EA (eds): *Clinical Ophthalmology*, vol. 5, chapter 45, J.B. Lippincott, Philadelphia, PA 1994.
4. Vinger PF, Parver L, Alfaro DV, Woods T, Abrams BS. Shatter resistance of spectacle lenses. *JAMA* 1997; 277:142-144.
5. Vinger PF. A practical guide for sports eye protection. *Physician and Sportsmedicine*, 2000;28:49-69.
6. *Play hard—play safe*. San Francisco, CA: *American Academy of Ophthalmology*, 2001.

REFERENCES

1. *Prevent Blindness America: 1998 Sports and Recreational Eye Injuries*. Schaumburg, IL: *Prevent Blindness America*; 1999.
2. Napier SM, Baker RS, Sanford DG, et al.: *Eye Injuries in Athletics and Recreation*. *Survey of Ophthalmology* 41:229-244, 1996.

GUIDELINE 3C

MOUTHGUARDS

January 1986 • Revised August 2007

The NCAA has mandatory equipment rules, including the use of mouthguards for selective sports. Various studies of “properly fitted mouthguards” indicate that they may reduce dental injuries when blows to the jaws or head are received.

The American Dental Association has urged the mandatory use of mouthguards for those engaged in athletics activities that involve body contact and endorsed their use “in sporting activities in which a significant risk of oral injury may occur.” It is important when considering the optimum protection for an athlete that a thorough medical history be taken and the demands of his or her position and sporting activity be considered.

Specific objectives for the use of “properly fitted mouthguards” as protective devices in sports are as follows:

1. “Properly fitted mouthguards” could reduce the potential chipping of tooth enamel surfaces and reduce fractures of teeth, roots or bones.
2. “Properly fitted mouthguards” could protect the lip and cheek tissues from being impacted and lacerated against tooth edges.

3. “Properly fitted mouthguards” could reduce the incidence of a fractured jaw caused by a blow delivered to the chin or head.
4. “Properly fitted mouthguards” could provide protection to toothless spaces, so support is given to the missing dentition of the student-athlete.

Stock, mouth-formed and custom-fitted are three types of mouthguards recognized by the American Dental Association. All need to be properly fitted for maximum protection. Student-athletes should be advised as to which “properly fitted mouthguard” is best for them and how it is best maintained to ensure the maximum fit and protection for daily practices and game-day wear. Medical staff personnel should regularly oversee and observe the student-athletes and the “properly fitted mouthguards.”

In order to realize fully the benefits of wearing a mouthguard, the coach, student-athlete and medical staff need to be educated about the protective functions of a mouthguard, and the game rules regarding mouthguard use must be enforced.



MANDATORY EQUIPMENT AND SPECIAL EQUIPMENT RULES

Sport	Position	Intra-oral Mouthguard	Color	Covers All Upper Teeth	When
Field Hockey	Field	Mandatory (NCAA Mod. 8.1.b); strongly recommended for goalkeepers	Not specified	Not specified	Regular season competition and NCAA championships
Football	All	Mandatory (NCAA 1.4.4.e)	Readily visible color (not white or transparent)	Yes	Regular season competition, postseason competition and NCAA championships
Ice Hockey	All	Mandatory (NCAA 9.5)	Recommended	Covers all the remaining teeth of one jaw	Regular season competition and NCAA championships
Women's Lacrosse	All	Mandatory (NCAA 2.8)	Not specified	Yes	Regular season competition and NCAA championships
Men's Lacrosse	All	Mandatory (NCAA 1.20)	Yellow or any other visible color	Yes	Regular season competition and NCAA championships

REFERENCES

- Using mouthguards to reduce the incidence and severity of sports-related oral injuries. American Dental Association. 2006.
- Kumamoto, D and Maeda, Y. A literature review of sports-related orofacial trauma. *General Dentistry*. 2004;270-281.
- Bourdin M, Brunet-Patru I, Hager P, Allard Y, Hager J, Lacour J, Moyen B. Influence of maxillary mouthguards on physiological parameters. *MSSE*. (38)8: 1500-1504. 2006.
- Academy for Sports Dentistry. "Position Statement: 'A Properly Fitted Mouthguard' Athletic Mouthguard Mandates." Available at www.academyforsportsdentistry.org/position-statement
- Stenger, J.M. "Mouthguards: Protection Against Shock to Head, Neck and Teeth." *Journal of the American Dental Association*. Vol. 69 (3). 273-281. 1964.
- "Sports Dentistry." (1991, October. Revised 2000, April). *Dental Clinics of North America*.
- American Dental Association. "Your Smile With a Mouthguard." (211 East Chicago Avenue, Chicago, IL, 60611). 1999.
- Winters, J.E. "The Profession's Role in Athletics." *Journal of the American Dental Association*. Vol. 127. 810-811. 1996.
- Using mouthguards to reduce the incidence and severity of sports-related oral injuries. ADA Council on Access, Prevention and Interprofessional Relations; ADA Council on Scientific Affairs. *J Am Dent Assoc*. Dec;137(12):1712-20. 2006.
- Knapik JJ, Marshall SW, Lee RB, Darakjy SS, Jones SB, Mitchener TA, delaCruz GG, Jones BH. Mouthguards in sport activities: history, physical properties and injury prevention effectiveness. *Sports Med*. 2007;37(2):117-44.

GUIDELINE 3D

USE OF THE HEAD AS A WEAPON IN FOOTBALL AND OTHER CONTACT SPORTS

January 1976 • Revised June 2002

Head and neck injuries causing death, brain damage or paralysis occur each year in football and other sports. While the number of these injuries each year is relatively small, they are devastating occurrences that have a great impact on student-athlete health and well-being. Most of these catastrophic injuries result from initiating contact with the head. The injuries may not be prevented due to the forces encountered during collisions, but they can be minimized by helmet manufacturers, coaches, players and officials complying with accepted safety standards and playing rules.

The American Football Coaches Association, emphasizing that the helmet is for the protection of the wearer and should not be used as a weapon, addresses this point as follows:

1. The helmet shall not be used as the brunt of contact in the teaching of blocking or tackling;
2. Self-propelled mechanical apparatuses shall not be used in the teaching of blocking and tackling; and
3. Greater emphasis by players, coaches and officials should be placed on eliminating spearing.

Proper training in tackling and blocking techniques, including a “see what you hit approach,” constitutes an important means of minimizing the possibility of catastrophic injury. Using the helmet as an injury-inflicting instrument is illegal and should be strongly discouraged and penalized by coaches and game officials. This concern is not only in football, but also in other contact sports in which helmets are used (e.g., ice hockey and men’s lacrosse).

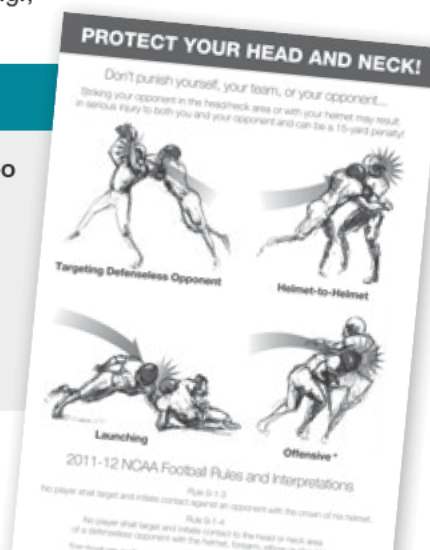
Football and all contact sports should be concerned with the prevention of catastrophic head injuries. The rules against butting, ramming and spearing with the helmet are for the protection of the helmeted player and the opponent. A player who does not comply with these rules in any sport is at risk for a catastrophic injury or causing a catastrophic injury.

REFERENCES

1. Banerjee R, Palumbo MA, Fadale FD. Catastrophic Cervical Spine Injuries in the Collision Sport Athlete, Part 1: Epidemiology, Functional Anatomy, and Diagnosis. *Am J Sports Med.* (32)4: 1077- 87. 2004.
2. Boden BP, Breit I, Beachler JA, Williams A, Mueller FO. Fatalities in high school and college football players. *Am J Sports Med.* 41(5):1108-16. 2013
3. Boden BP, Tacchetti RL, Cantu, RC. Catastrophic Cervical Spine Injuries in High School and College Football Players. *Am J Sports Med.* (34)8:1223-32. 2006.
4. Kleiner, D.M., Almquist, J.L., Bailes, J., Burruss, P., Feurer, H., Griffin, L.Y., Herring, S., McAdam, C., Miller, D., Thorson, D., Watkins, R.G., Weinstein, S. *Prehospital Care of the Spine-Injured Athlete: A Document From the Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete.* Dallas, National Athletic Trainers’ Association, March, 2001.
5. LaParade RF, Schnetzler KA, Broxterman RJ, Wentorf F, Wendland E, Gilbert TJ: Cervical Spine Alignment in the Immobilized Ice Hockey Player: A Computer Tomographic Analysis of the Effects of Helmet Removal. *Am J Sports Med* 27: 177-180, 1999.
6. *The Spine Injury Management Video Human Kinetics*, Champaign, Illinois.
7. Thomas BE, McCullen GM, Yuan HA: Cervical Spine Injuries in Football Players: *J Am Acad Orthop Surg* Sept-Oct; 7 (5), 338-47, 1999.
8. Wojtys EM, Hovda D, Landry G, Boland A, Lovell M, McCrea M, Minkoff J: Concussion in Sports: *Am J Sports Med* 27: 676-687, 1999.

RESOURCES

1. **NCAA Concussion Fact Sheets and Video**
Available at NCAA.org/SSI.
2. **Heads Up: Concussion Tool Kit**
CDC. Available at www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm.
3. **Heads Up Video**
NATA. Streaming online at www.nata.org/consumer/headsup.htm.



GUIDELINE 3E

HELMET FITTING AND REMOVAL

June 1990 • Revised June 2013

Several sports, including football, men's lacrosse and ice hockey, require wearing tight-fitting, similarly constructed helmets. The following guidelines, while focused on football, are applicable to periodic evaluation, fitting and removal of protective helmets worn in any sport. These guidelines represent minimal standards of care that are designed to assist physicians, coaches, athletic trainers, paramedics, EMTs and hospital personnel who care for student-athletes.

Medical coverage of interscholastic and intercollegiate teams entails many routine preventive and acute health care duties for dedicated practicing professionals; however, an occasional, serious, on-the-field, life-threatening head and/or neck injury poses a difficult challenge. It is incumbent upon those individuals assigned to provide medical coverage to be prepared to handle each situation efficiently and expertly.

Proper on-the-field management of head and neck injuries is essential to minimize sequelae, expedite emergency measures and to prepare for transportation. The action of those in attendance must not compound the problem. For this reason, clear communication between the medical staff and emergency-transportation personnel should be maintained. It is important that those involved in the medical management of teams engaged in collision and contact sports, and the student-athlete be knowledgeable about the helmet. The student-athlete should be instructed in the fitting, care and use of the helmet. Helmet manufacturer guidelines should be reviewed and followed for proper fitting and care techniques.

The resilient plastic shell is shaped spherically to deflect impacts. Interior suspension pads are designed to match the skull contour to ensure a snug crown fit. Various rigid and removable jaw and brow pads, along with the chin strap, help to hold the sides of the helmet firmly against the mandible and the forehead. When in place, the front edge of the helmet should be positioned about a finger's breadth above the eyebrows. Pressure on the helmet crown should be dissipated through the interior suspension padding over the top of the head.

The helmet should fit snugly without dependence on the chin strap. The helmet should not twist or slide when an examiner grasps the face mask and attempts to rock or turn the helmet with the wearer resisting the movement.

With a properly fitted helmet, the top of the head is separated from the helmet shell by a uniform, function-

al, shock-absorbing support lining. Daily evaluation of this support mechanism, including cheek and brow pads, for placement and resiliency should be taught to the student-athlete. Helmets that require air inflation should be inflated and inspected daily by the student-athlete. Helmet shells should be examined weekly for cracking and be inspected closely again if the face mask has been bent out of shape. All helmets need to be reconditioned and the attachments of the mask replaced on a yearly basis.

Although the helmet is designed for a stable fit for protection during play, removal of the helmet by others is relatively difficult. In the case of a head or neck injury, jostling and pulling during removal presents high potential for further trauma.

Unless there are special circumstances such as respiratory distress coupled with an inability to access the airway, the helmet should never be removed during the pre-hospital care of the student-athlete with a potential head/neck injury unless:

1. The helmet does not hold the head securely, such that immobilization of the helmet does not immobilize the head;
2. The design of the sport helmet is such that even after removal of the face mask, the airway cannot be controlled or ventilation provided;
3. After a reasonable period of time, the face mask cannot be removed; or
4. The helmet prevents immobilization for transportation in an appropriate position.

When such helmet removal is necessary in any setting, it should be performed only by personnel trained in this procedure.

Ordinarily, it is not necessary to remove the helmet on the field to evaluate the scalp. Also, the helmet can be left in place when evaluating an unconscious student-athlete, an individual who demonstrates transient or persistent neurological findings in his/her extremities, or the student-athlete who complains of continuous or transient neck pain.

Before the injured student-athlete is moved, airway, breathing and circulation (ABCs) should be evaluated by looking, listening and palpation. To monitor breathing, care for facial injury, or before transport regardless of current respiratory status, the face mask should be removed by cutting or unscrewing the loops that



attach the mask to the helmet. These loops may be difficult to cut, necessitating the use of PVC pipe cutters, garden shears or a screwdriver. Those involved in the pre-hospital care of the injured student-athlete should have readily available proper tools for easy face mask removal and should frequently practice removal techniques for face masks and helmets. It should be noted that cold weather and old loops may make cutting difficult. The chin strap can be left in place unless resuscitative efforts are necessary. For resuscitation, the mouthpiece needs to be manually removed.

Once the ABCs are stabilized, transportation to an emergency facility should be conducted with the head secure in the helmet and the neck immobilized by strapping, taping and/or using lightweight bolsters on a spine board. When moving an athlete to the spine board, the head and trunk should be moved as a unit, using the lift/slide maneuver or a log-roll technique.

At the emergency facility, satisfactory initial skull and cervical X-rays usually can be obtained with the helmet in place. Should removal of the helmet be needed to initiate treatment or to obtain special X-rays, the following protocol should be considered:

- With the head, neck and helmet manually stabilized, the chin strap can be cut.
- While maintaining stability, the cheek pads can be removed by slipping the flat blade of a screwdriver or bandage scissor under the pad snaps and above the inner surface of the shell.
- If an air cell-padding system is present, it can be

deflated by releasing the air at the external port with an inflation needle or large-gauge hypodermic needle.

- By rotating the helmet slightly forward, it should now slide off the occiput. If the helmet does not move with this action, slight traction can be applied to the helmet as it is carefully rocked anteriorly and posteriorly, with great care being taken not to move the head/neck unit.
- The helmet should not be spread apart by the earholes, as this maneuver only serves to tighten the helmet on the forehead and on the occipital regions.
- All individuals participating in this important maneuver must proceed with caution and coordinate every move.

If the injured student-athlete, after being rehabilitated fully, is allowed to participate in the sport again, refitting his/her helmet is mandatory. Re-education about helmet use as protection should be conducted. **Using the helmet as an offensive, injury-inflicting instrument should be discouraged and places the athlete and opponents at risk for a catastrophic injury.**

SOFT HEADGEAR USE IN NONHELMETED SPORTS

When considering the use of this optional equipment during practice or permitted competition, athletes and coaches should take the time to read the qualifying statements provided with such a product addressing its limitations, particularly to prevent serious head injuries. If protective soft headgear or headbands are

to be used in a sport then they should be manufactured under the guidelines of an accepted standard for that sport.

The NCAA does not view the use of soft headgear products as equipment for the prevention of concussion in nonhelmeted sports. As explained below, soft headgear products may be worn in nonhelmeted sports whose rules allow for such optional equipment, but the purpose of that equipment should be for reasons other than concussion prevention. It should be noted that there is no helmet that can prevent a concussion. There continues to be a need for valid scientific evidence that the use of such products decreases the incidence of concussion.

In nonhelmeted sports requiring a medical waiver for the use of such optional equipment, use of soft headgear as a condition to be medically cleared to play sports is ineffective. Therefore, the NCAA will not provide medical waivers for the use of soft headgear for the prevention of concussion in order to be medically cleared to play sports.

Current design and recommended use of these devices fail to address the proposed primary mechanism of concussive injury, that being rotational acceleration and deceleration forces acting on the brain. Institutions should refer to equipment standards from NOCSAE, ASTM, HECC and CPSC when considering protective equipment for student-athletes and ensure



the equipment is used for mitigating the risk of injuries for which they are designed.

REFERENCES

1. Anderson C: Neck Injuries—Backboard, bench or return to play? *The Physician and Sports Medicine* 21(8): 23-34, 1993.
2. *Guidelines for Helmet Fitting and Removal in Athletics*. Illinois State Medical Society, 1990. (20 North Michigan Avenue, Chicago, Illinois 60602)
3. Inter-Association Task Force for the Cervical Spine. *National Athletic Trainers' Association*, 2000. (2952 Stemmons Freeway, Dallas, Texas 75247, www.nata.org)
4. AOSSM Helmet Removal Guidelines. *The American Orthopaedic Society for Sports Medicine*. (6300 N. River Road, Suite 200, Rosemont, Illinois 60018 www.sportsmed.org).
5. *The Hockey Equipment Certification Council Inc.* www.hecc.net.
6. US Lacrosse. www.uslacrosse.org. Lacrosse Helmet Facemask/Chinguard Removal Hints for Certified Athletic Trainers. US Lacrosse, 2008. Available at www.uslacrosse.org/safety.
7. National Operating Committee on Standards for Athletic Equipment (NOCSAE). www.nocsae.org.

FIT AND FASTEN!


Buckle Up Completely.

Loss of Helmet During Play.
If a player's helmet comes off during play, he must not continue to participate in the play to prevent injury. If the helmet comes off other than as the direct result of an opponent's foul, the player must also leave the game and is not allowed to participate for the next play.

- Snug, comfortable fit.
- Should not wobble, tilt or rotate when twisted.
- Check air inflation daily.
- Follow manufacturer's guidelines for fit and care.

WARNING
Do not use this helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use may result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.



GUIDELINE 3F

USE OF TRAMPOLINE AND MINITRAMP

June 1978 • Revised June 2002

The NCAA recognizes that the coaches and student-athletes in selected sports use the trampoline and minitramp for developing skills. The apparent safety record accompanying such use has been good, but the use of the trampoline can be dangerous. Therefore, these guidelines should be followed in those training activities in which student-athletes use the trampoline:

1. Trampolines should be supervised by people with competence in the use of the trampoline for developing athletics skills. This implies that:
 - a. Fellow coaches, student-athletes, managers, etc., are trained in the principles and techniques of spotting with the overhead harness, "bungee system" and/or hand spotting on the trampoline;
 - b. New skills involving somersaults should be learned while wearing an overhead safety harness. (Exception: Use of the overhead system is not recommended for low-level salto activities such as saltos from the knees or back.) Those people controlling the safety harness should have the necessary strength, weight and training for that responsibility;
 - c. Skills being encouraged should be commensurate with the readiness of the student-athlete, and direct observation should confirm that the student-athlete is not exceeding his or her readiness; and
 - d. Spotters are aware of the particular skill or routine being practiced and are in an appropriate position to spot potential errors. Accurate communication is important to the successful use of these techniques.
2. Potential users of the trampoline should be taught proper procedures for folding, unfolding, transporting, storing and locking the trampoline.
3. The trampoline should be erected in accordance with manufacturer's instructions. It should be inspected regularly and maintained according to established standards. All inspection reports, including the date of inspection and name of inspector, should be kept on file.

MINITRAMP

The minitramp, while different in nature and purpose from the trampoline, shares its association with risk of spinal cord injury from poorly executed and/or spotted tricks. Like the trampoline, the minitramp requires competent instruction and supervision, spotters

trained for that purpose (spotting somersaults on the minitramp differs from the trampoline because of the running action preceding the somersault), emphasis on the danger of somersaults and dive rolls, security against unsupervised use, proper erection and maintenance of the apparatus, a planned procedure for emergency care should an accident occur, and documentation of participation and any accidents that occur. In addition, no single or multiple somersault should be attempted unless:

1. The student-athlete has demonstrated adequate progression of skill before attempting any somersault (i.e., on the trampoline with a safety harness, off a diving board into a swimming pool or tumbling with appropriate spotting);
2. One or more competent spotters who know the skill being attempted are in position and are physically capable of spotting an improper execution;
3. The minitramp is secured reasonably or braced to prevent slipping at the time of execution in accordance with recommendations in the USA Gymnastics Safety Handbook; and
4. A mat is used that is sufficiently wide and long to prevent the performer from landing on the mat's edge and to provide proper footing for the spotter(s).

REFERENCES

1. American Alliance for Health, Physical Education, Recreation and Dance: The use of the trampoline for the development of competitive skills in sports. *Journal of Physical Education, Recreation and Dance* 49(8):14, 1978.
2. Hennessy JT: Trampoline safety and diving programs. U.S. Diving Safety Manual. Indianapolis, IN: U.S. Diving Publications, 1990.
3. Larson BJ, Davis JW. Trampoline-related injuries. *J Bone Joint Surg Am.* 1995; 77:1174-1178.
4. Trampolines at Home, School and Recreational Centers Policy Statement of the America. Available at <http://pediatrics.aappublications.org/content/103/5/1053.full>.
5. USA Gymnastics: USA Gymnastics Safety Handbook, 1994. (201 S. Capitol St., Ste. 300, Indianapolis, IN 46225)

APPENDIXES



APPENDIX A

2014-15 NCAA BANNED DRUGS

July 2014

THE NCAA BANS THE FOLLOWING CLASSES OF DRUGS:

- a. Stimulants;
- b. Anabolic agents;
- c. Alcohol and beta blockers (banned for rifle only);
- d. Diuretics and other masking agents;
- e. Street drugs;
- f. Peptide hormones and analogues;
- g. Anti-estrogens; and
- h. Beta-2 agonists.

Note: Any substance chemically related to these classes is also banned. The institution and the student-athlete shall be held accountable for all drugs within the banned-drug class regardless of whether they have been specifically identified. Examples of substances under each class can be found at NCAA.org/drugtesting.

The penalty for a positive drug test for a banned substance other than a "street drug" shall be the loss of a season of eligibility and withholding from competition in all sports for 365 days from the date of the drug test.

The penalty for a positive drug test for a "street drug" is withholding from competition in all sports for 50% of a season from the date of the test.

DRUGS AND PROCEDURES SUBJECT TO RESTRICTIONS:

- Blood Doping.
- Local anesthetics (under some conditions).
- Manipulation of urine samples.
- Beta-2 agonists permitted only by prescription and inhalation.
- Caffeine – if concentrations in urine exceed 15 micrograms/milliliter.

NCAA NUTRITIONAL/DIETARY SUPPLEMENTS WARNING:

- Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!
- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center (REC) at 877/202-0769 or www.drugfreesport.com/rec (password ncaa1, ncaa2 or ncaa3).

APPENDIX B

NCAA LEGISLATION INVOLVING HEALTH AND SAFETY ISSUES

July 2014

This chart should be used as a quick reference for NCAA legislation involving health and safety issues that appears in the 2014-15 NCAA Divisions I, II and III Manuals. The comment section does not capture the full scope of the legislation; users are encouraged to review

the full bylaw in the appropriate divisional manual. Because of the dynamic nature of the NCAA legislative process, the most current information on these and any new legislation should be obtained through the institution's athletics department compliance staff.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Banned Drugs	List of Banned Drug Classes	31.2.3.4	Lists all drug classes currently banned by the NCAA.
	Drugs and Procedures Subject to Restrictions	31.2.3.4.1	List of drugs and procedures that are restricted.
	Effect on Eligibility for Use of Banned Drugs	18.4.1.5	A positive test for substance on the list of banned drug classes, other than street drugs, as set forth in Bylaws 31.2.3.4 and 14.1.1.1 results in loss of eligibility.
	Effect on Eligibility	18.4.4.5.2	A positive test for "street drugs" will result in a loss of competition during a minimum of 50 percent of the season
	Effect on Championship Eligibility	18.4.1.5	A positive test for a substance on the list of banned drug classes, other than street drugs, results in loss of eligibility, including eligibility for participation in postseason competition.
	Transfer While Ineligible Due to Positive Drug Test	13.1.1.3.5 (Div. I), 13.1.1.2.4 (Div. II), 13.1.1.2.5 (Div. III)	Institution at which student-athlete tested positive for use of a banned substance must report the test result to the institution to which the student-athlete is transferring.
	Knowledge of Use of Banned Drugs	10.2	Athletics department staff members or others employed by intercollegiate athletics department with knowledge of a student-athlete's use of a banned substance must follow institutional policies.
	Athletics Department Resource for Banned Drugs and Nutritional Supplements	3.2.4.7-(g) (Div. I)	Institutions must designate an individual (or individuals) as an athletics department resource for questions related to NCAA banned drugs and nutritional supplements.
	Education	14.1.4.2	All student-athletes shall be provided the list of banned drug classes; receive education about products that might contain banned drugs; and be notified of changes and updates during the academic year.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Banned Drugs		3.2.4.7-(h) (Div. I)	Institutions must educate athletics department staff members who have regular interaction with student-athletes that: (1) the NCAA maintains a list of banned drug classes and provides examples of banned substances in each drug class on the NCAA web-site; (2) any nutritional supplement use may present risks to a student-athlete's health and eligibility; and (3) questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated athletics department resource individual (or individuals).
Drug Testing	Banned Drugs and Drug-Testing Methods	3.2.4.9 (Div. II)	NCAA Executive Committee is charged with developing a list of banned substances and approving all drug-testing procedures.
	Consent Form: Content and Purpose	14.1.4.1	Consent must be signed before competition or practice or before the Monday of the fourth week of classes. Failure to sign consent results in loss of eligibility.
	Consent Form: Administration	14.1.4.2, 3.2.4.7 (Div. I); 14.1.4.2, 3.2.4.6 (Div. II); 14.1.4.2, 3.2.4.6 (Div. III)	Institution must administer consent form to all student-athletes each academic year at the time the intercollegiate squads report for practice. At this time, institutions must also distribute to student-athletes the list of banned drug classes.
	Consent Form: Exception, 14-Day Grace Period	14.1.4.3 (Div. I), 14.1.4.3 (Div. II)	Student-athletes who are trying out must sign the form within 14 days of the first athletics-related activity or before they compete, whichever occurs first.
	Effect of Non-NCAA Athletics Organization's Positive Drug Test	18.4.1.5.3	A student-athlete under a drug-test suspension from a national or international sports governing body shall not compete in NCAA intercollegiate competition.
	Failure To Properly Administer Drug-Testing Consent Form (Div. I and Div. III only)	14.1.4.4 (Div. I), 14.1.4.3 (Div. III)	Failure to properly administer drug-testing consent form is considered an institutional violation.
Drug Rehabilitation	Drug Rehabilitation Program Expenses	16.4	Permissible for institution to cover the costs of a student-athlete's drug rehabilitation program.
	Travel To and From Drug Rehabilitation Program	16.12.1	Permissible to file a waiver under Bylaw 16.12.1 to cover costs associated with a drug rehabilitation program.
Nutritional Supplements	Permissible Supplements	16.5.2-(g) (Div. I), 16.5.1-(h) (Div. II)	Institution may provide only permissible nutritional supplements that do not contain any NCAA banned substances. See bylaw for details.
Tobacco Use	Restricted Advertising and Sponsorship Activities	31.1.14.1 (Div. I), 31.1.12.1 (Div. II), 31.1.11.1 (Div. III)	No tobacco advertisements in, or sponsorship of, NCAA championships or regular-season events.
	Tobacco Use at Member Institution	11.1.5, 17.1.8 (Div. I); 17.1.9 (Div. II); 17.1.6.3 (Div. III)	Use of tobacco products is prohibited by all game personnel and all student-athletes in all sports during practice and competition.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Medical Expenses	Permissible Medical Expenses	16.4	Permissible medical expenses are outlined.
	Eating Disorders (Div. I and Div. II only)	16.4	Institution may cover expenses of counseling related to the treatment of eating disorders.
	Transportation for Medical Treatment (Div. I and Div. II only)	16.4	Institution may cover or provide transportation to and from medical appointments.
	Summer Conditioning - Basketball	13.2.7	An institution may finance medical expenses for a prospect who sustains an injury while participating in an on-campus evaluation; a voluntary summer workout conducted by an institution's strength and conditioning coach; or required summer athletic activities.
	Summer Conditioning - Football	13.2.8	Institution may finance medical expenses for a prospect who sustains an injury while participating in nonmandatory summer conditioning activities that are conducted by an institution's strength and conditioning coach.
	Summer Conditioning - Sports Other Than Basketball and Football (Div. I only)	13.2.9	Institution may finance medical expenses for a prospect who sustains an injury while participating in nonmandatory summer conditioning activities that are conducted by an institution's strength and conditioning coach.
	Certification of Insurance Coverage	3.2.4.8 (Div. I and Div. III)	Institutions must certify insurance coverage for medical expenses resulting from athletically related injuries sustained while participating in a covered event.
Medical Waivers	Hardship Waiver	14.2.4 (Div. I), 14.2.5 (Div. II and Div. III)	Under certain circumstances, a student-athlete may be awarded an additional season of competition to compensate for a season that was not completed due to incapacitating injury or illness.
	Five-Year/10-Semester Rule Waiver	14.2.1.5.1 (Div. I), 14.2.2.3 (Div. II), 14.2.2.4 (Div. III)	Under certain circumstances, a student-athlete may be awarded an additional year of eligibility if he or she was unable to participate in intercollegiate athletics due to incapacitating physical or mental circumstances.
Medical Records and Consent Forms	HIPAA/Buckley Amendment Consent Forms	3.2.4.9, 14.1.5 (Div. I); 3.2.4.7, 14.1.5 (Div. II); 3.2.4.7, 14.1.6 (Div. III)	The authorization/consent form shall be administered individually to each student-athlete by the athletics director or the athletics director's designee before the student-athlete's participation in intercollegiate athletics each academic year. Signing the authorization/consent shall be voluntary and is not required by the student-athlete's institution for medical treatment, payment for treatment, enrollment in a health plan or for any benefits (if applicable) and is not required for the student-athlete to be eligible to participate. Any signed authorization/consent forms shall be kept on file by the director of athletics.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Medical Records and Consent Forms	Medical Examinations During Campus Visit	13.11.2.6.1 (Div. I)	During a prospective student-athlete's visit to campus, a member institution, through its regular team or other designated physician, may conduct a medical examination to determine the prospective student-athlete's medical qualifications to participate in intercollegiate athletics, provided no athletics department staff member other than the athletic trainer is present.
Student-Athlete Welfare and Safety	Time Restrictions on Athletics-Related Activities (Div. I and Div. II only)	17.1.6	All NCAA sports are subject to the time limitations in Bylaw 17.
	Daily/Weekly Hour Limitation – Inside Playing Season (Div. I and Div. II only)	17.1.6.1	During the playing season, a student-athlete cannot engage in more than 20 hours of athletics-related activity (see Bylaw 17.02.1) per week, with not more than four hours of such activity in any one day.
	Weekly Hour Limitations – Outside Playing Season (Div. I and Div. II only)	17.1.6.2	Outside the playing season, student-athletes cannot engage in more than eight hours of conditioning activities per week.
	Skill Instruction Exception (Div. I and Div. II only) See By-laws 17.1.6.2.2 and 17.1.6.2.3 (Div. I) for additional exceptions.	17.1.6.2.2, 17.1.6.2.4 (Div. I); 17.1.6.2, 17.1.6.2.1 (Div. II)	Outside the playing season, two of the student-athlete's eight hours of conditioning activity may be skill-related instruction with coaching staff.
	Required Day Off – Playing Season	17.1.6.4 (Div. I and Div. II), 17.1.4.1 (Div. III)	During the playing season, each student-athlete must be provided with one day per week on which no athletics-related activities are scheduled.
	Required Days Off – Outside Playing Season (Div. I and Div. II only)	17.1.6.5	Outside the playing season, each student-athlete must be provided with two days per week on which no athletics-related activities are scheduled.
	Voluntary Summer Conditioning (Div. I only)	13.11.3.8 (basketball)	Prospective student-athletes, who signed an NLI or enrolled in the institution's summer term before initial, full-time enrollment, may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties.
	Voluntary Summer Conditioning (Div. I only)	13.11.3.7 (football)	Prospective student-athletes, who signed an NLI or enrolled in the institution's summer term before initial, full-time enrollment, may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties (FBS) or a countable coach who is a certified strength and conditioning coach (FCS).

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Voluntary Summer Conditioning (Div. I only)	13.11.3.10 (Sports Other Than Football and Basketball)	In sports other than football and basketball, a prospective student-athlete may engage in voluntary summer workouts conducted by an institution's strength and conditioning coach with department-wide duties and may receive workout apparel (on an issuance and retrieval basis), provided he or she is enrolled in the institution's summer term before the student's initial full-time enrollment at the certifying institution. Such a prospective student-athlete may engage in such workouts only during the period of the institution's summer term or terms (opening day of classes through last day of final exams) in which he or she is enrolled.
	Voluntary Weight-Training or Conditioning Activities (Div. I only)	13.11.3.10.4	A strength and conditioning coach who conducts voluntary weight-training or conditioning activities is required to maintain certification in first aid and cardiopulmonary resuscitation. If a member of the institution's sports medicine staff (e.g., athletic trainer, physician) is present during voluntary conditioning activities conducted by a strength and conditioning coach, the sports medicine staff member must be empowered with the unchallengeable authority to cancel or modify the workout for health and safety reasons, as he or she deems appropriate.
	Strength and Conditioning Coach Certification (Div. I. only)	11.1.5	A strength & conditioning coach shall be certified and maintain current certification through a nationally accredited strength and conditioning certification program.
	Sport safety training	17.1.6 (Div. I)	An institutional staff member with current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use must be present any time a student-athlete participates in a physical, countable athletically related activity.
	Sports-Safety Training	11.1.6 (Div. II)	Each head coach and all other coaches who are employed full time at an institution shall maintain current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use.
	Sports-Safety Training	11.1.6 (Div. III)	Each head coach shall maintain current certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use.
	Discretionary Time (Div. I only)	17.02.14	Student-athletes may only participate in athletics activities at their initiative during discretionary time.
	Designated Team Physician	3.2.4.16 (Div. I) 3.3.4.17 (Div. II) 3.2.4.18 (Div. III)	A team physician shall be designated for all or each of an institution's intercollegiate teams, and shall be authorized to oversee the medical services for injuries and illnesses incidental to a student-athletes' participation in intercollegiate athletics.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Mandatory Medical Examinations	17.1.5 (Div. I and Div. II), 17.1.6.4 (Div. III)	All student-athletes beginning their initial season of eligibility and students who are trying out for a team must undergo a medical exam before they are permitted to engage in any physical activity. The exam must take place within six months before the physical activity. Each subsequent year, an updated medical history must be administered by an institutional medical staff member.
	Mandatory Medical Examinations	17.1.5.1 (Div. I), 17.1.5.1(Div. II)	The examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test, unless documented results of a prior test are provided to the institution or the prospective student-athlete or student-athlete declines the test and signs a written release.
	Confirmation of Sickle Cell Trait Status.	17.1.6.4.1 (Div. III)	An institution shall confirm the sickle cell trait status of student-athletes, before participation in intercollegiate athletics in one of the following manners: (a) Documentation; (b) Pending Documentation; or (c) Waiver.
	Mandatory Sickle Cell Trait Status Education	17.1.6.4.1.1 (Div. III)	Each student-athlete shall be provided education regarding sickle cell trait status. Student-athletes who have been tested, but do not have confirmed results documented, or have signed a waiver per Bylaw 17.1.6.4.1-(c), shall be provided additional education regarding the risks, impact and precautions associated with sickle cell trait.
	Five-Day Acclimatization Period – Football	17.9.2.3 (Div. I), 17.9.2.2 (Div. II and Div. III)	Five-day acclimatization for conducting administrative and initial practices is required for first-time participants (freshmen and transfers) and continuing student-athletes.
	Preseason Practice Activities – Football	17.9.2.4 (Div. I), 17.9.2.3 (Div. II and Div. III)	Preseason practice time limitations and general regulations.
	Out-of-Season Athletics-Related Football Activities	17.9.6 (Div. I and Div. III), 17.9.8 (Div. II)	Permissible summer conditioning activities.
	Sports-Specific Safety Exceptions (Equestrian; Fencing; Gymnastics; Rifle; Women's Rowing; Skiing; Swimming; Track and Field; Water Polo; and Wrestling) (Div. I and Div. II only)	13.11.3.11 (Div. I); 17.6.7; 17.7.7; 17.11.7; 17.14.7; 17.15.7 (Div. I); 17.15.9 (Div. II); 17.18.7; 17.23.7 (Div. I); 17.23.8 (Div. II); 17.25.8 (Div. I and Div. II); 17.26.7	A coach may be present during voluntary individual workouts in the institution's regular practice facility (without the workouts being considered as countable athletics-related activities) when the student-athlete uses sport-specific equipment. The coach may provide safety or skill instruction but cannot conduct the individual's workouts.
	Playing Rules Oversight Panel	21.1.4	The panel shall be responsible for resolving issues involving player safety, financial impact or image of the game.

REGULATIONS INVOLVING HEALTH AND SAFETY ISSUES

Topic	Issue	NCAA Bylaw Cite	Comments
Student-Athlete Welfare and Safety	Concussion Management Plan	3.2.4.17 (Div. I and Div. II); 3.2.4.16 (Div. III)	Institutions must have a concussion management plan for student-athletes. See Guideline 2I.
	On-campus Evaluations – Men’s Basketball	13.11.2.1 (Div. I)	Under certain circumstances, an institution may conduct an evaluation of a prospect on its campus or at a site it normally uses for practice and competition.
	Summer Access – Men’s Basketball	13.11.3.9 (Div. I); 17.1.6.2.1.1.4 (Div. I)	Under certain circumstances, prospects and student-athletes may engage in required weight-training, conditioning and skill instruction for up to eight weeks in the summer.

APPENDIX C

INTER-ASSOCIATION CONSENSUS: INDEPENDENT MEDICAL CARE GUIDELINES

September 2014

PURPOSE

The Safety in College Football Summit resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses independent medical care for college student-athletes in all sports.

BACKGROUND

Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution's athletic trainer (working under the supervision of a physician) and the team physician. Even though some have cited a potential tension between health and safety in athletics,^{1,2} 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).^{3,4} In the interest of the health and welfare of collegiate student-athletes, a student-athlete's health care 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.⁵ The following 10 guiding principles, listed in the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges,⁵ 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.

Team physician authority becomes the linchpin for independent medical care of student-athletes. Six pre-eminent sports physicians associations agree with respect to "... athletic trainers and other members of the athletic care network report to the team physician on medical issues."⁶ Consensus aside, a medical-legal authority is a matter of law in 48 states that require athletic trainers to report to a physician in their medical practice. The NCAA Sports Medicine Handbook's Guideline 1B opens with a charge to athletics and institutional leadership to "create an administrative system where athletics health care professionals –

team physicians and athletic trainers – are able to make medical decisions with only the best interests of student-athletes at the forefront.”⁷ Multiple models exist for collegiate sports medicine. Athletic health care professionals commonly work for the athletics department, student health services, private medical practice, or a combination thereof. Irrespective of model, the answer for the college student-athlete is established independence for appointed athletics health care providers.⁸

GUIDELINES

Institutional medical line of authority should be established independently of a coach, and in the sole interest of student-athlete health and welfare. Medical line of authority should be transparent and evident in athletics departments, and organizational structure should establish collaborative interactions with the medical director and primary athletics health care providers (defined as all institutional team physicians and athletic trainers) so that the safety, excellence and wellness of student-athletes are evident in all aspects of athletics and are student-athlete centered.

Institutions should, at a minimum, designate a licensed physician (M.D. or D.O.) to serve as medical director, and that medical director should oversee the medical tasks of all primary athletics health care providers. Institutions should consider a board certified physician, if available. The medical director may also serve as team physician. All athletic trainers should be directed and supervised for medical tasks by a team physician and/or the medical director. The medical director and primary athletics health care providers should be empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes.

REFERENCES

1. Matheson GO. Maintaining professionalism in the athletic environment. *Phys Sportsmed*. 2001 Feb;29(2)
2. Wolverton B. (2013, September 2) Coach makes the call. *The Chronicle of Higher Education*. [Available online] <http://chronicle.com/article/Trainers-Butt-Heads-With/141333/>
3. NCAA Bylaw 3.2.4.17 (Div. I and Div. II; 3.2.4.16 (Div. III).
4. National Collegiate Athletic Association. (2013). 2013-14 NCAA Division I Manual. Indianapolis, IN: NCAA.
5. Courson R et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athletic Training* 2014; 49:128-137.
6. Herring SA, Kibler WB, Putukian M. Team Physician Consensus

ENDORSEMENTS

This Consensus Best Practice, Independent Medical Care for College Student-Athletes, has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- National Athletic Trainers' Association
- NCAA Concussion Task Force
- Sports Neuropsychological Society

Statement: 2013 update. *Med Sci Sports Exerc*. 2013 Aug;45(8):1618-22.

7. National Collegiate Athletic Association. (2013). 2013-14 NCAA Sports Medicine Handbook. Indianapolis, IN: NCAA.
8. Delany J, Goodson P, Makeoff R, Perko A, Rawlings H [Chair]. Rawlings panel on intercollegiate athletics at the University of North Carolina at Chapel Hill. Aug 29, 2013. [Available online] http://rawlingspanel.web.unc.edu/files/2013/09/Rawlings-Panel_Intercollegiate-Athletics-at-UNC-Chapel-Hill.pdf

APPENDIX D

INTER-ASSOCIATION CONSENSUS: YEAR-ROUND FOOTBALL PRACTICE CONTACT GUIDELINES

September 2014

PURPOSE

The Safety in College Football Summit (see appendix) resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses year-round football practice contact.

BACKGROUND

Enhancing a culture of safety in collegiate sport is foundational. Football is an aggressive, rugged, contact sport,¹ yet the rules clearly state that there is no place for maneuvers deliberately designed to inflict injury on another player.¹ Historically, rules changes and behavior modification have reduced catastrophic injury and death. Enforcement of these rules is critical for improving player safety.² Despite sound data on reducing catastrophic football injuries, there are limited data that provide a strong foothold for decreasing injury risk by reducing contact in football practice.³⁻⁸ Regardless of such scientific shortcomings, there is a growing consensus that we must analyze existing data in a consensus-based manner to develop guidelines that promote safety. “Safe” football means “good” football.

NCAA regulations currently do not address inseason, full-contact practices. The Ivy League and Pac-12 Conference have limited inseason, full-contact practices to two per week and have established policies for full-contact practices in spring and preseason practices through their Football Practice Standards and Football Practice Policy, respectively. Neither address full-pad practice that does not involve live contact practice, as defined below. Both conferences cite safety concerns as the primary rationale for reducing full-contact practices; neither conference has published or announced data analysis based on their new policies. In keeping with the intent of both conferences and other football organizations, the rationale for defining and reducing live contact practice is to improve safety, including possibly decreasing student-athlete exposure for concussion and sub-concussive impacts. Reduced frequency of live contact practice may also allow even more time for teaching of proper tackling technique.

The biomechanical threshold (acceleration/deceleration/rotation) at which sport-related concussion occurs

is unknown. Likewise, there are no conclusive data for understanding the short- or long-term clinical impact of sub-concussive impacts. However, there are emerging data that football players are more frequently diagnosed with sport-related concussion on days with increased frequency and higher magnitude of head impact (greater than 100g linear acceleration).⁹⁻¹¹

Traditionally, the literature addressing differing levels of contact in football practice correlated with the protective equipment (uniform) worn. This means that full-pad practice correlated with full-contact and both half-pad (shell) and helmet-only practice correlated with less contact. However, coaches, administrators and athletics health care providers who helped to shape these guidelines have noted that contact during football practice is not determined primarily by the uniform, but rather by whether the intent of practice is centered on live contact versus teaching and conditioning. There are limited data that address this issue, and such data do not differentiate whether the intent of the practice is live tackling or teaching/conditioning. Within these limitations, non-published data from a single institution reveal the following:¹⁰

- The total number of non-concussive head impacts sustained in helmets-only and full-pad practices is higher than those sustained in games/scrimmages.
- Mild- and moderate-intensity head impacts occur at an essentially equal rate during full-pad and half-pad practices when the intent of practice is not noted.
- Severe-intensity head impacts are much more likely to occur during a game, followed by full-pad practices and half-pad practices.
- There is a 14-fold increase in concussive impacts in full-pad practices when compared to half-pad or helmets-only practices.
- Offensive linemen and defensive linemen experience more head impacts during both full-pad and half-pad practices relative to all other positions.

The guidelines below are based on: expert consensus from the two day summit referenced above; comments and recommendations from a broad constituency of the organizations listed; and internal NCAA staff members. Importantly, the emphasis is on limiting contact, regardless of whether the student-athlete is in full-pad, half-pad, or is participating in a helmet-only

practice. Equally importantly, the principles of sound and safe conditioning are an essential aspect of all practice and competition exposures.

These guidelines must be differentiated from legislation. For each section below that addresses a particular part of the football calendar, any legislation for that calendar period is referenced. As these guidelines are based on consensus and limited science, they are best viewed as a “living, breathing” document that will be updated, as we have with other health and safety guidelines, based on emerging science or sound observations that result from application of these guidelines. The intent is to reduce injury risk, but we must also be attentive to unintended consequences of shifting a practice paradigm based on consensus. For example, football preseason must prepare the student-athlete for the rigors of an aggressive, contact, rugged sport. Without adequate preparation, which includes live tackling, the student-athlete could be at risk of unforeseen injury during the inseason because of inadequate preparation. We plan to reanalyze these football practice contact guidelines at least annually. Additionally, we recognize that NCAA input for these guidelines came primarily from Division I Football Bowl Subdivision schools. Although we believe the guidelines can also be utilized for football programs in all NCAA divisions, we will be more inclusive in the development of future football contact practice guidelines.

DEFINITIONS

Live contact practice: Any practice that involves live tackling to the ground and/or full-speed blocking. Live contact practice may occur in full-pad or half-pad (also known as “shell,” in which the player wears shoulder pads and shorts, with or without thigh pads). Live contact does not include: (1) “thud” sessions, or (2) drills that involve “wrapping up;” in these scenarios players are not taken to the ground and contact is not aggressive in nature. Live contact practices are to be conducted in a manner consistent with existing rules that prohibit targeting to the head or neck area with the helmet, forearm, elbow, or shoulder, or the initiation of contact with the helmet.

Full-pad practice: Full-pad practice may or may not involve live contact. Full-pad practices that do not involve live contact are intended to provide preparation for a game that is played in a full uniform, with an emphasis on technique and conditioning versus impact.

Legislation versus guidelines: There exists relevant NCAA legislation for the following:

1. Preseason practice
 - a. DI FBS/FCS – NCAA Bylaws 17.9.2.3 and 17.9.2.4
 - b. DII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
 - c. DIII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
2. Inseason practice: No current NCAA legislation addresses contact during inseason practices.
3. Postseason practice: No current NCAA legislation addresses contact during postseason practices.
4. Bowl practice: No current NCAA legislation addresses contact during bowl practice.
5. Spring practice:
 - a. DI FBS/FCS – NCAA Bylaw 17.9.6.4
 - b. DII – NCAA Bylaw 17.9.8
 - c. DIII – NCAA Bylaw 17.9.6 – not referenced to as spring practice, but allows five (5) week period outside playing season.

The guidelines that follow do not represent legislation or rules. As noted in the appendix, the intent of providing consensus guidelines in year one of the inaugural Safety in College Football Summit is to provide consensus-based guidance that will be evaluated “real-time” as a “living and breathing” document that will become solidified over time through evidence-based observations and experience.

Preseason practice guidelines: For days in which institutions schedule a two-a-day practice, live contact practices are only allowed in one practice. A maximum four (4) live contact practices may occur in a given week, and a maximum of 12 total may occur in preseason. Only three practices (scrimmages) would allow for live contact in greater than 50 percent of the practice schedule.

Inseason practice guidelines: Inseason is defined as the period between six (6) days prior to the first regular-season game and the final regular-season game or conference championship game (for participating institutions). There may be no more than two (2) live contact practices per week.

Postseason guidelines: (FCS/DII/DIII) There may be no more than two (2) live contact practices per week.

Bowl practice guidelines: (FBS) There may be no more than two (2) live contact practices per week.

Spring practice guidelines: Of the 15 allowable sessions that may occur during the spring practice season, eight (8) practices may involve live contact; three (3) of these live contact practices may include

greater than 50 percent live contact (scrimmages). Live contact practices are limited to two (2) in a given week and may not occur on consecutive days.

REFERENCES

1. NCAA Football: 2013 and 2014 Rules and Interpretations.
2. Cantu RC, Mueller FO. Brain injury-related fatalities in American football, 1945-1999. *Neurosurgery* 2003; 52:846-852.
3. McAllister TW et al. Effect of head impacts on diffusivity measures in a cohort of collegiate contact sport athletes. *Neurology* 2014; 82:1-7.
4. Bailes JE et al. Role of subconcussion in repetitive mild traumatic brain injury. *J Neurosurg* 2013; 1-11.
5. McAllister TW et al. Cognitive effects of one season of head impacts in a cohort of collegiate contact sport athletes. *Neurology* 2012; 78:1777-1784.
6. Beckwith JG et al. Head impact exposure sustained by football players on days of diagnosed concussion. *Med Sci Sports Exerc* 2013; 45:737-746.
7. Talavage TM et al. Functionally-detected cognitive impairment in high school football players without clinically-diagnosed concussion. *J Neurotrauma* 2014; 31:327-338.
8. Miller JR et al. Comparison of preseason, midseason, and postseason neurocognitive scores in uninjured collegiate football players. *Am J Sports Med* 2007; 35:1284-1288.
9. Mihalik JP, Bell DR, Marshall SW, Guskiewicz KM. Measurement of head impacts in collegiate football players: an investigation of positional and event-type differences. *Neurosurgery* 2007; 61:1229-1235.
10. Trulock S, Oliaro S. Practice contact. Safety in College Football Summit. Presented January 22, 2014, Atlanta, GA.
11. Crison JJ et al. Frequency and location of head impact exposures in individual collegiate football players. *J Athl Train* 2010; 45:549-559.

ENDORSEMENTS

This Inter-Association Consensus: Year-Round Football Practice Contact Guidelines, has been endorsed by:

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Football Coaches Association
- American Medical Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- Football Championship Subdivision Executive Committee
- National Association of Collegiate Directors of Athletics
- National Athletic Trainers' Association
- National Football Foundation
- NCAA Concussion Task Force
- Sports Neuropsychological Society

APPENDIX E

NCAA INJURY SURVEILLANCE PROGRAM SUMMARY

July 2013

The NCAA Injury Surveillance Program was developed in 1982 to provide current and reliable data on injury trends in intercollegiate athletics. It collects injury and activity information in order to identify and highlight potential areas of concern and interest related to student-athlete health and safety.

Injury data are collected yearly by the Datalys Center from a sample of NCAA member institutions, and the resulting data summaries are reviewed by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. The committee's goal continues to be to reduce injury rates through suggested changes in rules, protective equipment or coaching techniques, based on the data.

In some instances, the evaluation of the injury surveillance information has led the NCAA to commission research studies to better understand the underlying factors that have contributed to the observed surveillance findings. To support the objective and nature of the NCAA Injury Surveillance Program – monitoring to identify areas of concern for potential further investigation – the Datalys Center does not collect identifiable information or treatment information.

PROGRAM BENEFITS

Participation in the NCAA Injury Surveillance Program supports rule and policy changes that improve student-athlete health and safety. In addition, program participation provides a number of benefits to athletic trainers and their institutions:

Safer participation in collegiate sports. In some cases, surveillance information has led to a mitigation of injuries and treatments (e.g., heat illness episodes).

Resource Justification and Allocation.

Surveillance information has been used in the NATA's Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics (AMCIA) document.

Supports Clinical Best Practices. Regional and national injury rate comparisons allow a university to explore relevant clinical best practices with appropriate peer groups.

Supports Risk Management Best Practice. The electronic documentation of injuries (e.g., through an Export Engine Certified vendor or the Injury Surveillance Tool) is a recognized risk management best practice.

NCAA INJURY SURVEILLANCE DATA REQUESTS

Research Requests allows researchers and academicians to request data from the NCAA Injury Surveillance Program for research purposes. The NCAA uses the Datalys Injury Statistics Clearinghouse (DISC) to process all requests to sports injury data. Researchers and others can request access to de-identified, line item exposure and injury data from the 2004-09 NCAA Injury Surveillance Program through a two-step process. Completion of appropriate material with initial approval by Datalys Center's Independent Review Committee is the first step. The NCAA will also internally review your application. Applications must have a focused and sound scientific rationale.

Visit Datalys Injury Statistics Clearinghouse (DISC) website at www.disc.datalyscenter.org to view available data and variables and to access the data request form.

Facilitates Paper Record Keeping Processes. For institutions managing their health records via a paper-process, the Injury Surveillance Tool facilitates the work flow and supports an enhanced level of documentation and record keeping.

TWO EASY WAYS TO PARTICIPATE:

The Injury Surveillance Tool (IST). The Injury Surveillance Tool facilitates the work flow in the athletic training room and supports an enhanced level of documentation and record keeping. The IST is designed as a free injury incident report, and allows documentation of injuries. In doing so, the IST provides important injury information to the Datalys Center and helps to initiate a paper record keeping process for the athletic trainer.

The Export Engine Program (EE). The Export Engine Program is a public data transmission standard that commercial vendors can voluntarily adopt. Through the Export Engine Program, athletic trainers can directly and easily submit data from their vendor systems to the Injury Surveillance Program. If you are considering a new system, be sure to look for the Datalys Certified logo. Its certified vendors currently include ATS, Nextt Solutions and SIMS.

DATA AVAILABILITY AND ACCESS

Injury surveillance data collected through the NCAA Injury Surveillance Program is available to the public through an application process administered by the Datalys Center Independent Review Committee located at www.disc.datalyscenter.org.

Sampling

Since its inception, the surveillance program has depended on a volunteer “convenience sample” of reporting schools. Participation is available to the population of institutions sponsoring a given sport. Schools qualifying for inclusion in the final sample are selected from the total participating schools for each NCAA sport, with the goal of representation of all three NCAA divisions. A school is selected as qualifying for the sample if it meets the minimum standards for data collection.

It is important to recognize that this system does not identify every injury that occurs at NCAA institutions in a particular sport. Rather, the emphasis is collecting all injuries and exposures from schools that voluntarily participate in the Injury Surveillance Program. The Injury Surveillance Program attempts to balance the dual needs of maintaining a reasonably representative cross-section of NCAA institutions while accommodating the needs of the voluntary participants.

Injuries

A reportable injury in the Injury Surveillance Program is defined as one that:

1. Occurs as a result of participation in an organized intercollegiate practice or competition; and
2. Requires medical attention by a team athletic trainer or physician regardless of time loss.

Exposures (Activity)

An athlete exposure is defined as one athlete participating in one practice or competition in which he or she is exposed to the possibility of athletics injury.

Injury Rate

An injury rate is simply a ratio of the number of injuries in a particular category to the number of athlete exposures in that category. This value is expressed as injuries per 1,000 athlete exposures.

All Sports Figures

The following figures outline selected information from the sports currently reported by the NCAA Injury Surveillance Program from 2004 to 2009. Complete summary reports for each sport are available online at

www.disc.datalyscenter.org.

Any questions regarding the NCAA Injury Surveillance Program or its data reports should be directed to: Zach Kerr, Director of the Injury Surveillance System, Datalys Center for Sports Injury Research and Prevention, Indianapolis, Indiana (317/275-3665).

John Parsons, Director, NCAA Sport Science Institute, P.O. Box 6222, Indianapolis, Indiana 46206-6222 (317/917-6456).

Chart 1: Competition and practice injury rates

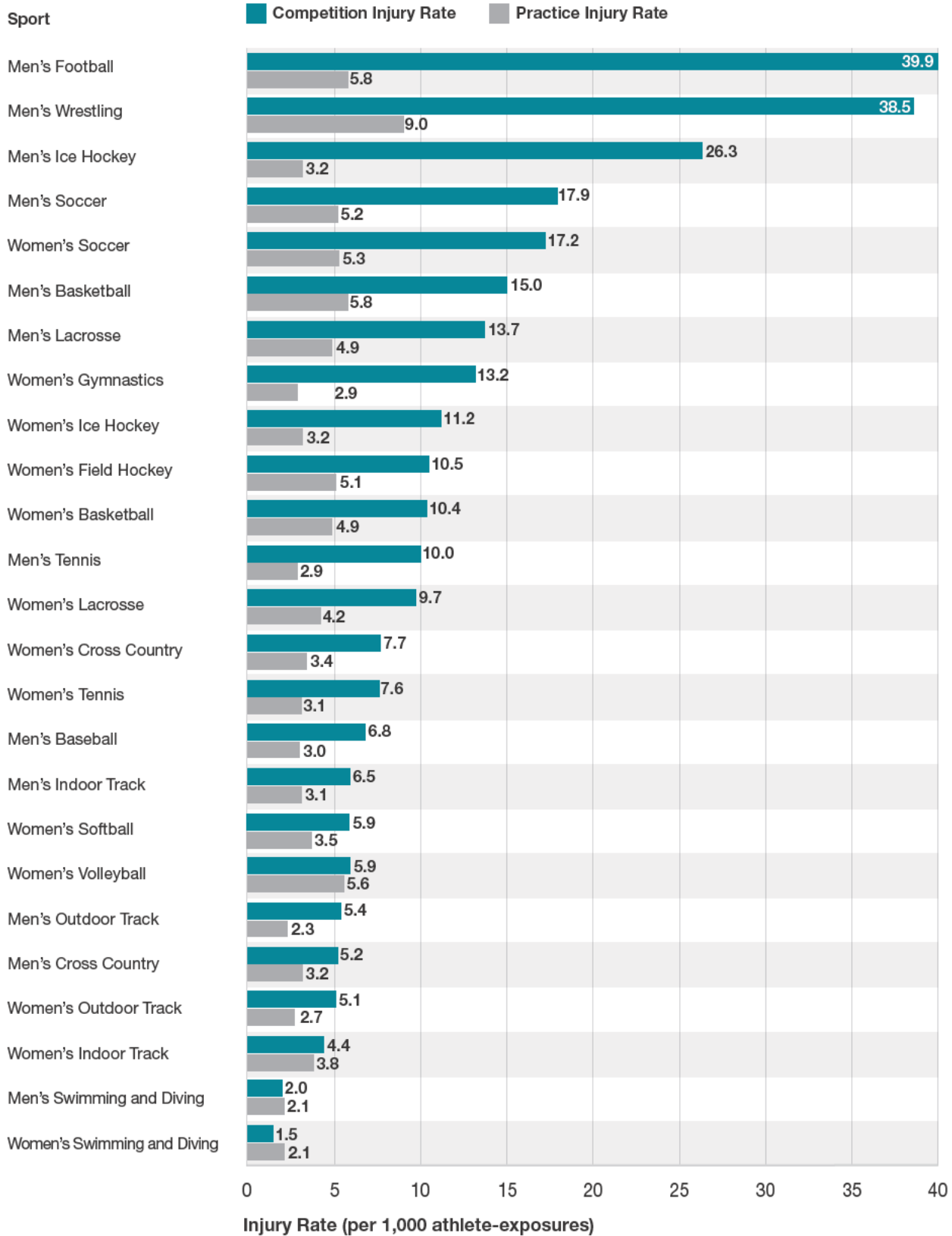


Figure illustrates the average injury rates from 2009-10 to 2013-14 data.

If a sport is not included, it is because there was not enough data collected to report that sport.

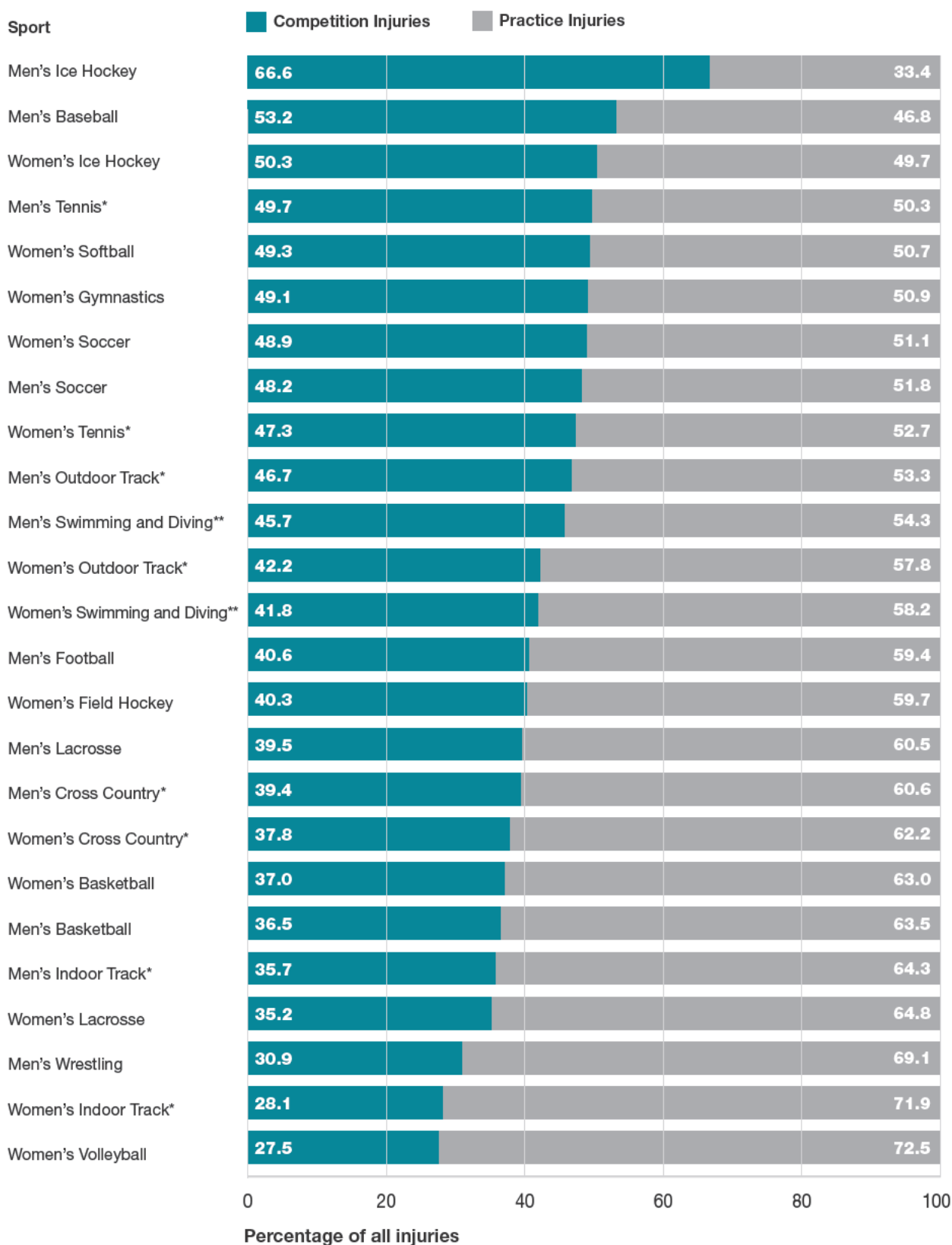
Chart 2: Percentage of all injuries occurring in practices and competition

Figure represents the national estimates of injury percentages for 25 sports from 2009 to 2014 unless otherwise noted below.

* Sports with data from 2005-06 to 2013-14 (9 years).

**Sports with data from 2006-07 to 2013-14 (8 years).

If a sport is not included in the figure, it is because there was not enough data collected to report that sport.

APPENDIX F

ACKNOWLEDGMENTS

From 1974 to 2014, the following individuals have served on the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and contributed to the information in the NCAA Sports Medicine Handbook:

John R. Adams
Western Athletic Conference

Ken Akizuki
University of San Francisco

Jeffrey Anderson
University of Connecticut

James R. Andrews, M.D.
Troy University

Elizabeth Arendt, M.D.
University of Minnesota, Twin Cities

William F. Arnet
University of Missouri, Columbia

James A. Arnold
University of Arkansas, Fayetteville

Janet Kay Bailey
Glenville State College

Dewayne Barnes
Whittier College

Amy Barr
Eastern Illinois University

Fred L. Behling
Stanford University

Daphne Benas
Yale University

Brant Berkstresser
Harvard University

John S. Biddiscombe
Wesleyan University (Connecticut)

Carl S. Blyth
University of North Carolina, Chapel Hill

Cindy D. Brauck
Missouri Western State University

Donald Bunce, M.D.
Stanford University

Elsworth R. Buskirk
Pennsylvania State University

Peter D. Carlon
University of Texas, Arlington

Gene A. Carpenter
Millersville University of Pennsylvania

Frank Carr
Earlham College

Marino H. Casem
Southern University, Baton Rouge

Nicholas J. Cassissi, M.D.
University of Florida

Rita Castagna
Assumption College

Charles Cavagnaro
University of Memphis

Kathy D. Clark
University of Idaho

Kenneth S. Clarke
Pennsylvania State University

Priscilla M. Clarkson
University of Massachusetts, Amherst

Bob Colgate
*National Federation of State
High School Associations*

Donald Cooper, M.D.
Oklahoma State University

Kip Corrington
Texas A&M University, College Station

Lauren Costello, M.D.
Princeton University

Ron Courson
University of Georgia

Carmen Cozza
Yale University

Scot Dapp
Moravian College

Bernie DePalma
Cornell University

Jerry L. Diehl
*National Federation of State
High School Associations*

Randy Eichner
University of Oklahoma

Brenna Ellis
University of Texas at San Antonio

Larry Fitzgerald
Southern Connecticut State University

Gregory Frazer
Duquesne University

Paul W. Gikas, M.D.
University of Michigan

Pamela Gill-Fisher
University of California, Davis

Michelle Gober
Kutztown University of Pennsylvania

Gordon L. Graham
Minnesota State University, Mankato

Gary A. Green, M.D.
University of California, Los Angeles

Letha Griffin, M.D.
Georgia State University

Eric Hall
Elon University

Eric Hamilton
The College of New Jersey

Kim Harmon
University of Washington

Richard J. Hazelton
Trinity College (Connecticut)

Larry Holstad
Winona State University

Maria J. Hutsick
Boston University

Nell C. Jackson
Binghamton University

John K. Johnston
Princeton University

Don Kaverman
Southeast Missouri State University

Janet R. Kittell
California State University, Chico

Fran Koenig
Central Michigan University

Olav B. Kollevoll
Lafayette College

Jerry Koloskie
University of Nevada, Las Vegas

Roy F. Kramer
Vanderbilt University

Michael Krauss, M.D.
Purdue University

Carl F. Krein
Central Connecticut State University

Russell M. Lane, M.D.
Amherst College

Melinda Larson
Whitworth University

Kelsey Logan
The Ohio State University

John Lombardo, M.D.
The Ohio State University

Scott Lynch
Pennsylvania State University

William B. Manlove Jr.
Delaware Valley College

Jeff Martinez
University of Redlands

Lois Mattice
California State University, Sacramento

Arnold Mazur, M.D.
Boston College

Chris McGrew, M.D.
University of New Mexico

William D. McHenry
Washington and Lee University

Malcolm C. McInnis Jr.
University of Tennessee, Knoxville

Douglas B. McKeag, M.D.
Michigan State University

Kathleen M. McNally
La Salle University

Robin Meiggs
Humboldt State University

Dale P. Mildenerberger
Utah State University

Melinda L. Millard-Stafford
Georgia Institute of Technology

Fred L. Miller
Arizona State University

Matthew Mitten
Marquette University

James Morgan
California State University, Chico

Frederick O. Mueller
*University of North Carolina,
Chapel Hill*

David M. Nelson
University of Delaware

William E. Newell
Purdue University

Jeffrey O'Connell
University of Virginia

Roderick Paige
Texas Southern University

Joseph V. Paterno
Pennsylvania State University

Marc Paul
University of Nevada, Reno

Daniel Pepicelli
St. John Fisher College

Frank Pettrone, M.D.
George Mason University

Marcus L. Plant
University of Michigan

Sourav Poddar
University of Colorado, Boulder

Nicole Porter
*Shippensburg University
of Pennsylvania*

Will Prewitt
Great American Conference

James C. Puffer, M.D.
University of California, Los Angeles

Margot Putukian
Princeton University

Ann Quinn-Zobeck
University of Northern Colorado

Tracy Ray
Samford University

Butch Raymond
Northern Sun Intercollegiate Conference

Joy L. Reighn
Rowan University

Frank J. Remington
University of Wisconsin, Madison

Rochel Rittgers
Augustana College (Illinois)

Darryl D. Rogers
Southern Connecticut State University

Yvette Rooks
University of Maryland, College Park

Debra Runkle
University of Dubuque

Lori Runksmeier
New England College

Felix Savoie
Tulane University

Richard D. Schindler
*National Federation of State
High School Associations*

Kathy Schniedwind
Illinois State University

Brian J. Sharkey
University of Montana

Willie G. Shaw
North Carolina Central University

Jen Palancia Shipp
*University of North Carolina
at Greensboro*

Gary Skrinar
Boston University

Andrew Smith
Canisius College

Bryan W. Smith, M.D.
University of North Carolina, Chapel Hill

Lynn Snyder-Mackler
Lyndon State College

Michael Storey
Bridgewater State University

Grant Teaff
Baylor University

Carol C. Teitz, M.D.
University of Washington

Patricia Thomas
Georgetown University

Susan S. True
*National Federation of State
High School Associations*

Laurie Turner
University of California, San Diego

Christopher Ummer
Lyndon State College

Jerry Weber
University of Nebraska, Lincoln

Christine Wells
Arizona State University

Kevin M. White

Tulane University

Robert C. White

Wayne State University (Michigan)

Sue Williams

University of California, Davis

Charlie Wilson

Olivet College

G. Dennis Wilson

Auburn University

Mary Wisniewski

University of Chicago

Glenn Wong

University of Massachusetts, Amherst

Joseph P. Zabitski

Northeastern University

Connee Zotos

Drew University



The NCAA salutes the more than
460,000 student-athletes
participating in **23** sports at more
than **1,100** member institutions

TAB 21

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

Ron Courson, ATC, PT, NREMT-I, CSCS (Chair)*; Michael Goldenberg, MS, ATC (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‡‡; Charlie Thompson, MS, ATC*; Gary Turbak, DHSc, ATC§§**

***National Athletic Trainers’ Association; †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**

Introduction

Although significant advances have occurred within the last few decades, the field of athletic training and sports medicine can be traced back to the ancient Greek civilization and the establishment of the Olympic Games.¹ Today, there are more than 900 different sports world wide, however, not all of them have a physical component.² In the United States alone, there are over 7.6 million students participating in organized secondary school athletics, while in 2012, over 420,000 student-athletes represented their colleges in athletic play.^{3,4} Athletics are part of the educational process and add to the growth of an adolescent and young adult. Secondary school students involved in athletics with proper coaching demonstrate better academic success, miss less school, and learn lifelong lessons for success.⁵

It is estimated that over 1.4 million injuries occur yearly to athletes playing at the secondary school level and approximately 209,000 yearly at the collegiate level across 25 NCAA sports.^{6,7} These statistics take into account injuries that occur in both practice and game situations. In addition, an unknown number of injuries occur in non-scholastic sports, primarily as a result of overuse, either alone or resulting from the cumulative effects of non-scholastic or scholastic sports participation. As the concerns grow over musculoskeletal injuries, as well as life threatening conditions and traumatic brain injuries such as concussions, more secondary schools and colleges are being forced to evaluate the medical services that they are providing their athletes. Secondary schools with proper medical teams that include an athletic trainer have seen a lower incidence of injuries both acute and re-occurring than schools without athletic trainers. These schools also see more diagnosed concussions, demonstrating better identification of athletes with a concussion.⁸ According to the American Medical Association, “the athletic medicine unit should be composed of an allopathic [MD] or osteopathic [DO] physician director with unlimited license to practice

medicine, an athletic health coordinator (preferably an athletic trainer certified by the Board of Certification, Inc. (BOC)), and other necessary personnel.”⁹ This document on Best Practice in Sports Medicine Management brings together resources and views from eleven different associations that have an invested interest in the health and well-being of the student-athlete.

Modern athletic training is a young, fast growing, healthcare profession,¹⁰ thus many physicians and administrators are still developing the proper working relationship and expectations for the athletic trainer. There is a wide variance in the administration of the sports medicine program, in the chain of command, and in the selection and evaluation of the sports medicine team. Further, different athletic training settings (e.g., secondary school, small college, large college) see a wide variance in terms of staffing, available resources and budgets.

This consensus paper is written to help guide superintendents of schools, secondary school athletic directors, college/university athletic department administrators, athletic trainers and team/school physicians by presenting the best practices in sports medicine management in the secondary and collegiate settings. This document outlines important considerations regarding: (1) duties and responsibilities of the athletic trainer and team physician; (2) supervisory relationships and the chain of command within the sports medicine team members; (3) decision-making authority relating to approval for participation of student-athletes, as well as injury management and return to sport participation status following injury/illness; (4) administrative authority for the selection, renewal, and dismissal of related medical personnel; and (5) performance appraisal tools for the sports medicine team. To date, these recommendations have been endorsed by the American College Health Association, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, College Athletic Trainers’ Society, National Association of Collegiate Directors of Athletics, National Association of Intercollegiate Athletics, National Athletic Trainers’ Association, and National Federation of State High School Associations.

Athlete-Centered Medicine

The term “patient-centered care” refers to the delivery of healthcare services that are focused on the individual patient’s needs and concerns. This same concept, or “athlete-centered care,” is highly applicable and desired in sports medicine.¹¹ Sports medicine physicians and athletic trainers are often presented with an ethical dilemma that arises whenever an individual athlete’s best medical interests conflict with the performance expectations of authority figures (e.g., coaches, parents). In almost every circumstance involving the provision of medical care, the legal responsibility for the decision to allow an injured athlete to return to sports participation ultimately belongs to a licensed physician.¹² In many situations, a physician who is a sports medicine specialist will authorize an athletic trainer to guide the rate at which an injured athlete is exposed to progressively increasing physical demands, but the physician is still ultimately responsible for the athletic trainer’s clinical practice decisions.¹³

Appendix 1 provides a set of 10 principles to guide institutions and organizations in assessment of existing administrative policies, procedures, and professional service relationships. Many of these principles correspond to concepts addressed by the BOC Standards of Professional Practice,¹⁴ the Code of Ethics of the National Athletic Trainers’ Association,¹⁵ and state medical practice regulations.

Duties and Responsibilities of the Athletic Trainer and Team Physician

All stakeholders who have as their primary focus the immediate and long-term health and wellbeing of the individual athlete should be involved in the creation of the specific institution's job descriptions and expectations for all sports medicine providers. This section outlines duties and responsibilities of the athletic trainers, as well as the team physician who has ultimate responsibility for care provided by the sports medicine team.

The athletic trainer's principal responsibility is to provide for the wellbeing of individual athletes, allowing them to achieve their maximum potential. To accomplish this, athletic trainers work under the direction of the team physician or school medical director, and generally are responsible for or actively involved with:

- Development and implementation of a comprehensive emergency action plan.
- Injury prevention, recognition, diagnosis, referral, treatment and rehabilitation.
- Establishment of criteria for safe return to practice and play and implementation of the return to play process.
- Establishment and operation of treatment facilities for both practice and game situations that follow national and local standards of healthcare facilities.
- Determination of which venues and activity settings require the on-site presence of the athletic trainer and team physician and which require that they be available.
- Guidelines for the selection, fit, function and maintenance of all athletic equipment.
- Maintenance of accurate medical records for each athlete.
- Reviewing the design and implementation of strength and conditioning programs for safety and appropriateness related to injury/illness prevention, and providing recommendations for change when indicated.
- Establishment of a safe practice and playing environment through monitoring environmental risk factors such as meteorological conditions.
- Communication with coaches of injured/ill athletes' condition and progress, in cooperation with the team physician (HIPAA/FERPA rules apply).
- Communication with parents/guardians and spouses when appropriate of injured/ill athlete's status, in cooperation with the team physician (HIPAA/FERPA rules apply).

Like all health care providers, the team physician's first obligation is to the wellbeing of the athletes that are under the care of the sports medicine team. The physician's judgment should be governed only by medical considerations. The team physician should actively integrate medical expertise with other healthcare providers, including medical specialists, athletic trainers, and allied health professionals.¹⁶ The team physician must have the ultimate authority for making medical decisions regarding the athletes' safe participation.

The team physician has ultimate responsibility for the following duties:

- Provision for proper preparation for safe return to participation after an illness or injury.
- Development of a chain of command with the team physician placed highest.
- Coordination of pre-participation screening, examination and evaluation.
- Management of on-the-field injuries.
- Provision for medical management of injury and illness.

- Coordination of rehabilitation and return to participation.
- Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and allied health professionals.
- Provision for appropriate education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse, and other medical issues that could affect the athlete.
- Provision for proper documentation and medical record keeping.
- Establishment and defining of the relationships of all involved parties.
- Education of athletes, parents/guardians, spouses, administrators, coaches and other necessary parties of concern regarding the athletes.
- Planning and training for emergencies during competition and practice.
- Addressing equipment and supply issues.
- Provision for proper event coverage.
- Assessment of environmental concerns and playing conditions.

Supervisory Relationships and Chain of Command within the Sports Medicine Team in the Secondary School and College/University Settings

A variety of models exist for sports medicine administration. Regardless of the model utilized, there should be a clear delineation of responsibilities, particularly in cases where the athletic trainer may have responsibilities other than medical care (administrative and academic). This delineation should also define the supervisory relationships for each area of responsibility so that potential role conflicts are minimized and medical care is not sacrificed. Those personnel charged with supervision of the athletic trainer’s various roles must be cognizant of the shared roles and responsibilities they have regarding the athletic trainer. Deliberate effort must be made to avoid providing conflicting directions to the athletic trainer. All involved should realize that quality medical care must supersede other responsibilities in times of conflict. Clear delineation of responsibilities and supervisory roles should be documented in advance of employment and shared routinely as part of the hiring and selection process with subsequent documentation as part of the employment contract. Table 1 outlines typical models of supervisory relationships in sports medicine along with advantages and disadvantages of each. It should be noted that some institutions may have models that vary from those listed below or utilize some combination of those presented. Regardless of the model utilized, in no case should there be a supervisory relationship where members of the sports medicine team report to a coach due to both perceived and real conflicts of interest. The athletic trainer should report to the team or school physician.

Table 1: Typical Models of Supervisory Relationships in Sports Medicine

<p>Athletic Trainer Employed by Athletic Department: Historically, the most common model provides for the athletic trainer being employed by the institution’s athletic department, while the team physician is employed externally and serves in a voluntary role or is contracted for service to the institution or school (athletics only or the institution as a whole) either through a retainer or a fee for service. A common occurrence in this model is for the athletic trainer to have split responsibilities between athletics and academics. In some cases, the split responsibilities are a part of the regular contract or employment agreement. In other cases, the athletic trainer is employed by athletics and is compensated additionally or has release time for service to academics. In this model a member of the athletic training staff may have responsibility for administrative oversight, including the financial, logistic and operational aspects of the sports medicine program.</p>
--

Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a closer relationship between the sports medicine personnel and the athletic department personnel. May also enhance communication between the medical staff and athletics. 	<ul style="list-style-type: none"> Potential conflict of interest may arise due to athletics having significant control over the athlete's medical care. Athletic trainer and/or team physician may be challenged in their medical decisions by pressure from athletics for inappropriate return to play, medical clearance and in making other medical decisions. Potential for role conflict where the athletic trainer may sacrifice patient medical care responsibilities in favor of athletic department administrative responsibilities and educational responsibilities.
<p>Athletic Trainer and Team Physician employed full time by the Athletic Department: This model may be found in larger institutions where the financial resources and volume of medical demands are greater. In this model a member of the athletic training staff may have responsibility for administrative oversight, including the financial, logistic and operational aspects of the sports medicine program.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a closer relationship between the sports medicine personnel with the athletic department personnel. May also enhance communication between the medical staff and athletics. Provides for a clearer delineation of responsibility for the team physician and a closer relationship between team physicians and athletic trainers. 	<ul style="list-style-type: none"> Potential conflict of interest may arise due to athletics having essentially total control over the athlete's medical care. Athletic trainer and/or team physician may be challenged in their medical decisions by pressure from athletics for inappropriate return to play, medical clearance and in making other medical decisions.
<p>Athletic Trainer employed by the Educational Program: More common in secondary schools than in college settings, this model provides for the athletic trainer being employed by the institution's educational program, while the team physician is employed externally and serves in a voluntary role or is contracted for service to the institution (athletics only or the institution as a whole) either through a retainer or a fee for service. A variation of this model may include the team physician also being employed by the educational program. A common occurrence in this model is for the athletic trainer to have primary responsibilities in academics as an instructor and/or preceptor with a defined role in athletics. In some cases, the split responsibilities are a part of the regular contract. In other cases the athletic trainer is employed by academics and compensated additionally or has release time for service to athletics.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> Provides for a reduced or minimal conflict of interest in making medical decisions based solely upon the athlete's medical needs. This model may provide professional advancement opportunities for the athletic trainer through academic promotions, longevity and enhanced credentials. Potential conflict between clinical practices taught in the classroom and carried out in the clinical setting is reduced thereby increasing consistency and clarity of instruction to the athletic training students. Increased expectation and monitoring of continuing education by the educational department may encourage the athletic trainer to stay abreast of the most current and evidence-based clinical practices thereby leading to improved quality of care for the athlete. 	<ul style="list-style-type: none"> Athletics may perceive a lack of commitment toward its personnel and there may be greater communication challenges between the medical staff and athletics. Potential for the athletic trainer to experience role conflict and possibly sacrifice the athlete's medical care in favor of educational demands and responsibilities.
<p>Athletic Trainer and/or team physician employed by the University Health Center or School Health Services: In this model, the</p>	

University Health Center is responsible for providing all healthcare services to the students, including those involved in athletics. This model requires a well-thought out communication plan so that the relationship is seamless, and information is provided to athletic personnel in a timely fashion.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Provides for minimal conflict of interest in making medical decisions based solely upon the athlete's medical needs. • Athletic trainer is considered a medical provider, and is afforded all the rights and privileges as such. • Typically, salaries are comparable to other medical professionals. • Typically, separate staff members are assigned to various administrative tasks, freeing up the athletic trainer for clinical care and allowing a better work/life balance. • Provision of medical services and related activities such as billing/reimbursement management are under the supervision of staff with the most expertise in these areas. • Medical records, referrals, and other related services are managed in one place without duplication or division of efforts. • Comprehensive care for the student-athlete is facilitated as both participation-related and other health care can be delivered through the Health Service. 	<ul style="list-style-type: none"> • Athletics may perceive a lack of commitment toward its personnel and there may be greater communication challenges between the medical staff and athletics. • The athletic department will no longer have control over the healthcare of athletes or the employment of athletic trainers, and will no longer receive insurance reimbursements from sports medicine services (when applicable). • It is critical that the staff of the Health Service understand the intricacies and demands of an athletic program; it may become necessary to teach present and new staff intricacies either at the outset or as new personnel are hired. • Student health services may not employ the most expert sports medicine specialists in the area.
<p>Medical care is contracted with an outside hospital or private group: In this model the institution contracts out to a separate entity, usually a hospital, for provision of all medical services. The awarding of these contracts may be based upon bids.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Significantly reduces the athletic department's responsibility for and control over medical decisions and should allow for more unity among the members of the medical team. • Can provide for more seamless continuity of care between the medical providers. 	<ul style="list-style-type: none"> • Due to lack of medical expertise, the institution may be challenged in evaluating the competitive bids regarding the best medical care provider versus the best financial package. • Some outside groups may be lacking in appropriate personnel for every medical situation or the specialty needs that may arise. • There may be greater communication challenges between athletics and medical personnel. • Difficulty may exist in determining the appropriate needs for equipment, expendable supplies, and staffing, and how this may be reconciled between the parties.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the College/University Setting

The potential for conflict of interest is omnipresent in sports medicine. When sports medicine team members provide care to the athlete but are employees or appointees of the institution, the potential exists for medical decisions to be made outside of the athlete's best interest. Irrespective of level of play, there is immense pressure toward medical clearance for sport participation. Owing an obligation to athlete welfare, the institution must establish a clear line of unchallengeable authority to the team physician and athletic trainer.¹⁷⁻¹⁹

Line of authority affords sports medicine providers freedom from personal and professional bias in their ethical and medicolegal obligation to the athlete's health.^{20,21} The ability to act unencumbered fosters perceptual, if not actual, best interest medical decisions for and by athletes.

Institution ownership of athlete health and welfare can be demonstrated by including the athletic trainer or team physician in senior level athletic administration. This may be accomplished irrespective of the individual's appointment, whether through athletics, academics, university health services, or private practice. Freedom in their professional practice is garnered as neither the team physician or athletic trainer, then, has a coach as their primary supervisor nor shall a coach have authority over appointment or employment of sports medicine providers.^{3,7}

Shared responsibility for sports safety involves not just the sports medicine providers, but the athletic administration, coaches, participants, and all associated with the athletic program.⁷ Medical decisions made in the athletes' best interests are ultimately serving the team's best interests and thereby providing for the institution's well-being. The healthcare provider's primary responsibility is for the health and safety of the student-athlete; however, an additional responsibility is to protect their institution from liability. Shared responsibility means that roles and authorities must be distinct, defined, and *not* shared as each entity performs duty unique to their discipline.

The team physician as the final authority for medical clearance is well established in the literature and as a medicolegal principle.^{6,22} When return to play decisions are delegated to an athletic trainer, by a team physician, the team physician is still ultimately responsible. The institution must affirm, in policy and protocol, that sports medicine providers are empowered to make best-interest decisions regarding the athlete at all times and in all settings, and those decisions are authoritative and not to be ignored. This organizational principle must be clearly communicated throughout, from the top-down, both in policy and in actual practice.

Communication is essential among athlete, team physician, athletic trainer, coaches, strength coaches, parents/guardians, spouse, and administration regarding the approval for participation and injury and illness management. Sports medicine providers bound by HIPAA and FERPA must adhere to mandated guidelines. All communications must be legally compliant, accurate, and consistent. Communication policies should outline specific information that will be reported, by whom, to whom, and in what manner.

Athletes bear responsibility to report injury/illness, whether related or unrelated to sport. The athletic trainer informs the team physician, with serial communication as warranted. The athletic trainer communicates participation status to all coaches, including indicated activity limits. Coaches should notify the athletic trainer as they suspect an athlete has suffered injury, illness or other adverse condition or is having a performance or conditioning issue.

Return to play decisions in the midst of the emotion of competition should be made in an objective and unbiased fashion. Participation decisions should be based on best available evidence in balance with the sports medicine provider's experience and judgment, utilizing specialty medical expertise, as warranted.

Using objective criteria, athletes are allowed participation based on medical history, clinical evaluation and symptoms. Progressive return to play with conditioning followed by sports specific activity, limited practice, and full practice prior to competition can allow for an individualized approach as athletes advance at different rates given varying conditions and severity.²³

The athlete must be an active participant in medical decisions. Parents/guardians and spouse may be involved whether the athlete is a minor or emancipated. All sports medicine providers must clearly

communicate the short-term and long-term risks associated with continued athletic participation.²⁴ Points for discussion, as indicated, are: 1) operative and non-operative, with outcomes as known; 2) options that may delay return to play but further the athlete's best medical interests; 3) options that may hasten return to play but are not in the athlete's best medical interests. The information must be in plain and simple language so the athlete can understand any potential adverse consequences, inclusive of catastrophic consequences, and make a responsible decision.²⁵ Sports medicine providers should assess the athlete's understanding of the provided information and capacity to make the necessary decision, and assure the athlete has the freedom to choose among the medical alternatives without coercion or manipulation.

Economics has to be considered in the question of medical clearance for participation. Team physicians and athletic trainers must recognize the value of competitive athletics to the athlete. "Value" may be measured in money. At all levels, the athlete, his/her family, and interested others may weigh dreams and finances along with the short- and long-term prognosis differently than the sports medicine provider, even to the point of rejection of the athlete's best medical option.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the Secondary School Setting

Athletic trainers in the secondary school setting work in conjunction with team physicians. The team physician should be actively involved in the athletic healthcare program, across all teams, throughout the year. Athletic trainers need to develop a close working relationship with their team physician so that competent decision making occurs through a collaborative process. Additionally, the relationship must be one of mutual trust and confidence. This relationship facilitates open communication, and shared understanding of expectations of both parties. It allows the athletic trainer to truly be an extension of the team physician, operating under standing orders and following written policies and procedures, to provide the best possible care for the athletes. The team physician should be willing to communicate with the athletic trainer at any time, and make athlete evaluation and follow-up care a priority.

Students wishing to participate in sports must undergo a comprehensive physical examination.²⁶⁻³⁰ The purpose of this exam is to search for conditions which might predispose an athlete to sudden death, catastrophic injury, or significant exacerbation of a preexisting injury/illness without appropriate management or rehabilitation while participating in sports.⁰ Athletic trainers or other school personnel should hold from participation any athlete who has not provided the school with documentation verifying successful completion of the examination.

All athletic trainers should have in place written policies and procedures regarding injury management and return to play decision-making criteria. These documents may be developed jointly by the athletic trainer and team physician with the final written document approved by the team physician and with the support of the school administration. Additionally, all schools should have written emergency action plans which are practiced and followed in the event of serious injury or illness. The policies and procedures should include specific return to play protocols for concussions and other injury/illness situations. They should also indicate that the team physician and, by extension, the collaborating athletic trainer have the final and unquestionable authority regarding return to play decisions. While parents/guardians, coaches and family physicians can exclude an athlete from participation, none can overrule the exclusion decision of the team physician working with the athletic trainer. While the athletic trainer's administrative supervisor may be the athletic director,

medical supervision should rest with the team physician. Since the athletic trainer represents the interests of the school, he/she should be supported in his/her medical decisions by the athletic director and other school administrators, provided he/she follows the adopted policies and procedures.

Athletes should be encouraged to report their injuries rather than hide them. If in the opinion of the athletic trainer, an injury/illness warrants removal from part or all of the practice or competition, the athletic trainer should have the authority to do so. Communication with the coach, the athlete's parents/guardians, and in some cases the athletic director, is advised. However, communicating the injury situation with those individuals should not be misconstrued as seeking their approval to hold the athlete out of competition or practice. Parents/guardians and coaches also have the ability to hold an athlete from participation, but are not allowed to override the athletic trainer's decision to remove or hold an athlete from participation due to injury/illness.

When athletes seek medical attention outside the school's designated sports medicine providers, it is advisable for the outside provider to contact the athletic trainer. Formal methods of communication (communication forms) should be developed to facilitate this communication and the expectations of the outside medical provider. Doing so creates a dialogue between the outside provider and the school sports medicine providers, and serves to facilitate agreement regarding the rehabilitation process and return to play decisions. When the outside provider deems the athlete medically able to return to participation, it is the responsibility of the athletic trainer to further determine functional (or sport-specific) readiness to return to full participation. Athletic trainers should work cooperatively with the treating physicians and communicate frequently throughout the athlete's recovery.

Athletic trainers should recognize that physicians are the higher medical authority. The athletic trainer has an ethical obligation both to maximize the well-being of the athlete and to minimize the liability exposure of the school. Therefore, when the athletic trainer is able to document evidence of functional levels insufficient to ensure the athlete's safety, the athletic trainer should express his/her concerns both to the treating physician and to the team physician. Whether or not the treating physician agrees, authority for the final decision on the athlete's return to play should remain with the team physician. The team physician should be willing to overrule the treating physician if he/she agrees with the athletic trainer that it is necessary to restrict the athlete's participation status.

It is recommended that:

- Athletic trainers work under the direction of a team physician based on their state practice act and professional standards.
- Athletic trainers have policies and procedures which are written in conjunction with the team physician and supported by the school administration.
- Athletic trainers communicate return to play concerns with the team physician, with whom the final return to play authority rests.
- All athletes undergo a comprehensive pre-participation physical examination, and that no athlete is allowed to practice or compete until providing documentation of the examination.
- All schools with athletic programs have Emergency Action Plans that are written, posted, and practiced by all who have responsibility for the acute management of athlete's injuries/illnesses.
- All schools have an appointed or designated team physician.

- All schools with athletic programs provide an appropriate number of sports medicine providers, specifically and most appropriately athletic trainers, based on the number of athletic teams and athletes.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the College/University Setting

The sports medicine staff should have final unchallengeable authority for the health and welfare of the athletes. The athletic trainer should be appointed as a senior athletic administrator to provide for the health, safety and welfare of all athletes as well as having input into administrative areas such as budget, risk management, institutional liability, quality assurance and athlete satisfaction. This sends a clear message by the athletic director of the value and esteem for athlete welfare. As a senior administrative appointment, the athletic director shall not cede authority over sports medicine or sports medicine providers to a coach. The institution and all applicable employees should be aware of and adhere to all state regulations regarding the credentialing of all sports medicine providers.

The athletic trainer should be directed and supervised in regard to administrative tasks, by the athletic director; in regard to medical competence, by the team physician; and in regard to academic competence, by the academic department chair or dean. A coach should never be the direct supervisor of an athletic trainer due to conflict of interest issues. All institutional employment protocols and procedures for selection, evaluation, renewal, and dismissal should be followed. A clear, complete outline of the specific job expectations should be provided and understood before the employment agreement is finalized. When an athletic trainer is responsible to more than one department, a clear delineation of reporting lines, percent duty expectations, and performance appraisal weighting should be established.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the Secondary School Setting

Selection of an Athletic Trainer

If there is a head athletic trainer on staff, this individual should have significant responsibility in the hiring process within the school's policies and procedures. This includes developing the position vacancy notice, reviewing applications, checking references and confirming appropriate credentials/licenses of the candidates, as well as selecting the top applicants to begin the interview process. In the absence of a head athletic trainer, the athletic director and principal should be responsible for the hiring process, as well as the school's HR department, if applicable.

All aspects of the athletic trainer position should be addressed in the interview.³¹ These would include, but are not limited to, supervision, direction, evaluation, authority, budget, policies, protocols and applicable district, state and national laws/rules/analysis of liability and malpractice coverage. It should be noted during the interview that unquestionable final authority for rendering medical decisions should rest with the team physician or his/her designee, who could be the athletic trainer.

Retention of an Athletic Trainer

Renewal of the athletic trainer's employment should be based on a comprehensive, fair and equitable evaluation process involving all aspects of the job performance and duties. The evaluation process should be

performed by the team physician, athletic director, and principal, each evaluating competence in their areas of responsibility as outlined by Table 2.

Table 2

Team Physician	Athletic Director	Principal
Athletic training services* Education Customer service Communication skills Quality of work Job knowledge Professional conduct	Education Administrative duties Budgeting and finance** Equipment Parent/guardian and coaching education Customer services Communication skills Attendance and punctuality Professional conduct	Customer service Communication skills Attendance and punctuality Professional conduct

**possibly including involvement of the school nurse, depending on his/her level of interaction with the athletic program*

***including input from the school's business manager*

The team physician should evaluate athletic training services, and review of all non-medical duties associated with functioning as an athletic trainer should be completed by the team physician, the athletic director and/or principal or designee. In some areas of the review, the athletic director and team physician may ask for a coach's input. The coach's voice should not be the only one heard in the review process but could serve as a start of communication and dialogue. This way, conflicts of personality and lack of understanding of the athletic trainer's responsibilities will not come into play during the review process. Just as the coach would not want the athletic trainer to evaluate their ability to coach, select starting line ups or play selection, the athletic trainer does not want a coach to evaluate how an athletic trainer evaluates, manages and treats an athlete's knee injury. Situations where the athletic director is also a coach may present a potential conflict of interest. In these cases, the performance review of the athletic trainer should be the responsibility of the team physician and a suitable alternate or designee (i.e. assistant athletic director or principal).

Dismissal of an Athletic Trainer:

The periodic performance appraisal process holds employees accountable for competent performance in the following areas:¹

- Technical standards – derived from the job description
- Behavioral standards – derived from the district handbook
- Mandatory standards – applicable to all individuals
- Goals and objectives – as mutually agreed upon at the beginning of service
- Competencies – developed in accordance with the individual's job and in compliance with governing agencies that set required standards

In addition, the periodic performance appraisal process should include the following:

- Needs assessment for future educational programming
- Career development for future career aspirations
- Physical demands checklist to determine the physical requirements of each job
- Education record
- Personal note section for documentation of accomplishments/anecdotes
- Performance log for documentation of corrective action in a specified time period

An employee may appeal the review/dismissal decision to the appropriate school/medical administration within a specified time period if his/her overall performance appraisal score or any individual score is viewed as unsatisfactory.

Performance Appraisal Tools for Athletic Trainers in the Secondary School and College/University Settings

Performance Appraisal

Performance appraisals for athletic trainers in the athletic setting are an important assessment component for establishing an effective Quality Improvement Program for the sports medicine team. The goal of this section is to provide a framework and resources that enable an administrator to effectively and efficiently evaluate the performance of sports medicine staff in a manner that enhances the selection, evaluation, retention, and support required to facilitate a successful and adequate sports medicine program protecting the athletes' well-being. These program-specific tools should be in addition to the institution or school's normal human resources policies and practices.

The performance appraisal tools should be built upon established goals and job objectives for each athletic trainer and serve as a two-way document providing an open, ongoing active review process throughout the year. The appraisals should be goal-oriented, focusing not just on past performance but also on future improvement and professional development. Performance appraisals should include two main areas:

1. Individual Staff Performance
2. Athletic Training Services Metrics

Program Evaluation

Institutions/schools should have clearly written organizational charts that outline healthcare services reporting and supervision plans. All members of the sports medicine team should have clear written job descriptions that serve as a platform for developing yearly goals, benchmarks, and day-to-day job duties. These should be developed and reviewed at the beginning of the year so that staff can plan and perform their jobs effectively. Supervisors should provide timely feedback and periodic review throughout the year avoiding the one-time end of the year assessment. This written and planned process allows for open and transparent communications between staff and supervisors. Written goals and benchmarks provide a clear understanding for job success and movement toward promotion. Written job objectives can help demonstrate day-to-day workloads and priorities to athletic administrators and human resources departments.

Individual Staff Performance

Individual staff performance is best evaluated using tools available for both announced and unannounced evaluations. These tools should be designed for the specific setting (e.g. athletics, clinic, health center, hospital, academics) so that athletic directors as well as healthcare administrators feel comfortable with conducting the evaluation and interpreting the results.

The performance process should include not only tools, but also a description of the process and the roles for all of the team members—team physician, athletic director, coaches, athletes, faculty, and peer athletic trainers.

Institutions/schools should distinguish between the roles of the athletic director and the team physician in the evaluation process. There should be options for allowing athletes the opportunity to provide feedback such as through an athlete committee, a standard survey, a per-visit feedback form, or an exit interview. The goal is to allow coaches or athletes to provide valuable feedback in a manner that can lead to improvements in care and service.

Staff members should be encouraged to provide a self-assessment of their performance toward accomplishing their set goals and job objectives. This helps with the two-way communication model described above as perceptions and expectations may differ between employee and supervisors.

A supervisor should be encouraged to set one-on-one meetings with each employee to discuss the employee's goals, his/her accomplishments, continuing education, and areas for improvement. As noted throughout this section, the review process should be goal-oriented and should take place throughout the year rather than singularly at the end.

Teaching

An important component to some sports medicine programs is the education and clinical supervision of young professionals in accredited programs, in the secondary school setting or teaching related classes. Staff workloads should account for the teaching/clinical education responsibilities as well as medical care responsibilities. Many staff members within sports medicine have a faculty teaching, adjunct instructor or clinical instructor role that should be accounted for in the initial goal setting stage and in individual job objectives at the beginning of the year and should be tied directly to the instructor evaluations. These academic/clinical evaluations should be used as part of a staff member's overall performance appraisal and captured within the promotion and remediation planning and workload modifications.

Promotion and Remediation Plans

Formal performance appraisals can be used in discussions on raises, promotion, and workload modifications. Performance appraisals should include a formal remediation plan with an established timeline that is individually based for each sports medicine team member in order to correct unsatisfactory actions and seek professional development opportunities.

Athletic Training Service Metrics

It is important to consider the evaluation of the overall sports medicine program in addition to the individual staff performance measurement. Outcomes from tracking specific metrics for the medical care of

athletes provided in the sports medicine setting can provide data for administrators about the overall assessment of whether the program works and can identify adjustments that may improve the service. The results are often used to support resource allocation and other policy decisions to improve service delivery and program effectiveness. Tracking metrics could be as simple as tracking the number of visits to the facility, injury evaluations and treatment performed each year, or insurance claims processed. An example of a more complex program evaluation tool is the Recommendations and Guidelines for Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA).³² An alternative service model tool that can help demonstrate the value and performance of a sports medicine program includes the new College-University Value Model and upcoming Secondary School Value Model.³³

Self-assessment tools can be used to determine whether staff are following best practices and program policies as well as assess the adequacy of the healthcare facility. A walk-through checklist for facilities and programs can be used to evaluate and serve as a guide. Athletic trainers transitioning into a new job or job setting can benefit from this type of checklist to search for gaps in the program that should be addressed. The BOC Facility Principles checklist³⁴ or an emergency plan checklist for all athletic staff are two good examples of evaluation tools measuring program compliance and identifying areas for improvement. The Secondary School Student Athletes Bill of Rights also lists key components of a safe and effective athletic program.³⁵

Any gaps or expansions in service should follow a formal remediation plan for correcting the problems or realigning to the mission. These redirections in the program should involve a plan, timeline and process for accomplishing the new goals.

Repository for Forms

In support for all of these aspects, the NATA has created a repository of example forms, so that athletic trainers coming into a new setting will not have to start from scratch. This repository is expected to grow and will serve to provide resources for membership access and provide consistency in evaluating athletic trainers across schools and institutions.

DISCLAIMER

The National Athletic Trainers' Association (NATA) and the Inter-Association Workgroup advise individuals, schools, athletic training facilities, and institutions to carefully and independently consider the recommendations. The information contained in the document is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Workgroup advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's other statements. The NATA and the Inter-Association Workgroup reserve the right to rescind or modify their statements at any time.

Appendix 1

10 Principles to Guide Administration of Sports Medicine-Athletic Training Services¹³

1. The physical and psychosocial welfare of the individual athlete must always be the highest priority of the athletic trainer and the team physician.
2. Any program that delivers athletic training services, including "outreach" services provided to secondary schools or other athletic organizations, 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 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 an 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 athlete's injury management or sports participation status, all aspects of the care process and changes in the 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-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 healthcare expertise, particularly in the context of hiring, promotion, and termination decisions.
10. Universities, colleges, and secondary schools should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflict of interests that could adversely affect the health and well-being of athletes.

¹ Klafs CE, Arnheim DD. The science of sports injury prevention and management: Modern principles of athletic training. St. Louis MO: The C.V. Mosby Company; 1977.

² Top End Sports: The Sport and Science Resource. List of Every Sport. <http://www.topendsports.com/sport/sports-all.htm>. Accessed March 3, 2013.

³ National Federation of State High School Associations. 2011-12 high school athletics participation survey. <http://www.nfhs.org>. Accessed April 15, 2013.

⁴ Statistic Brain. NCAA College Athletics Statistics. <http://www.statisticbrain.com/ncaa-college-athletics-statistics>. Accessed April 28, 2013.

⁵ National Federation of State High School Associations. The case for high school activities. <https://www.nchsaa.org/intranet/downloadManagerControl.php?mode=getFile&elementID=7680&type=5&atomID=9981>. Accessed March 1, 2013.

⁶ Centers for Disease Control and Prevention (CDC). Sports-related injuries among high school athletes - United States, 2005-06 school year. *MMWR Morbidity and Mortality Weekly Report* 2006;55(38):1037-1040.

⁷ Datalys Center for Sports Injury Research and Prevention, pers. comm., April 15.

⁸ LaBella C, et al "A comparative analysis of injury rates and patterns among girls' soccer and basketball players at schools with and without athletic trainers from 2006/07-2008/09" AAP 2012.

⁹ American Medical Association. Policy H-470.995 Athletic (Sports) Medicine. <https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama->

assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-470.995.HTM. Updated November 2012. Accessed April 10, 2013.

¹⁰ United States Department of Labor. Bureau of Labor Statistics: Occupational Outlook Handbook.

<http://www.bls.gov/ooh/healthcare/athletic-trainers.htm>. Accessed March 3, 2013.

¹¹ Bardes CL. Defining patient-centered medicine. *N Eng J Med*. 2012; 366:782-783.

¹² Creighton DW, Shrier I, Shultz R, Meeuwisse WH, Matheson GO. Return-to-play in sport: a decision-based model. *Clin J Sport Med*. 2010; 20:379-385.

¹³ Wilkerson G. Patient-centered care and conflict interests in sports medicine-athletic training. *International Journal of Athletic Therapy and Training* 2012;17(4):1-3.

¹⁴ Board of Certification, Inc. BOC Standards of Professional Practice.

http://www.bocatac.org/images/stories/multiple_references/standard-a-professionalpractice.pdf. Implemented January 1, 2006. Accessed April 6, 2012.

¹⁵ National Athletic Trainers' Association. NATA Code of Ethics. <http://www.nata.org/codeofethics>. Implemented September 28, 2005. Accessed April 6, 2012.

¹⁶ Team physician consensus statement. *Medicine and science in sports and exercise*. Apr 2000;32(4):877-878.

¹⁷ National Collegiate Athletic Association. 2012-13 NCAA Sports Medicine Handbook. Aug 2012.

¹⁸ National Collegiate Athletic Association. 2012-13 NCAA Division I. July 2012.

¹⁹ Matheson GO, Shultz R, Bido J, Mitten MJ, Meeuwisse WH, Shrier I. Return-to-play decisions: are they the team physician's responsibility? *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Jan 2011;21(1):25-30.

²⁰ Furrow BR. The problem of the sports doctor: Serving two (or is it three or four?) masters. *Saint Louis University Law Journal*. 2006;50.1:165-183.

²¹ Ross JR, Capozzi JD, Matava MJ. Discussing treatment options with a minor: the conflicts related to autonomy, beneficence, and paternalism. *The Journal of bone and joint surgery. American volume*. Jan 4 2012;94(1):e3(1-4).

²² The team physician and return-to-play issues: a consensus statement. *Medicine and science in sports and exercise*. Jul 2002;34(7):1212-1214.

²³ Brukner P. Return to play--a personal perspective. *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Nov 2005;15(6):459-460.

²⁴ Best TM, Brolinson PG. Return to play: the sideline dilemma. *Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine*. Nov 2005;15(6):403-404.

²⁵ Mitten MJ, Mitten RJ. Legal considerations in treating the injured athlete. *The Journal of orthopaedic and sports physical therapy*. Jan 1995;21(1):38-43.

²⁶ Almquist, J., McLeod, T., Cavanna, A., Jenkinson, D., Lincoln, A., Loud, K., et al. (2008). Summary Statement: Appropriate Care for the Secondary School-Aged Athlete. *Journal of Athletic Training*, 416-427.

²⁷ American Academy of Family Physicians; American Academy of Pediatrics; American College of Sports Medicine; Bernhardt, D; Roberts, W (Editors). (2010). *Pre-Participation Physical Evaluation, 4th Edition*. Elk Grove Village, IL: American Academy of Pediatrics.

²⁸ Casa, D. J., Guskiewicz, K. M., Anderson, S. A., Courson, R. W., Heck, J. F., Jimenez, C. C., et al. (2012). National Athletic Trainers Association Position Statement: Preventing Sudden Death in Sports. *Journal of Athletic Training*, 96-118.

²⁹ Drezner, J. A., Courson, R. W., Roberts, W. O., Moresso, V. N., Link, M. S., & Maron, B. J. (2007). Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement. *Journal of Athletic Training*, 143-158.

³⁰ Herring, S. A., Putukian, M., & Kibler, W. B. (2012). Sideline Preparedness for the Team Physician. *Medicine & Science in Sport & Exercise*, 2442-2445.

³¹ Ray, Richard. Management Strategies in Athletic Training. 3rd Ed. 2005. pp 72-85, 95-110, 301-302

³² National Athletic Trainers' Association. Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics. <http://www.nata.org/sites/default/files/AMCIARecsandGuides.pdf>. June 2007. Accessed April 10, 2013.

³³ National Athletic Trainers' Association. College-University Value Model. <http://www.nata.org/sites/default/files/College-Value-Model.pdf>. Accessed April 10, 2013.

³⁴ Board of Certification, Inc. BOC Facility Principles.

http://www.bocatac.org/images/stories/resources/boc_facility_safety_1305af.pdf. Published April 2013. Accessed July 3, 2013.

³⁵ Youth Sports Safety Alliance. Secondary School Student Athletes' Bill of Rights.

<http://www.youthsportssafetyalliance.org/docs/Athletes-Bill-of-Rights.pdf>. Accessed April 10, 2013.

TAB 22

Conduct Expectations for Coaches

Preamble:

Coaches employed by or volunteering to work for the Division of Intercollegiate Athletics (“DIA”) serve highly visible and public roles as representatives of the University of Illinois (“University”). Additionally, DIA coaches serve as role models and mentors for *all* DIA student-athletes, not just the student-athletes on their teams. Therefore, it is imperative that whenever coaches represent the University in any capacity, they must: exemplify the values of honesty, integrity, and respectfulness; promote the safety and well-being of DIA student-athletes; uphold the University’s and the DIA’s commitment to providing student-athletes with a quality education; comply with all relevant rules, regulations and policies; and promote their student-athletes’ compliance with all relevant rules, regulations and policies.

To that end, the DIA has established these Conduct Expectations for Coaches to provide fundamental professional guidelines for DIA coaches.

Scope:

As used in this policy, the term “Coaches” includes all coaches, including head coaches, associate head coaches, assistant coaches, volunteer coaches and any other individual designated as a coach by a DIA varsity team.

Policy:

General Requirements:

- 1) Whenever coaches are performing their work responsibilities for the University (e.g. athletic contests, team practices and interactions with student-athletes or staff) or are, in any other way, representing the University (e.g. public events and when engaging the media), coaches shall conduct themselves with dignity and respect consistent with the standards set forth in this policy.
- 2) Coaches shall avoid using excessive profane language or vulgar gestures.
- 3) Coaches shall not demean or belittle: University student-athletes, employees or representatives; employees or student-athletes of other universities or colleges; referees or other officials; fans; and members of the public.
- 4) Coaches shall model fair play and sportslike¹ behaviors for all student-athletes.
- 5) Coaches shall establish an ethical standard for their team which requires that all members of the team (including student-athletes and any employees reporting to the coaches, including other coaches) comply with both the letter and the intent of all applicable federal and state laws and all applicable NCAA, Big Ten, University and DIA rules, regulations and policies.
 - a) Coaches shall also set an ethical standard for all members of the team (including student-athletes and any employees reporting to the coaches, including other coaches) of immediately reporting any actual, perceived or potential violations of such laws, rules, regulations and policies through the appropriate reporting mechanisms.
- 6) Coaches shall fully cooperate with all NCAA, Big Ten, government (local, state or federal), law enforcement (local, state or federal), University and DIA investigations.

¹ The Big Ten adopted the term “sportslike behaviors” in Principle 9 of *The Big Ten Conference Statement of Guiding Principles*.

Treatment of student-athletes:

- 7) Coaches shall not discriminate against or harass any student-athlete because of that student-athlete's race, religion, age, disability, gender, sexual orientation or any other category protected by the federal government, the State of Illinois, or the University.
- 8) Coaches shall not engage in threatening, abusive, or demeaning physical or verbal conduct towards student-athletes.
- 9) Coaches shall only engage in physical contact with student-athletes when such contact is necessary for instructional purposes, or in occasional appropriate supportive or congratulatory situations.
- 10) Coaches shall not require student-athletes to perform physical acts that:
 - i) are not relevant to the student-athlete's sport but are, instead, intended to embarrass or degrade the student-athlete; or
 - ii) compromise the health and safety of the athlete or are in conflict with restrictions or guidelines established by the medical or training staff.
- 11) Coaches' verbal interactions with student-athletes shall be for instructional and motivational purposes. Coaches shall not:
 - i) excessively single out a student-athlete through negative interactions; or
 - ii) isolate a student-athlete by ignoring him or her.
- 12) Coaches shall not allow or support in any way, indirectly or directly, hazing as defined by law, or University and DIA policies. Further, coaches will support and promote the University's and the DIA's anti-hazing initiatives.

Managing student-athlete academic welfare:

- 13) Coaches shall promote and enforce policies that support their student-athletes' academic success and progress towards completion of their degrees.
- 14) Coaches shall not exert pressure on any University employee to give a student-athlete special consideration regarding any aspect of the student-athlete's admission standards or academic responsibilities or requirements.
 - a) Coaches must route all communication regarding the admission status of prospective student-athletes through the Associate Athletics Director, Academic Services or his/her designee.
 - b) Coaches must route all communication regarding the academic performance of student-athletes through the Associate Director of Athletics, Academic Services or his/her designee.

Managing student-athlete health and athletic welfare:

- 15) Coaches will collaborate with strength coaches and athletic trainers to create practice workouts that are efficient and adhere to sound safety, hygiene, conditioning, and hydration principles. Such practice workouts must also take into account weather and facility anomalies.
 - a) If a strength coach or athletic trainer disagrees with a coach on an issue related to an activity's impact on a student-athlete's health or safety, the activity must be suspended until the advice of a team physician can be obtained and considered.
 - b) In such cases of disagreement, the coach may request a meeting with the Athletic Director or the sports administrator (or both), the team physician, the strength Coach and/or the athletic trainer to determine an appropriate course of action.
 - i) The team physician shall have the final decision in such matters.
 - c) Coaches are prohibited from attempting to inappropriately or improperly influence any member of the medical or athletic training staff regarding the medical treatment or playing/practice status of a student-athlete.

- 16) Coaches who believe that a student-athlete is suffering physical harm during a physical activity, shall end the student-athlete's participation in the physical activity immediately and have the student-athlete seek medical attention either from the trainer or a doctor.
- 17) Coaches shall take an active role in preventing and addressing drug, alcohol and tobacco abuse by their student-athletes.

Managing student-athlete discipline:

- 18) Coaches shall apply DIA and team rules and regulations fairly to all student-athletes on the same team without preferential treatment of any student-athlete.
- 19) When disciplining student-athletes, coaches shall follow the discipline process outlined in the Student-Athlete Code of Conduct.
- 20) Student-athletes violating the University of Illinois Student Code are subject to discipline by the University. Any sanctions imposed against a student-athlete by the DIA for violations of the Student-Athlete Code of Conduct shall be in addition to any actions taken or sanctions imposed by the University.
- 21) Coaches shall not exert pressure on any University employee to give a student-athlete special consideration regarding any aspect of the disciplinary process for violations of the Student Code.
- 22) All communication between coaches (or any other DIA employee) and any University official involved with the investigatory or disciplinary processes concerning allegations of one or more student-athlete's violation of the student code shall be routed through the DIA Director (or his/her designee) except those occurring when:
 - a) At a student-athlete's request, a coach attends a disciplinary proceeding with the student-athlete as an advisor pursuant to the [Student Disciplinary Procedures](#)² as authored and authorized by the Senate Committee on Student Discipline; or
 - b) A University official directly contacts a coach in an investigation regarding whether a student-athlete has violated the Student Code.
- 23) Coaches who become aware of alleged violations of the Student Code by one or more DIA student-athletes shall promptly report such information to the Director of Athletics (or his/her designee) for referral to the appropriate University official.

Coaches with employment contracts:

- 24) Nothing in this policy shall limit or abrogate any term or condition in any employment contract between the University and any coach.

Issued: *August 1, 2015*

Revised: N/A

² http://www.conflictresolution.illinois.edu/student_discipline/default.asp

TAB 23

THE BIG TEN CONFERENCE
STANDARDS FOR SAFEGUARDING
INSTITUTIONAL GOVERNANCE OF
INTERCOLLEGIATE ATHLETICS

Introduction

The Big Ten Conference's history demonstrates that high-level athletic programs can be successfully maintained at top research universities and advance the mission of such universities. Incorporating athletic competition within the broader framework of higher education also presents challenges, however, particularly given the visibility of intercollegiate athletics and the passion it engenders. Good governance of athletics within the structure of each Big Ten Conference Member Institution is essential to manage these challenges. The public's trust in a Member Institution and the value of its intercollegiate athletics program are eroded when the Institution fails to implement sound governance principles applicable to its athletics programs, principles that are reflective of those applied to its academic programs and consistent with the values of higher education.

While not alone in this regard, Big Ten Member Institutions have experienced lapses in achieving sound governance of their athletic programs. All Member Institutions are affected when any Member Institution fails to maintain proper control over its intercollegiate athletics programs. Recognizing this, the Big Ten Council of Presidents/Chancellors (COPC) directed the Conference "to initiate an immediate review of the fundamental issues and systems affecting intercollegiate athletics, including the serious issues relating to control of athletics."

Institutions that affiliate in an athletics conference should have common values and common objectives. The Conference's attention to maintaining institutional integrity and earning public trust predates the activities of the NCAA, which did not begin in earnest until the 1960's. Members of the Big Ten Conference have traditionally come together to deal with important matters of common concern. For example, in 1972, the Conference formed an Advisory Commission on the Integration of African-American Athletes to advance their opportunities for participation in intercollegiate athletics at Member Institutions. In 1992, the Conference was a national leader in adopting measures and making concerted efforts to advance gender equity of student-athletes at the Member Institutions. The Conference has had a long history of establishing academic standards governing eligibility of student-athletes, and the Conference office and the Member Institutions have regularly interacted in a constructive manner to improve practices at Member Institutions, especially those involving academic and compliance matters. Conference attention to the integrity of the governance of athletic programs is clearly consistent with this tradition.

The Risks Associated with Failure to Implement Good Governance Policies

To be successful in their objectives, Member Institutions depend in large measure on public trust and confidence. The failure effectively to govern any part or program of the Institution, including athletics, undermines public trust and confidence in the Institution.

Because of the high level of public interest in Big Ten sports, the risks of departures from good governance procedures in athletics are significant, and the impact of such departures on public trust and confidence may prove to be severe.

The loss of public trust in a Member Institution because of governance problems affecting its athletics programs has many negative consequences:

- the reputations of the individual Member Institution and all other Member Institutions in the Conference are damaged;
- injury to reputation reduces support for athletics and other programs among the Member Institution's various constituencies (faculty, staff, students, alumni, donors, fans, legislators, and the general public);
- lack of public confidence invites outside intervention in the Member Institution's affairs;
- student-athletes may lose opportunities for lessons in teamwork, effort, fair play, and the pursuit of excellence because of program-related sanctions;
- the Member Institution may suffer financial losses and additional costs when it is difficult for the Institution to absorb them.

The visibility, competitiveness, and passion associated with intercollegiate athletics combine to create a high-risk, high-reward environment which places great pressures on good governance procedures. At Member Institutions, athletics departments are expected to produce revenue streams through successful sports programs that will be sufficient to fund broad-based athletic programs without additional institutional support. Fans and boosters have high expectations and higher hopes, coaches and administrators seek the job security winning programs provide, the extraordinary popularity of athletics grows every year, and the financial consequences of success and failure are very high, both individually and institutionally. Fans or boosters, in pursuit of personal agendas or through a misplaced desire to "help" their favorite programs, are drawn to interact with coaches and student-athletes in ways that may circumvent ordinary procedures or violate the rules governing athletics. Some participants, by their celebrity status, obtain concentrated power far beyond that held by other employees or students. Successful coaches, major donors, and other persons of influence can seek to circumvent normal lines of authority and to exercise undue and improper influence over the actual responsible or accountable decision-makers. All of these problems are exacerbated if authority over athletic decision-making is unclear or is not formalized in official institutional policies.

For all of these reasons, the COPC proposes to address collectively the issues of integrity in intercollegiate athletics by encouraging the adoption by Member Institutions of clearer governance standards and to engage the Conference office to assist Member Institutions in implementing these standards.

Basic Principles

The Big Ten Conference Standards for Safeguarding Institutional Governance of Intercollegiate Athletics (Conference Standards) conform to the following basic principles:

1. Conference policies for governance of athletics should reflect a common commitment to integrity and good governance practice while recognizing the autonomy of the Member Institutions in fashioning their own organizational structures and allocating authority, responsibility, and accountability to their own officials.
2. Each Member Institution should have a set of governance standards that clearly define the authority over, and responsibility and accountability for, the governance of its athletic programs. Each Member Institution should be expected to comply fully with its own standards.
3. Intercollegiate athletics is an integral part of each Member Institution. Accordingly, athletic governance should be consistent with, and not independent from, the governance applicable to other university units and programs. For example, each Member Institution in the Big Ten provides that the President or Chancellor of the Institution is the chief executive officer and is responsible and accountable for the general administration of the Institution, subject to the general oversight of a Governing Board or a Systems Administration or both. Absent specific policies to the contrary, the President or Chancellor should, therefore, be the responsible and accountable officer for decisions made with respect to athletics.

Organizational Governance Standards

Each Member Institution shall have written standards relating to the allocation of authority, responsibility, and accountability for intercollegiate athletics at its Institution. These standards shall prescribe the governance structure for athletics at the Member Institution. It is anticipated that, at a minimum, the standards shall:

1.
 - a. Provide, expressly or by general description, that the President or Chancellor, subject to the general oversight of the Governing Board or Systems Administration or both, and working within the constructs of the principles of shared governance held by each Member Institution, has ultimate authority, responsibility, and accountability for the administration of intercollegiate athletics, and
 - b. State any exceptions to this authority, responsibility, or accountability.
2.
 - a. Provide, expressly or by general description, that the President or Chancellor has delegated authority, responsibility, and accountability for the administration of the Athletics Department to the Athletics Director, and
 - b. State any exceptions to that delegation.

3. State the role and responsibility of any other institutional officer, board, or committee with responsibility for issues relating to intercollegiate athletics, including those officers, boards, or committees who or which play an advisory role to the Athletics Director or to the President or Chancellor relating to intercollegiate athletics.
4. Establish procedures to implement the expectation that those with authority and responsibility to govern the athletic programs of the Member Institution do so without improper influence from others within or outside the Institution.

Operational Standards for Athletics

The integrity of the governance of a Member Institution's intercollegiate athletics program is threatened when improper influence is brought to bear on Member Institution officials to make a decision that is not in the best interest of the Institution or, in more egregious cases, that violates the Institution's, the Conference's, or the NCAA's rules. Certainly, the line between providing advice or appropriate advocacy on the one hand and undue or improper influence on the other is not a bright one, but, at one time or another, that line has been crossed at various Member Institutions. Operational standards that address the exercise of improper influence on important decision-making affecting athletic programs at each Member Institution should reduce the risk that such situations will recur.

Each Member Institution shall, therefore, have written standards with respect to the operation of its Athletics Department and units within the Institution that interact with its Athletics Department. The purpose of these operational standards shall, at a minimum, be to:

1. Assure that the unit that provides academic support services for student-athletes operates without undue influence by Athletics Department staff, including coaching staff. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from: (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the academic support staff, and (ii) attempting to influence inappropriately any member of the academic support staff or any faculty member in order to obtain or maintain the academic eligibility of a student-athlete.
 - b. Detect and prevent (i) academic fraud and misconduct, and (ii) abusive use of independent study or clustering of student-athletes in particular courses or majors.
 - c. Provide student-athletes with academic support and counseling that is adequate and appropriate for their progress toward a degree and graduation.
 - d. Route communications between Athletics Department staff and faculty regarding student-athletes' performance in classes through the Director of Academic Support Services or his/her designee(s) or through the FAR.

In addition, good practice suggests that the Director of Academic Support Services should report to an academic administrator outside the Athletics Department, such as the Provost or FAR, either exclusively or as a dual report to that administrator and the Athletics Director.

2. Assure that the units that enforce compliance with the rules and regulations of the Member Institution, Conference, and NCAA have sufficient independence from athletics staff to meet their responsibilities. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the athletics compliance staff, and (ii) attempting to influence inappropriately any member of the athletics compliance staff.
 - b. Detect and prevent breaches of the Institution's, the Conference's, and the NCAA's rules.
 - c. Provide adequate and appropriate athletics compliance staffing for the Institution.

In addition, good practice suggests that, for oversight purposes, the Director of Compliance should report to an administrator outside the Athletics Department, such as the Campus Compliance/Integrity Officer, General Counsel, or FAR, either exclusively or as a dual report to that administrator and the Athletics Director.

3. Assure that the admission process for student-athletes is essentially the same as that for other applicants with special talents. Each Institution's operational standards shall, therefore, be designed to:
 - a. Place final decision-making authority for the admission of student-athletes in the same office that admits other undergraduate applicants to the Member Institution.
 - b. Route all communications regarding prospective student-athletes between Athletics Department staff and the admissions office through the Athletics Director or his/her designee(s).

In addition, good practice suggests that the Director of Admissions should notify the President or Chancellor or his/her designee(s) of any inappropriate communication relating to the admission of a prospective student-athlete received from any booster or official of the Member Institution or from any staff member in the Athletics Department.

4. Assure that student-athletes are subject to general disciplinary rules and codes of conduct applicable to other students at the Member Institution. Each Institution's operational standards shall, therefore, be designed to:
 - a. Apply such rules and codes, including the same procedures and sanctions, as well as any Athletics Department policies applicable specifically to student-athletes and any team rules, to student-athletes.
 - b. Route communications regarding student-athletes between Athletics Department staff and student disciplinary staff through the Athletics Director or

his/her designee(s).

In addition, good practice suggests that the Dean of Students or his/her designee should notify the President or Chancellor or his/her designee(s) of any inappropriate communication on behalf of a student-athlete in connection with a disciplinary decision, especially if that communication is from a booster or official of the Member Institution or from any staff member in the Athletics Department.

5. Assure that the medical and athletic training staff who provide medical services to student-athletes are able to exercise their best professional judgment in caring for student-athletes. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from (i) having direct responsibility for, or exercising undue or improper influence over, the hiring or supervision of any member of the medical or athletic training staff who works with the coach's own team, and (ii) attempting to influence inappropriately any member of the medical or athletic training staff regarding the medical treatment of a student-athlete.
 - b. Allow for effective implementation of and adherence to institutional policies, procedures, and/or protocols regarding student-athlete concussions.
 - c. Place priority on the student-athlete's health over other considerations.

In addition, good practice suggests that the Director of Sports Medicine Services should report to an academic or medical administrator outside the Athletics Department, either exclusively or as a dual report to the administrator and the Athletics Director.

6. Assure that the process for determining an institution's cost of attendance for student-athletes is essentially the same as that for all students, and that the unit that determines an institution's cost of attendance values for financial aid purposes operates without undue influence by Athletics Department staff, including coaching staff. Each Institution's operational standards shall, therefore, be designed to:
 - a. Prevent coaches from attempting to influence inappropriately any member of the financial aid staff in order to adjust an institution's cost of attendance values to better serve recruiting or other athletically related interests.
 - b. Route all communications regarding financial aid between Athletics Department staff and the financial aid office through the Athletics Director or his/her designee(s).

In addition, good practice suggests that the Director of Financial Aid should notify the President or Chancellor or his/her designee(s) of any inappropriate communication relating to financial aid policy received from any booster or official of the Member Institution or from any staff member in the Athletics Department.

Enforcement of the Policies

The Member Institutions recognize that the integrity of the governance of intercollegiate athletics is important for the Conference as well as for intercollegiate athletics generally and that failures of one Member Institution affect the reputation of all Member Institutions. Accordingly, the Member Institutions agree to the following relating to enforcement of these Conference Standards:

1. **Annual Review - Members.** Each Member Institution will conduct an annual internal review of the effectiveness of the standards it has implemented in fulfillment of these Conference Standards.
2. **Reports to/by Conference.**
 - a. After conducting its internal review, each Member Institution will report annually to the Conference on how it is achieving compliance with these Conference Standards and taking action to avoid governance-related problems in athletics. It will attach to that report copies of the standards it has implemented in fulfillment of these Conference Standards. Each Member Institution will also submit copies of any revisions to its standards to the Conference within thirty (30) days after their adoption.
 - b. After reviewing the reports from the Member Institutions, the Conference will prepare a summary in which it will draw on the reports to provide information to the Member Institutions that will assist them in complying with these Conference Standards. The Conference will submit the summary to the COPC for review and discussion at a COPC meeting. The Conference summary may include recommendations for changes in the Conference Standards for consideration by the COPC.
3. **Compliance.**
 - a. Each Member Institution will comply with the standards it has implemented in fulfillment of these Conference Standards.
 - b. If the Conference receives a report or allegation that a Member Institution is not in compliance with these Conference Standards, (i) it shall so advise the Member Institution and require that it file a detailed response to the report or allegation, including means to achieve compliance if the Member Institution determines that the report or allegation is, in one or more respects, accurate; and (ii) it may conduct its own investigation of the report or allegation. The Member Institution will cooperate with the Conference's investigation.
 - c. Each Member Institution will report to the Conference any violation of the standards it has implemented in fulfillment of these Conference Standards.

4. Enforcement.

- a. Informal Actions. The purpose of these Conference Standards is to enhance the integrity of the governance of intercollegiate athletics among the Member Institutions. In the event a Member Institution does not achieve complete compliance with these Conference Standards, the initial response should be that the Conference and the Member Institution engage in constructive conversations whose goal is greater compliance with these Conference Standards by the Member Institution.
- b. Formal Actions. In cases where a Member Institution persistently fails to comply with these Conference Standards, the Commissioner may recommend corrective action to the COPC. The COPC may request information from the Member Institution, which the Member Institution will provide, and the Commissioner, may, if so instructed by the COPC, conduct a more formal hearing on the matter. The COPC may adopt the Commissioner's recommendation or any other corrective action designed to enhance the Member Institution's compliance with these Conference Standards. Such corrective action may include:
 - i. Financial penalties, including a reduction of Conference distributions.
 - ii. Probation, under terms that reasonably relate to correcting the failure to comply.
 - iii. Suspension from participation in a particular sport, or from membership in general, for a stated period of time.
 - iv. Expulsion from membership.

The Big Ten Conference is a voluntary association of Member Institutions. The Conference Bylaws provide that suspension of membership, expulsion from the Conference, or placement on probation each requires a vote of at least 70% of the Membership. It is extraordinarily unlikely that a Member Institution would be expelled unless the failure to comply with these standards was so persistent and serious that it indicated the Member Institution no longer subscribes to the common values and objectives of the Conference and the other Member Institutions.

5. Effective Date

These Conference Standards were approved by the COPC on June 1, 2014 effective for the Conference and all Member Institutions on August 1, 2015. Between the approval date and the effective date, the Conference will assist each Member Institution in preparing to comply fully with the Conference Standards as of the effective date.

TAB 24



Published on Sports Management Resources
(<http://www.sportsmanagementresources.com>)

[Home](#) > [Library](#) > Sample Policy: Ethical and Professional Conduct of Athletic Department Employees

Sample Policy: Ethical and Professional Conduct of Athletic Department Employees

By Donna A. Lopiano
Created 11/22/2011 - 02:08

Ethics Personnel Issues

Note: The following sample policy is an excerpt from a prepublication manuscript: Lopiano, D.A. and Zotos, C. (Publication 2014) The Athletics Director's Desk Reference. Champaign, IL: Human Kinetics. Do not use this sample policy without customizing for your institution, and if necessary, having the document reviewed by institutional legal counsel or higher administration to ensure consistency with local, state, and federal laws and institutional policy.

1.0 General Institutional Rules and Regulations. Continued employment is conditioned on each athletics department employee conducting himself or herself in compliance with institutional and athletics department regulations related to ethical and professional conduct as explicitly defined in the University Handbook and Athletics Department Manual.

2.0 Confidentiality. The athletics department collects information on a variety of constituents as defined below and views this information to be confidential, whether pending, historical, or active. In addition, the department creates many proprietary documents. Discussing this information or copying, distributing, removing, or allowing access to this information by unauthorized persons inside or outside the department is strictly prohibited and may result in termination of employment. If unsure of whether or not information is considered confidential, the employee should ask his/her immediate supervisor. Information that must be protected is listed below.

- All employee personnel records.
- All academic, behavioral, financial, or medical records (both physical and mental) of prospective or current student-athletes, as well as issues that affect eligibility or personal issues revealed by student-athletes or others.
- All alumni, ticket purchaser and donor information including, but not limited to, data base contents (i.e., name, address, degrees conferred, credit card information, etc.), amount of money spent or donated, seat placement or awarding of benefits, history of purchases or giving, and the like.
- All vendor, corporate sponsorship, and media agreements.
- All internal budget and financial documents and decisions.
- Other information that would be deemed proprietary, such as grant applications, to the department or the institution.

There is information that is not deemed confidential and is categorized as public information under government statutes such as the annual Equity in Athletics Disclosure Act Report or the Open Records Act. However, distribution of that information is controlled through the Office of the Athletics Director. Therefore, requests for data or reports that are considered public information

must be forwarded to that office and may not be distributed by any other staff member. Failure to comply with these confidentiality policies may result in immediate termination of employment.

3.0 **Obligation to Comply With NCAA and Conference Rules.** Continued employment is conditioned on each athletics department employee conducting himself or herself in compliance with NCAA and conference rules as defined in NCAA and conference rules manuals, the athletics department policy manual, educational materials and rules updates distributed during the course of the year. Employees in violation of such rules and policies may be subject to disciplinary or corrective actions as appropriate under the applicable rules, regulations bylaws, and policies, including termination of employment. In addition, any employee who becomes aware, or has reasonable cause to believe, that violation(s) of such rules may have taken place by any employee, student-athlete or representative of athletics interests, shall report the same promptly to the Associate Athletics Director for Compliance. Failure to report shall be considered a serious violation of athletics department policy. The refusal of any employee to respond fully and accurately or to appear upon request during investigations of rules violations by the institution or governance associations of which the institution is a member shall also be considered a serious violation of athletics department policy.

4.0 **Sexual Harassment.** Under Title VII of the Civil Rights Act and Title IX of the Education Amendments Acts of 1972, sexual harassment (including all forms of sexual violence) is an illegal form of sex discrimination. Therefore, all employees are protected from sexual harassment by federal law and all employees are strictly prohibited from engaging in any form of sexual harassment affecting student-athletes or other employees.

4.1 **Cause for Termination.** Employees engaging in sexual harassment shall be subject to immediate termination of employment. Examples of behaviors that would constitute sexual harassment include sexually abusive jokes, physical contact, sexually graphic literature, sexual advances, demands for sexual favors, and any other behavior with sexual overtones that creates a hostile work environment. Sexual harassment also includes all forms of sexual violence such as sexual assault, sexual battery, rape, and sexual coercion.

4.2 **Zero Tolerance.** Sexual harassment will not be tolerated by any employee, supervisor, student-athlete, or any third party individual who is on-site at the institution. If observed, employees shall immediately act to stop such behavior and report such behavior to their respective supervisors.

4.3 **University Complaint Procedure.** The University complaint procedure for reporting sexual harassment, which includes multiple avenues to report cases of sexual harassment to neutral persons outside their department (i.e. human resource director, sexual harassment counselor, school psychologist, etc.) shall be used. No separate or additional procedure is conducted by the athletics department. The University complaint procedures also include the provision of information to the victims regarding resources for personal counseling.

4.4 **Confidentiality.** All sexual harassment complaints remain confidential and no punitive action will be taken against anyone who files a sexual harassment complaint.

5.0 **Professional Conduct and Inappropriate Relationships.** Employees, volunteers, or others who have authority over subordinates or who provide professional services to student-athletes must exhibit the highest standard of impartiality and professional treatment. Having a sexual, intimate, romantic, or similar close personal relationship with individuals over which a person has an instructional or service responsibility creates the appearance or actuality of favoritism and special treatment which is professionally unethical and unacceptable and is expressly prohibited. Examples of other professionally inappropriate behaviors expressly prohibited include:

- Staff performing back rubs or massage on a student-athlete (must be performed by a licensed allied health professional approved by the institution) or employee
- Kissing
- Frequent touching that is non-instructional, non-celebratory
- Commenting on student-athletes' or employees' bodies or appearance in a sexual manner
- Exchanging romantic gifts or communications
- Showing obscene or suggestive photos
- Videotaping or photographing student-athletes or employees in revealing or suggestive poses
- Discussing/writing about sexual topics unrelated to curriculum of student-athletes or work responsibilities of employees
- Making sexual jokes, sexual gestures, and innuendos or engaging in inappropriate sexually oriented banter with student-athletes or employees (e.g. discussion of dating behavior).
- Sharing the staff member's own sexual exploits or marital difficulties
- Intentionally invading the student-athlete's or employee's privacy during non-working hours or outside of regularly scheduled practice and competition
- Using e-mail, text-messaging, or instant messaging to discuss sexual topics with students or employees

Such unprofessional behaviors or sexual or romantic personal relationships undermine the trust in the supervisor and belief that the student-athlete or employee will be treated impartially. Employees engaging in such unethical conduct shall be subject to immediate termination of employment.

5.1 Relationships With Subordinates. Employees who have supervisory responsibilities may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with subordinates (including student managers, student trainers, student tutors, graduate coaching assistants, etc.), regardless of the age of the subordinate or even if the relationship is consensual.

5.2 Relationships with Student-Athletes. Employees who have direct service relationships with student-athletes (coaches, athletics trainers, allied health professionals, academic and student life program support program staff, including tutors, etc.) may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with student-athletes regardless of the age of the student or whether such relationship is consensual.

5.3 Student-to-Student Relationships. In situations in which students have authority or service relationships over other students (student coaches, student managers, student tutors, student trainers, etc.), such student workers may not engage in such professionally inappropriate conduct or sexual or romantic (dating, amorous) relationships with student-athletes regardless of the age of the student or whether such relationship is consensual. Student workers in these authority relationships should consult with their supervisor if such sexual or romantic relationships with other students exist to ensure that they are not assigned to have authority over or provide service to such student-athletes. This is an important lesson in removing conflict of interest and demonstrating professionalism that supervisors are required to discuss with students who may be in this situation.

6.0 Conflict of Interest. It is the policy of the University and the athletics department to conduct business in an ethical manner. All employees are obligated to avoid any actions that might result in or create the appearance of:

- using the association with the University for private gain;
- preferential treatment to any outside person or organization;
- impeding the efficiency or economy of the University;

- loss of independence or impartiality;
- affecting the public confidence in the integrity or the reputation of the University;
- endangering the life, health, or safety of anyone.

No person shall have direct or indirect interest in or relationship with any outside business, organization, or person that might affect (or that might reasonably be understood or misunderstood by others as affecting) the objectivity or independence of his or her judgment or conduct in carrying out the duties and responsibilities he or she has in connection with University activities.

6.1 Third Party Agent. Anything which could constitute a conflict of interest or unethical conduct on the part of any Person is also a conflict of interest if knowingly engaged in through a third party such as a spouse, a family member or other persons or organizations.

6.2 Circumstances. Circumstances in which a conflict of interest would arise include:

- material and direct personal involvement with vendors, suppliers, contractors, with whom the University does business;
- ownership of a material interest in such an entity;
- acceptance of material payments, services or loans from such an entity;
- ownership of property affected by University action or acquired as a result of confidential information;
- outside employment which might materially impact job performance or efficiency;
- outside activities in civic, professional or political organizations which might involve improper and unauthorized divulging of University or athletics department data.

6.3 No Knowledge. Nothing in this policy statement is intended to characterize a relationship or involvement as a conflict of interest or as unethical conduct on the part of any individual if the individual has no actual knowledge of such a relationship or involvement. Also, any individual whose sole relationship with the University or athletics department is membership on any advisory committee and who is not directly involved in negotiations with third parties on behalf of the University or the athletics department shall not be subject to the provisions of this policy.

6.4 Prohibited Use of Information. No employee should use for his or her personal gain information obtained through his or her association with the Institution, the athletics department, or other associated groups such as boosters, corporate sponsors, etc.

6.5 Disclosure. It is the responsibility of each employee, upon knowledge of any violation of the guidelines stated above or situation which could potentially be in violation of these guidelines, to report such situations to the Athletics Director.

6.6 Improper Use of Assets and Record Keeping. All employees are responsible for preventing the loss, damage, misuse or theft of property, records, funds or other assets belonging to the University. All assets of the University, including its facilities, are to be used exclusively for conducting University activities and are not otherwise to be sold, given away, used personally or disposed of.

6.7 Proper Use of Funds. Proper use of funds of the University is a fiduciary responsibility. No employee shall make any illegal or unethical payments (including bribes, kickbacks, graft, unauthorized commissions or finder's fee) from the assets or resources of the University, or otherwise.

6.8 Gifts and Gratuities. No employee shall encourage or accept gifts or gratuities for themselves, their families or friends from any outside person or organization having, or seeking to have, a relationship with the University. Notwithstanding such a basic policy, if any person should receive any unsolicited gifts or gratuities with the value in excess of \$100, such gifts shall be

construed to be a contribution to the University and shall be immediately turned over to the University through the Associate Athletics Director for Development as a contribution from the original source. Unsolicited gifts or gratuities of less than \$100 may be retained but shall be fully disclosed to the Athletics Director.

6.9 Entertainment and Favors. No employee shall encourage or accept entertainment or other unusual favors (loans, services, compensation, etc.) in excess of \$100 in any form for themselves, their families or friends, from any person or organization having, or seeking to have, a relationship with the University. However, minor business courtesies such as payment for normal meal costs are permitted when arising from business connected with the activities of the University. Entertainment with an individual valued in excess of \$100 shall be fully disclosed to the Athletics Director. No employee should give from the assets belonging to the University any gifts, gratuities or entertainment in excess of \$100 to outside persons or organizations unless approved by the Athletics Director according to University policies, procedures and disclosure requirements. However, minor business courtesies such as payment of normal meal costs are permitted when arising from business connected with the activities of the University. Entertainment with an individual value in excess of \$100 shall be fully disclosed to the Athletics Director. Accurate and complete records shall be maintained with respect to any gift, gratuity, or entertainment described above.

6.10 Political Contributions. Neither the University nor any employee shall allow its assets to be used or shall make any direct or indirect payments on behalf of the University or the employee to any federal, state or local political entities or individuals for the purpose of influencing or appearing to influence legislation, benefitting or appearing to benefit elected or appointed government officials, or governmental decisions or for the purpose of:

- aiding in the election or defeat of candidates for office;
- influencing any act or decision of an official in his or her official capacity, including failure to perform his or her official function;
- inducing an official to use his or her influence to affect or influence any act or decision of another official;
- any other illegal or improper political purpose.

6.11 Influencing University Decisions. No employee shall succumb to domestic and foreign political pressures or other forces, such as direct or indirect payments, from outside the University which are received with the purpose of influencing University decisions, actions or inactions in a manner other than in accordance with University authorization.

6.12 Acceptance of Honoraria and Other Forms of Outside Employment. Receipt of honoraria by any employee speaking on behalf of or representing the University or the athletics department shall be prohibited based on the belief that employees should not utilize the organization for private gain. Any honoraria received in the performance of such duties should be signed over to the University. However, if a University employee or other person is asked to give a presentation or perform consultant services based on the professional expertise of the individual as opposed to their position as a representative of the University, they may participate in such activities and receive expenses and/or honorarium or fee for such services from the sponsoring agency as long as the University employee: (1) utilizes a vacation day if such outside employment or activity occurs on a regular working day, and (2) receives prior approval from the University in order to establish that participation in such outside employment or activities is not related to his or her duties as a representative of the University.

7.0 Personal Conduct and Responsibility. Employees are to conduct their personal business so as not to bring discredit to themselves or to the University. The athletics department shall not act as a collection agency or be involved in determining the validity of contested debts on behalf of its

staff members. Members of the staff are expected to establish and maintain a standard of behavior which brings credit to themselves and to the athletics department. The following guidelines for personal conduct, while not all inclusive, have been established for staff members:

- Act with good judgment, discretion and integrity both on and off the job;
- Represent the University and the athletics program with dedication, enthusiasm and loyalty;
- Treat all persons with courtesy, friendliness and respect for their personal dignity;
- Do not discriminate against any individual by reason of race, gender, creed, color, national origin, age, handicap or sexual orientation;
- Dress appropriately in the office and on the field as specified by the athletics department Appearance Code; and
- Maintain scheduled office hours throughout the year, including off-season periods and student vacation breaks.

In the event of a conflict or disagreement with another department employee, the involved employees shall follow the department's conflict resolution policy and procedures

8.0 Well-Being of Student-Athlete. Coaches and other athletics department employees may have a direct impact on the behavior, personal development and quality of life of University students and student-athletes. Accordingly, coaches and staff should conduct themselves in a manner consistent with the University's philosophy to advance the education, interests, and well being of students and student-athletes. Although specific responsibilities are described in individual job descriptions, general responsibilities are as follows:

8.1 Recruiting. All coaches and other employees must adhere to NCAA and conference recruiting guidelines and are not permitted to recruit student-athletes under false or misleading pretenses, or by offering inducements that are violations of any governing authority's regulations.

8.2 Academic Affairs. The primary objective of the athletics program is to help each student-athlete complete a degree. Employees involved in the area of academic support must conform to guidelines that limit permissible forms of assistance to student-athletes in fulfilling their academic requirements.

8.3 Physical and Psychological Well-Being. Employees shall act in ways that support the physical and psychological well being of the student-athlete with regard to instructional methodology, the design of training and conditioning programs, and adherence to department policy regarding medical treatment, rehabilitation and decisions related to return to competition.

9.0 Supportive Staff/Coach Relationships. Coaches are not permitted to put pressure on support staff to behave in certain ways or to change a decision that creates ethical conflict, especially in the areas of rules compliance, academic support services, and sports medicine. These are areas where pressure and unethical decisions can bring about the greatest amount of risk to student-athletes, to the department, and to the institution. The athletics department will not tolerate any behavior that creates pressure on support staff or undermines their authority, their expertise, or their right to execute their responsibilities. More specifically, coaches are expected to:

- Demonstrate full support of decisions related to an athlete's eligibility to participate in practice or contests that are made by the sports medicine staff, the compliance staff, the academic support staff, or any other staff member who has the right and responsibility to execute such a decision.
- Report athletes injuries, physical or emotional illnesses, academic issues, possible rules violations, behavioral transgressions, and the like to the appropriate support staff or administrator even if the result makes the athlete ineligible to participate.

- Encourage rather than discourage athletes to work with support staff regarding injuries, illnesses, academic issues, possible rules violations and the like even if the result would make the athlete ineligible to participate.
- Refrain from criticizing support staff or administrators to athletes, parents, media, alumni and any other constituents when you disagree with a decision.

Failure to adhere to these policies may result in immediate termination.

10.0 Sportsmanlike Conduct. Coaches and all athletics department employees are expected to act as positive role models in demonstrating sportsmanlike conduct. The criticism of sports officials is considered unacceptable, before, during or after a contest. Established channels of communication and procedures for protesting an official's ruling are to be followed by all staff members. In addition, coaches and staff members are expected to formally instruct student-athletes on positive approaches to sportsmanlike conduct.

11.0 Gambling and Bribery. Employee involvement in illegal gambling and bribery, in accordance with NCAA guidelines, is strictly prohibited. The athletics department is committed to educating student-athletes, and all employees are expected to reinforce the following gambling and bribery education program elements:

- Counseling the student body and particularly student-athletes as to the seriousness of the gambling problem, including a review of applicable federal, state and local laws, as well as the posting of informational literature in residence halls and locker rooms;
- Informing students that they are required to report any solicitation to become a party to sports bribery or gambling activities, and that failure to do so, if determined after due process, may result in suspension or expulsion from the University; and
- Educating squad members as to the nature and prevalence of gambling and bribery in intercollegiate sports.

The athletics department shall implement security measures to prevent potential bribers or gamblers from contacting student-athletes on campus, especially before major competition and shall deny press credentials to representatives of any organization which regularly publishes or promotes the advertising of "tip sheets" or other materials used to encourage gambling on college athletic events;

Furthermore, staff members should not knowingly:

- Provide information to individuals involved in organized gambling activities concerning intercollegiate athletics competitions;
- Solicit a wager on any intercollegiate team (including participating in an office pool);
- Accept a bet on any team representing the University; or
- Participate in any gambling activity that involves intercollegiate athletics or professional athletics, through a bookmaker, a parlay card or any other method employed by organized gambling.

12.0 Tobacco and Other Forms of Substance Abuse. The athletics department enforces NCAA penalties in all sports applicable to game personnel (coaches, trainers, managers, game officials, etc.) who use tobacco products during practice or competition. The athletics department prohibits the use of tobacco products at any time while representing the university off campus at any event. The athletics department is a substance free and smoke free work place. Violations pertaining to alcohol distribution or consumption in the workplace or at athletics department functions may result in immediate termination. Illegal drug use or distribution is considered a felony and will result in immediate termination. More specifically, the following policies also apply to athletics department staff:

- Staff may not drink alcohol at any event that includes current or prospective student-athletes including, but not limited to, team trips, the athletics banquet, team fund raisers, department fund raisers, admissions events, and the like. This policy includes events, on or off campus, where alcohol is being served and consumed by other constituents.
- Staff may not drink alcohol at any time on team trips, even when they are not in the company of student-athletes. It is essential that all staff be non-impaired in the event of any student-athlete emergency.
- Student-athletes often carry prescription drugs for pain from injuries or other conditions. Staff may not take prescription drugs that they acquire from a student-athlete.
- With the exception of qualified medical personnel, staff may not encourage the use of or provide any over-the-counter or prescription drugs or supplements to student-athletes, including aspirin, vitamins, energy drinks or supplements of any kind. In general, staff should not give anything to student-athletes to ingest except water or electrolyte replenishment drinks provided by athletic trainers.
- The athletics department holds a visible and recognizable position in the University and surrounding community. Therefore, staff members' behavior may be scrutinized by others even during their own personal time. It is important that staff members demonstrate responsible social behavior as it relates to alcohol consumption.
- Smoking is strictly prohibited at all department related activities and during team trips.

13.0 Nepotism. It is the policy of the University not to discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital or familial status. Notwithstanding this policy, the athletics department retains the right to refuse to appoint a person to a position in the same department, division or facility, wherein his/her relationship to another employee has the potential for creating adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest such as bias or favoritism towards relatives and friends in the form of hiring preference, promotion, or compensation. In general, the Athletics Director shall not permit a supervisor-subordinate reporting structure involving family members. The Athletics Director has the authority and responsibility for determining if such a potential for adverse impact exists or does not exist and all such decisions are subject to the review of the University Office of Human Resources.

14.0 Background Checks. Given our responsibility to ensure a safe environment for our student-athletes and the conduct of camp, clinic and other activities for children, background checks are required of all athletic department employees as a condition of employment.

15.0 Reckless, Dangerous or Felonious Conduct. Employees engaging in any of the following activities are subject to immediate termination of employment:

- Arrests for or convictions of crimes committed at work or outside of work which reflect unfavorably upon a staff member's suitability for continued employment
- Violation of the civil or criminal laws on Institutional property or while on Institutional business
- The manufacture, possession, use, distribution, dispensation or sale of illegal drugs or alcohol on university time or premises
- Violation of safety rules or procedures
- Engaging in or threatening physical violence
- Possession of firearms, explosives, flammables or other weapons of any kind on university time or on university premises
- Carrying unauthorized persons in vehicles owned, leased or rented by the Institution

16.0 Prohibited Activities. An employee may not:

- Provide, or collaborate with a representative of athletics interest to provide, impermissible benefits to student-athletes or prospective student-athletes (cause for immediate termination of employment. Note: If an employee is not involved but has knowledge that such activity is taking place and does not report it to the Director of Athletics, such failure to report is similarly cause for immediate termination).
- Use institutional funds (including telephone, postage, stationary, etc) for personal use, to influence the outcome of any election, or to support any cause.
- Use department vehicles for personal recreation or for any non-work related activity.
- Accept other employment that would impair or interfere with the employee's duties
- Remove institutional property from campus without completing the appropriate request.
- Keep confidential information in any unlocked areas.
- Keep institutional cash, checks, or credit card receipts in any unlocked areas.
- Lend, loan or sell any institutional property or information to any outside individual or agency.
- Purchase tickets to athletics events and sell those tickets at an increased price (scalping).
- Use athletics facilities for use by an outside group without completing the facility use form, obtaining the required approvals, and submitting the standard fee.
- Accrue any vacation time unless they post their time reporting sheet at the end of each month.

17.0 Negligent Work Practices. Following is a non-inclusive compilation of behaviors considered negligent work practices that will subject the employee to immediate corrective action including termination of employment

- Falsification of or omissions from work, personnel or other university records.
- Failure to call in each day according to university and departmental policies when unable to report to work.
- Working under the influence of illegal drugs or alcohol.
- Incompetence.
- Inefficient or unproductive use of work time (including personal use of university communication, computing, or network resources, sleeping while on duty, unauthorized absence from assigned work areas, and the like).
- Working unauthorized overtime.
- Negligent, below standard or unsatisfactory job performance.
- Neglect of duty.
- Insubordination.
- Failure or refusal to perform assigned work or carry out management requests
- Dishonesty, including but not limited to plagiarism, falsification of academic credentials, gaining unauthorized access to or falsification of university reports or records, misappropriation or misapplication of university funds.
- Patterns of absenteeism, tardiness in reporting to work, and/or in returning from break and/or luncheon periods or leaving early.
- Rude or unprofessional conduct with students, faculty, staff, or the general public
- Any negligent act which might endanger one's own safety or life, the safety or lives of others, or which might result in damage to or destruction of university property (including driving university vehicles negligently, losing university property through negligence, etc.).
- Having unauthorized family members, friends or animals in the workplace.
- Misuse, abuse, unauthorized possession, removal or use of university property or unauthorized charges to university accounts.
- Discrimination against or harassment of staff members, faculty members, students, or other constituents.
- Conflicts of interest or the failure to resolve a conflict of interest.
- Disclosure of confidential institutional or departmental information to unauthorized persons.

18.0 Prohibition of Retaliation. Creating a culture of personal responsibility requires an assurance to employees and student-athletes that no retaliation will occur against those who report governance association rules violations or misconduct policy violations. Staff and student-athletes shall be annually informed of this policy by the Director of Athletics via staff and student-athlete meetings. Any individual is invited to utilize the institutional ombudsman to express any concern.

Need Assistance? Try the [FAQ](#) or [Contact Us](#)

©2008 Sports Management Resources

Source URL: <http://www.sportsmanagementresources.com/library/ethical-conduct-of-employees>

TAB 25

University of Illinois Women's Basketball Team 2007-2008 Statistics

Season Box Score

Big Ten Women's Basketball Statistics
ILL Season Box Score (Through games of Apr 06, 2008)
All games

RECORD:	OVERALL	HOME	AWAY	NEUTRAL
ALL GAMES.....	(20-15)	(10-5)	(4-9)	(6-1)
CONFERENCE.....	(8-10)	(6-3)	(2-7)	(0-0)
NON-CONFERENCE.....	(12-5)	(4-2)	(2-2)	(6-1)

##	Player	GP-GS	Min--Avg	---TOTAL---				-----REBOUNDS-----								Pts	Avg					
				FG-FGA	Pct	3FG-FGA	Pct	FT-FTA	Pct	Off	Def	Tot	Avg	PF	FO			A	TO	Blk	Stl	
35-35		1305	37.3	239-475	.503	11-26	.423	151-194	.778	104	225	329	9.4	66	0	71	92	59	37	640	18.3	
19-10		596	31.4	78-152	.513	0-0	.000	38-50	.760	41	77	118	6.2	40	2	26	44	10	14	194	10.2	
35-25		1010	28.9	115-285	.404	34-91	.374	89-113	.788	27	93	120	3.4	72	0	82	95	5	42	353	10.1	
35-35		1270	36.3	101-274	.369	77-204	.377	70-80	.875	5	79	84	2.4	70	1	87	101	7	24	349	10.0	
35-34		1182	33.8	95-265	.358	28-109	.257	36-52	.692	47	96	143	4.1	60	1	43	56	25	39	254	7.3	
35-24		977	27.9	101-277	.365	17-73	.233	34-49	.694	56	118	174	5.0	92	3	110	67	38	83	253	7.2	
18-1		157	8.7	20-40	.500	8-18	.444	8-10	.800	13	18	31	1.7	11	0	1	9	1	3	56	3.1	
28-0		201	7.2	14-37	.378	6-20	.300	8-11	.727	1	7	8	0.3	18	0	7	12	0	5	42	1.5	
31-11		256	8.3	11-34	.324	0-0	.000	12-18	.667	21	34	55	1.8	24	0	7	26	10	9	34	1.1	
14-0		46	3.3	0-3	.000	0-0	.000	2-4	.500	1	4	5	0.4	3	0	2	3	1	1	2	0.1	
										51	78	129	3.8	0			29					
Total.....		35	7000		774-1842	.420	181-541	.335	448-581	.771	367	829	1196	34.2	456	7	436	534	156	257	2177	62.2
Opponents.....		35	7000		743-1902	.391	142-455	.312	374-520	.719	402	754	1156	33.0	535	-	32	534	93	265	2002	57.2

BY PERIOD	1st	2nd	Total
Team.....	1032	1145	- 2177
Opponents..	894	1108	- 2002

DEADBALL REBOUNDS:	OFF	DEF	TOTAL
ILL.....	65	9	74
Opponents.....	65	15	80

University of Illinois Women's Basketball Team 2008-2009 Statistics

Season Box Score

Big Ten Women's Basketball Statistics
Illinois Season Box Score (Through games of Apr 01, 2009)
All games

RECORD:	OVERALL	HOME	AWAY	NEUTRAL
ALL GAMES.....	(10-21)	(4-9)	(5-6)	(1-6)
CONFERENCE.....	(5-13)	(2-7)	(3-6)	(0-0)
NON-CONFERENCE.....	(5-8)	(2-2)	(2-0)	(1-6)

##	Player	GP-GS	Min--Avg	---TOTAL---		---3-PTS---		-----REBOUNDS-----					Pts	Avg								
				FG-FGA	Pct	3FG-FGA	Pct	FT-FTA	Pct	Off	Def	Tot			Avg							
		31-31	1200	38.7	220-464	.474	4-24	.167	129-161	.801	95	173	268	8.6	77	1	57	86	63	34	573	18.5
		31-31	1108	35.7	151-387	.390	8-37	.216	47-65	.723	78	205	283	9.1	89	1	110	108	42	97	357	11.5
		31-29	1100	35.5	87-262	.332	32-95	.337	27-33	.818	19	68	87	2.8	76	0	74	112	6	30	233	7.5
		31-18	735	23.7	62-199	.312	28-93	.301	21-34	.618	14	47	61	2.0	52	0	31	27	4	14	173	5.6
		31-25	884	28.5	60-143	.420	3-24	.125	17-25	.680	11	53	64	2.1	56	0	39	54	0	20	140	4.5
		19-17	593	31.2	28-127	.220	8-41	.195	14-17	.824	15	41	56	2.9	33	1	20	28	11	15	78	4.1
		28-3	305	10.9	12-45	.267	0-1	.000	13-19	.684	27	18	45	1.6	18	0	10	23	4	9	37	1.3
		28-1	178	6.4	13-42	.310	0-1	.000	7-10	.700	17	19	36	1.3	27	1	3	17	1	2	33	1.2
		21-0	122	5.8	4-23	.174	1-6	.167	5-12	.417	2	5	7	0.3	18	0	9	20	0	3	14	0.7
											56	57	113	3.6	0			27				
	Total.....	31	6225		637-1692	.376	84-322	.261	280-376	.745	334	686	1020	32.9	446	4	353	502	131	224	1638	52.8
	Opponents.....	31	6225		691-1690	.409	124-407	.305	336-458	.734	360	769	1129	36.4	411	-	383	485	80	256	1842	59.4

BY PERIOD	1st	2nd	OT	Total

Team.....	767	863	8	- 1638
Opponents...	878	954	10	- 1842
DEADBALL REBOUNDS:				

	OFF	DEF	TOTAL	

Illinois.....	38	11	49	
Opponents.....	62	12	74	

University of Illinois Women’s Basketball Team 2009-2010 Statistics

RECORD: OVERALL HOME AWAY NEUTRAL					
ALL GAMES		(19-15)	(10-5)	(7-9)	(2-1)
CONFERENCE		(7-11)	(5-4)	(2-7)	(0-0)
NON-CONFERENCE		(12-4)	(5-1)	(5-2)	(2-1)

## Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS		SCORING													
	GP	GS	Tot	Avg	FG	FGA	Pct	3FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts
	34	33	1256	36.9	224	447,501	30	76	395	137	155	884	93	294	387	11.4	86	0	72	79	70	28	615	18.1
	34	33	1002	29.5	142	347,409	5	19	263	80	137	584	65	122	187	5.5	106	3	60	113	57	39	369	10.9
	34	33	1129	33.2	135	319,423	38	110	345	21	37	568	67	161	228	6.7	97	5	127	75	44	113	329	9.7
	1	0	22	22.0	3	7,429	2	5	400	0	0	000	0	0	0	0.0	0	0	1	3	0	1	8	8.0
	33	4	572	17.3	69	170,406	13	50	260	33	48	688	35	53	88	2.7	80	0	32	80	19	30	184	5.6
	34	32	949	27.9	65	191,340	20	70	286	21	26	808	15	87	102	3.0	68	2	75	91	2	27	171	5.0
	31	15	468	15.1	46	109,422	2	10	200	38	47	809	19	28	47	1.5	47	1	11	42	2	4	132	4.3
	32	11	418	13.1	38	100,380	0	4	000	19	36	528	24	28	52	1.6	37	0	22	42	6	16	95	3.0
	28	5	293	10.5	26	85,306	15	51	294	5	11	455	4	14	18	0.6	16	0	13	23	1	3	72	2.6
	31	3	451	14.5	22	76,289	7	29	241	6	12	500	7	32	39	1.3	33	0	25	28	0	15	57	1.8
	24	0	136	5.7	11	29,379	1	6	167	7	12	583	0	10	10	0.4	10	0	12	24	2	5	30	1.3
	1	0	7	7.0	0	1,000	0	0	000	1	2	500	0	0	0	0.0	0	0	0	0	0	0	1	1.0
	23	1	84	3.7	7	17,412	0	3	000	4	8	500	1	14	15	0.7	13	0	2	5	3	4	18	0.8
TEAM	12	0	63	5.3	3	17,176	0	0	000	3	6	500	1	3	4	0.3	11	0	1	6	0	1	9	0.8
													46	78	124	3.6	0		23				0	
Total.....	34	6850		791	1915,413	133	433	307	375	537	698	377	924	1301	38.3	604	11	453	634	206	286	2090	61.5	
Opponents.....	34	6851		673	1895,355	180	523	344	486	731	665	408	827	1235	36.3	524	-	360	575	82	284	2012	59.2	

Score by periods				1st	2nd	OT	Total
Illinois				946	1131	13	2090
Opponents				1003	994	15	2012

University of Illinois Women’s Basketball Team 2010-2011 Statistics

RECORD:	OVERALL HOME AWAY NEUTRAL			
ALL GAMES	(9-23)	(2-10)	(3-10)	(4-3)
CONFERENCE	(2-14)	(1-7)	(1-7)	(0-0)
NON-CONFERENCE	(7-9)	(1-3)	(2-3)	(4-3)

## Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS		SCORING																		
	GP	GS	Tot	Avg	FG	FGA	Pct	3FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts	Avg				
	32	32	1103	34.5	218	424	.514	7	15	.467	117	187	.626	95	225	320	10.0	99	5	58	127	78	62	560	17.5				
	27	1	617	22.9	95	204	.466	15	44	.341	44	62	.710	42	54	96	3.6	81	4	39	74	33	46	249	9.2				
	32	13	801	25.0	102	291	.351	65	194	.335	23	25	.920	16	85	101	3.2	34	0	53	50	1	17	292	9.1				
	32	32	1103	34.5	88	262	.336	19	54	.352	40	52	.769	20	104	124	3.9	72	1	130	98	8	41	235	7.3				
	32	32	813	25.4	74	201	.368	4	21	.190	31	68	.456	71	97	168	5.3	69	0	53	62	3	39	183	5.7				
	32	32	772	24.1	73	175	.417	18	45	.400	15	24	.625	28	69	97	3.0	64	0	33	35	12	14	179	5.6				
	31	0	365	11.8	52	141	.369	10	44	.227	27	44	.614	22	30	52	1.7	53	0	13	32	3	3	141	4.5				
	28	0	335	12.0	35	100	.350	21	64	.328	4	6	.667	7	27	34	1.2	29	0	8	15	6	5	95	3.4				
	28	18	514	18.4	33	95	.347	2	12	.167	12	17	.706	14	32	46	1.6	39	1	49	56	1	18	80	2.9				
	3	0	14	4.7	0	1	.000	0	0	.000	0	0	.000	0	2	2	0.7	2	0	0	2	0	0	0	0.0				
TEAM	2	0	13	6.5	0	1	.000	0	1	.000	0	0	.000	0	0	0	0.0	0	0	1	0	1	0	0	0.0				
																68	63	131	4.1	0	11								0
	Total.....		32	6450	770		1895	.406	161	494	.326	313	485	.645	383	788	1171	36.6	542	11	437	562	146	245	2014	62.9			
Opponents.....		32	6450	767		1860	.412	157	496	.317	455	620	.734	375	811	1186	37.1	460	-	432	508	122	257	2146	67.1				

Score by periods				1st	2nd	OT	Total
Illinois				984	1018	12	2014
Opponents				1018	1112	16	2146

University of Illinois Women's Basketball Team 2011-2012 Statistics

RECORD:					OVERALL HOME AWAY NEUTRAL				
ALL GAMES					(11-19)	(5-6)	(5-8)	(1-5)	
CONFERENCE					(5-11)	(3-5)	(2-6)	(0-0)	
NON-CONFERENCE					(6-8)	(2-1)	(3-2)	(1-5)	

# Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS		SCORING																									
	GP	GS	Tot	Avg	FG	FGA	Pct	3FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts	Avg											
	30	30	902	30.1	153	318	.481	2	9	.222	95	161	.590	79	140	219	7.3	106	3	68	118	64	45	403	13.4											
	21	17	581	27.7	83	181	.459	6	15	.400	67	82	.817	34	85	119	5.7	45	2	25	42	14	11	239	11.4											
	29	6	733	25.3	104	219	.475	17	50	.340	52	68	.765	45	77	122	4.2	94	4	51	59	28	56	277	9.6											
	30	29	936	31.2	96	261	.368	54	164	.329	33	41	.805	14	74	88	2.9	35	0	56	69	5	37	279	9.3											
	30	12	538	17.9	84	197	.426	3	13	.231	35	56	.625	39	48	87	2.9	62	0	12	42	12	18	206	6.9											
	30	30	1089	36.3	74	219	.338	5	23	.217	44	65	.677	45	91	136	4.5	63	3	105	111	7	62	197	6.6											
	30	23	629	21.0	73	215	.340	17	54	.315	34	52	.654	43	75	118	3.9	69	1	28	45	15	29	197	6.6											
	28	1	272	9.7	17	48	.354	2	8	.250	11	17	.647	16	14	30	1.1	30	0	14	12	4	6	47	1.7											
	9	0	43	4.8	3	10	.300	0	1	.000	4	4	1.000	4	3	7	0.8	4	0	2	3	1	2	10	1.1											
	19	0	107	5.6	7	14	.500	0	0	.000	5	12	.417	2	9	11	0.6	8	0	5	19	0	2	19	1.0											
	17	0	100	5.9	6	19	.316	2	5	.400	2	7	.286	0	9	9	0.5	9	0	4	10	2	6	16	0.9											
	15	1	69	4.6	3	14	.214	0	0	.000	3	4	.750	1	5	6	0.4	5	0	5	12	0	2	9	0.6											
12	1	48	4.0	2	12	.167	0	4	.000	0	0	.000	1	1	2	0.2	4	0	0	5	2	1	4	0.3												
1	0	3	3.0	0	0	.000	0	0	.000	0	0	.000	0	0	0	0.0	0	0	0	0	0	0	0	0.0												
TEAM													67	72	139	4.6	0			10				0												
Total.....													30	6050		705	1727	.408	108	346	.312	385	569	.677	390	703	1093	36.4	534	13	375	557	154	277	1903	63.4
Opponents.....													30	6050		705	1718	.410	130	424	.307	448	613	.731	390	736	1126	37.5	498	-	357	536	99	274	1988	66.3

Score by periods 1st 2nd OT Total			
Illinois	883	1000	20 1903
Opponents	912	1058	18 1988

University of Illinois Women’s Basketball Team 2012-2013 Statistics

RECORD: OVERALL HOME AWAY NEUTRAL

ALL GAMES	(19-14)	(11-7)	(7-5)	(1-2)
CONFERENCE	(9-7)	(4-4)	(5-3)	(0-0)
NON-CONFERENCE	(10-7)	(7-3)	(2-2)	(1-2)

# # Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS		SCORING														
	GP	GS	Tot	Avg	FG	FGA	Pct	3FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts	Avg
	33	33	1179	35.7	223	441	.506	8	30	.267	179	262	.683	125	192	317	9.6	115	8	45	116	72	96	633	19.2
	22	22	765	34.8	132	319	.414	18	74	.243	68	86	.791	68	88	156	7.1	81	7	26	81	17	65	350	15.9
	33	33	1221	37.0	130	345	.377	86	236	.364	66	76	.868	4	142	146	4.4	59	0	87	77	9	60	412	12.5
	33	33	1033	31.3	142	348	.408	41	134	.306	64	93	.688	49	94	143	4.3	130	11	50	76	12	82	389	11.8
	33	33	1136	34.4	71	231	.307	3	33	.091	66	88	.750	24	55	79	2.4	100	3	168	138	6	62	211	6.4
	11	7	231	21.0	21	60	.350	2	12	.167	15	27	.556	19	26	45	4.1	23	1	11	15	3	4	59	5.4
	33	0	658	19.9	53	184	.288	17	74	.230	26	45	.578	30	58	88	2.7	37	0	28	53	7	30	149	4.5
	23	4	185	8.0	11	51	.216	5	28	.179	6	8	.750	6	31	37	1.6	24	1	6	26	1	9	33	1.4
	27	0	200	7.4	15	49	.306	4	11	.364	3	8	.375	10	11	21	0.8	31	1	3	11	3	9	37	1.4
	8	0	9	1.1	1	5	.200	0	2	.000	0	0	.000	0	1	1	0.1	1	0	0	1	0	0	2	0.3
TEAM	9	0	8	0.9	0	0	.000	0	0	.000	0	0	.000	0	0	0	0.0	1	0	2	1	0	0	0	0.0
														64	71	135	4.1	1		5				0	
	33		6625		799	2033	.393	184	634	.290	493	693	.711	399	769	1168	35.4	603	32	426	600	130	417	2275	68.9
Opponents.....	33		6625		780	1877	.416	176	606	.290	450	633	.711	415	892	1307	39.6	575	-	463	773	128	266	2186	66.2

Score by periods 1st 2nd OT Total

Illinois	1082	1187	6	2275
Opponents	1012	1167	7	2186

University of Illinois Women’s Basketball Team 2013-2014 Statistics

RECORD:	OVERALL HOME AWAY NEUTRAL				
ALL GAMES	(9-21)	(6-8)	(2-10)	(1-3)	
CONFERENCE	(2-14)	(0-8)	(2-6)	(0-0)	
NON-CONFERENCE	(7-7)	(6-0)	(0-4)	(1-3)	

##	Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS		SCORING														
		GP	GS	Tot	Avg	FG	FGA	Pct	3FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts	Avg
		30	27	1001	33.4	160	420	.381	88	249	.353	50	61	.820	14	125	139	4.6	82	1	68	53	5	52	458	15.3
		30	30	894	29.8	158	378	.418	23	84	.274	94	145	.648	83	95	178	5.9	112	8	62	71	22	66	433	14.4
		24	24	674	28.1	121	264	.458	20	64	.313	50	68	.735	53	84	137	5.7	82	7	20	46	33	47	312	13.0
		25	16	671	26.8	64	166	.386	15	52	.288	32	48	.667	18	50	68	2.7	75	1	70	65	5	42	175	7.0
		30	20	680	22.7	67	176	.381	17	58	.293	39	49	.796	18	36	54	1.8	56	1	62	58	3	31	190	6.3
		28	6	496	17.7	49	151	.325	6	17	.353	19	29	.655	27	33	60	2.1	34	0	19	35	5	10	123	4.4
		28	8	446	15.9	48	131	.366	10	44	.227	7	10	.700	16	35	51	1.8	41	0	33	40	1	24	113	4.0
		28	5	394	14.1	37	83	.446	5	8	.625	13	26	.500	31	41	72	2.6	33	1	6	31	18	14	92	3.3
		29	6	427	14.7	30	84	.357	5	20	.250	11	20	.550	26	51	77	2.7	61	2	10	36	3	24	76	2.6
		20	8	291	14.6	15	51	.294	12	41	.293	8	15	.533	5	9	14	0.7	20	1	20	8	1	16	50	2.5
	11	0	53	4.8	2	16	.125	1	10	.100	8	12	.667	4	6	10	0.9	11	0	0	6	1	3	13	1.2	
TEAM															64	76	140	4.7	1		9				0	
Total.....		30	6027		751	1920	.391	202	647	.312	331	483	.685	359	641	1000	33.3	608	22	370	458	97	329	2035	67.8	
Opponents.....		30	6027		760	1703	.446	175	520	.337	475	661	.719	387	881	1268	42.3	498	-	486	615	114	199	2170	72.3	

Score by periods				1st	2nd	OT	Total
Illinois				976	1053	6	2035
Opponents				1045	1107	18	2170

University of Illinois Women’s Basketball Team 2014-2015 Statistics

RECORD:	OVERALL HOME AWAY NEUTRAL				
ALL GAMES	(15-16)	(10-5)	(4-8)	(1-3)	
CONFERENCE	(6-12)	(4-5)	(2-7)	(0-0)	
NON-CONFERENCE	(9-4)	(6-0)	(2-1)	(1-3)	

## Player	MINUTES		TOTAL		3-PTS		F-THROWS		REBOUNDS			SCORING																
	GP	GS	Tot	Avg	FG	FGA	Pct	FT	FTA	Pct	Off	Def	Tot	Avg	PF	FO	A	TO	Blk	Stl	Pts	Avg						
	25	25	769	30.8	152	331	.459	22	71	.310	64	92	.696	63	72	135	5.4	77	5	84	86	7	64	390	15.6			
	31	30	953	30.7	174	395	.441	25	69	.362	75	117	.641	94	122	216	7.0	106	8	34	85	60	60	448	14.5			
	30	30	1095	36.5	91	226	.403	72	179	.402	38	50	.760	11	58	69	2.3	65	2	97	60	1	47	292	9.7			
	31	30	932	30.1	125	296	.422	16	81	.198	30	56	.536	62	149	211	6.8	104	7	40	69	28	29	296	9.5			
	31	31	1012	32.6	91	289	.315	33	129	.256	32	43	.744	28	136	164	5.3	90	5	98	68	15	80	247	8.0			
	30	6	613	20.4	85	215	.395	14	29	.483	41	70	.586	23	43	66	2.2	57	0	57	76	0	27	225	7.5			
	24	2	222	9.3	21	79	.266	7	26	.269	11	14	.786	11	23	34	1.4	11	0	10	9	7	11	60	2.5			
	21	0	120	5.7	10	51	.196	5	38	.132	2	2	1.000	2	9	11	0.5	9	0	5	10	1	3	27	1.3			
	22	0	196	8.9	9	18	.500	8	12	.667	1	4	.250	1	15	16	0.7	8	0	7	8	0	5	27	1.2			
	22	0	129	5.9	9	27	.333	2	7	.286	4	10	.400	7	16	23	1.0	8	0	7	15	1	9	24	1.1			
	23	1	117	5.1	9	24	.375	0	3	.000	4	7	.571	11	14	25	1.1	20	0	2	4	3	8	22	1.0			
	7	0	24	3.4	2	4	.500	0	0	.000	1	1	1.000	2	6	8	1.1	1	0	1	3	0	2	5	0.7			
	14	0	43	3.1	3	11	.273	1	4	.250	3	4	.750	3	3	6	0.4	8	0	2	3	0	3	10	0.7			
	TEAM																67	57	124	4.0	1			7				
Total.....	31	6225			781	1966	.397	205	648	.316	306	470	.651	385	723	1108	35.7	565	27	444	503	123	348	2073	66.9			
Opponents.....	31	6225			717	1748	.410	176	571	.308	382	565	.676	374	879	1253	40.4	509	-	417	665	121	188	1992	64.3			

Score by periods 1st 2nd OT Total			
Illinois	973	1093	7 2073
Opponents	947	1036	9 1992

TAB 26



611 W. Park
Urbana, Illinois 61801
(217)383-3311

209-98-69

RE: [REDACTED]

BIRTHDATE:

DEPARTMENT OF ORTHOPEDICS

[REDACTED]

[REDACTED]

OBJECTIVE:

[REDACTED]

LABORATORY:

[REDACTED]

ASSESSMENT:

[REDACTED]

PLAN:

1. [REDACTED]

[REDACTED]

Authenticated by: AMY K MACDOUGALL on [REDACTED] [REDACTED] 1:42 PM

Amy K. MacDougall, M.D.
In/14778277

[REDACTED]

cc:

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820



611 W. Park
Urbana, Illinois 61801
(217)383-3311

[REDACTED]

OBJECTIVE:

[REDACTED]

[REDACTED]

PLAN:

1 [REDACTED]

Authenticated by: JERRAD P ZIMMERMAN o [REDACTED] 10:05 AM

Jerrad P. Zimmerman, M.D.

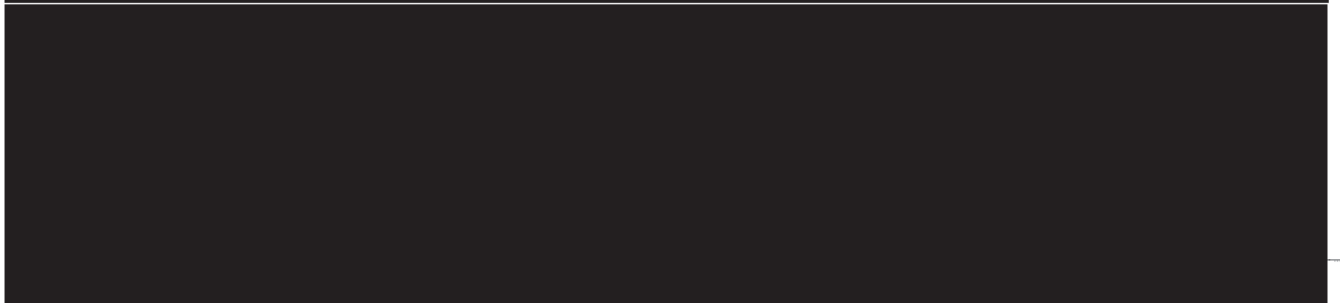


cc:

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820

Injury Maintenance

[REDACTED]



[illegible]

CARD Main: Christie Clinic
101 WEST UNIVERSITY AVENUE
CHAMPAIGN, IL 618203909
Tel: 217-366-1304
Fax: 217-366-7427

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Injury Maintenance

to

[illegible]

Ath. reports "runny nose" and [REDACTED]

Category	Item	Value	Unit	Notes
Category A	Item A1	100	kg	Standard weight
	Item A2	250	kg	Heavy load
	Item A3	500	kg	Medium weight
	Item A4	750	kg	Light weight
	Item A5	1000	kg	Standard weight
	Item A6	1250	kg	Heavy load
	Item A7	1500	kg	Medium weight
	Item A8	1750	kg	Light weight
	Item A9	2000	kg	Standard weight
	Item A10	2250	kg	Heavy load
Category B	Item B1	100	kg	Standard weight
	Item B2	250	kg	Heavy load
	Item B3	500	kg	Medium weight
	Item B4	750	kg	Light weight
	Item B5	1000	kg	Standard weight
	Item B6	1250	kg	Heavy load
	Item B7	1500	kg	Medium weight
	Item B8	1750	kg	Light weight
	Item B9	2000	kg	Standard weight
	Item B10	2250	kg	Heavy load

<u>Seen</u>	<u>Details</u>	<u>Seen by</u>	<u>Location</u>	<u>Participation Status</u>
-------------	----------------	----------------	-----------------	-----------------------------

TAB 27

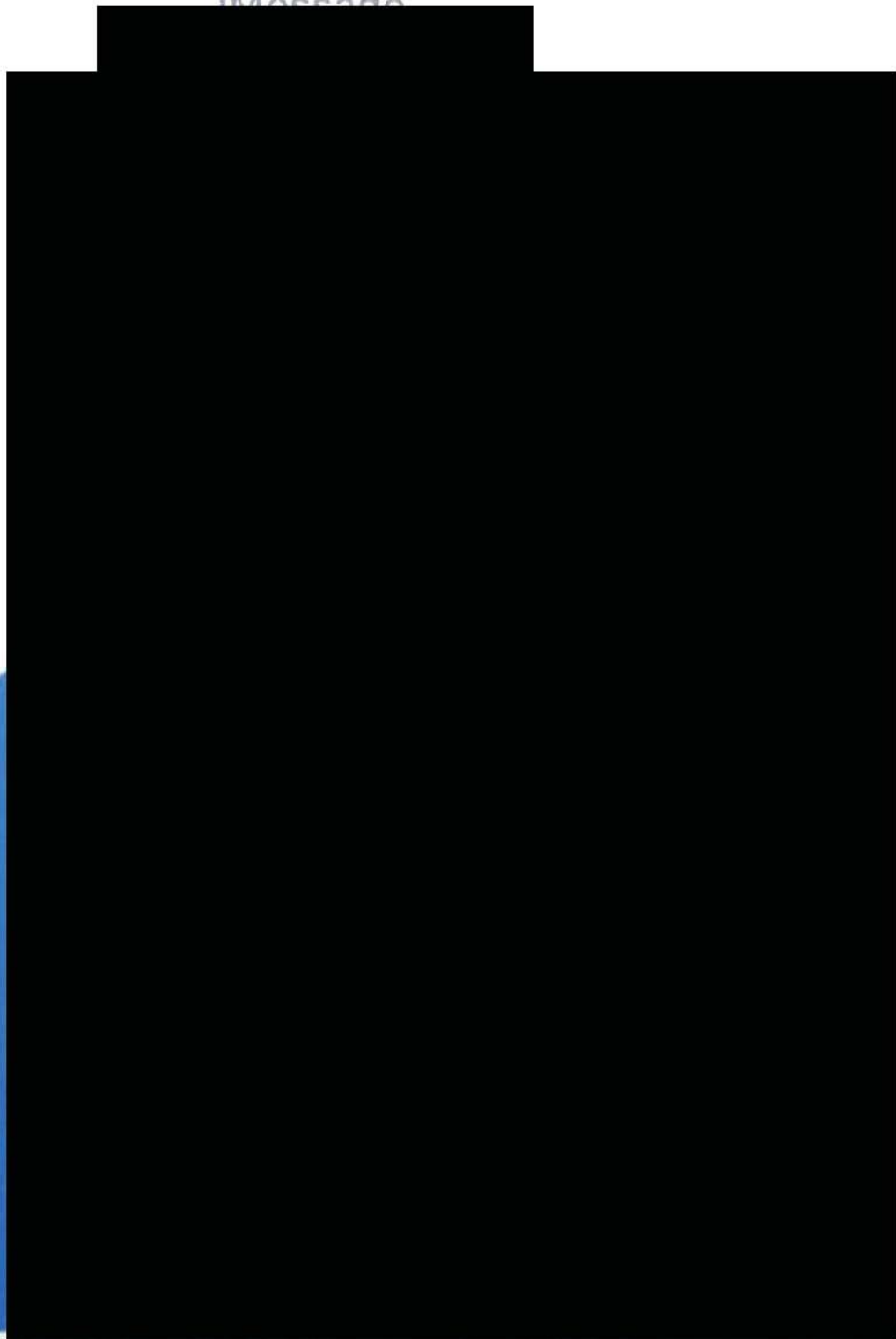


 Messages

Group

Contacts

iMessage



iMessage

Send



 Messages

Group

Contacts



iMessage

Send

< Messages

Group

Contacts

Sorry for the long text but figured it was best to write it out and talk thru the details too.

Thank you.

You're welcome!

Thank you for writing all that. We will be

Thank you

No problem!



iMessage

Send

< Messages

Group

Contacts

[REDACTED]

Is this a good time to talk?

[REDACTED]

Yes

[REDACTED]

I don't think I'm going to make it to see [REDACTED]
[REDACTED] are taking longer than I planned. Sorry! Please call me when [REDACTED]

[REDACTED]

It's okay! All is well here.
Talk to you soon



iMessage

Send

< Messages

Group

Contacts

[REDACTED]

It's okay! All is well here.
Talk to you soon

[REDACTED]

[REDACTED]

We're doing [REDACTED] Thank
you. Don't rush. We'll be
here.

[REDACTED]

Thanks for understanding!

[REDACTED]



iMessage

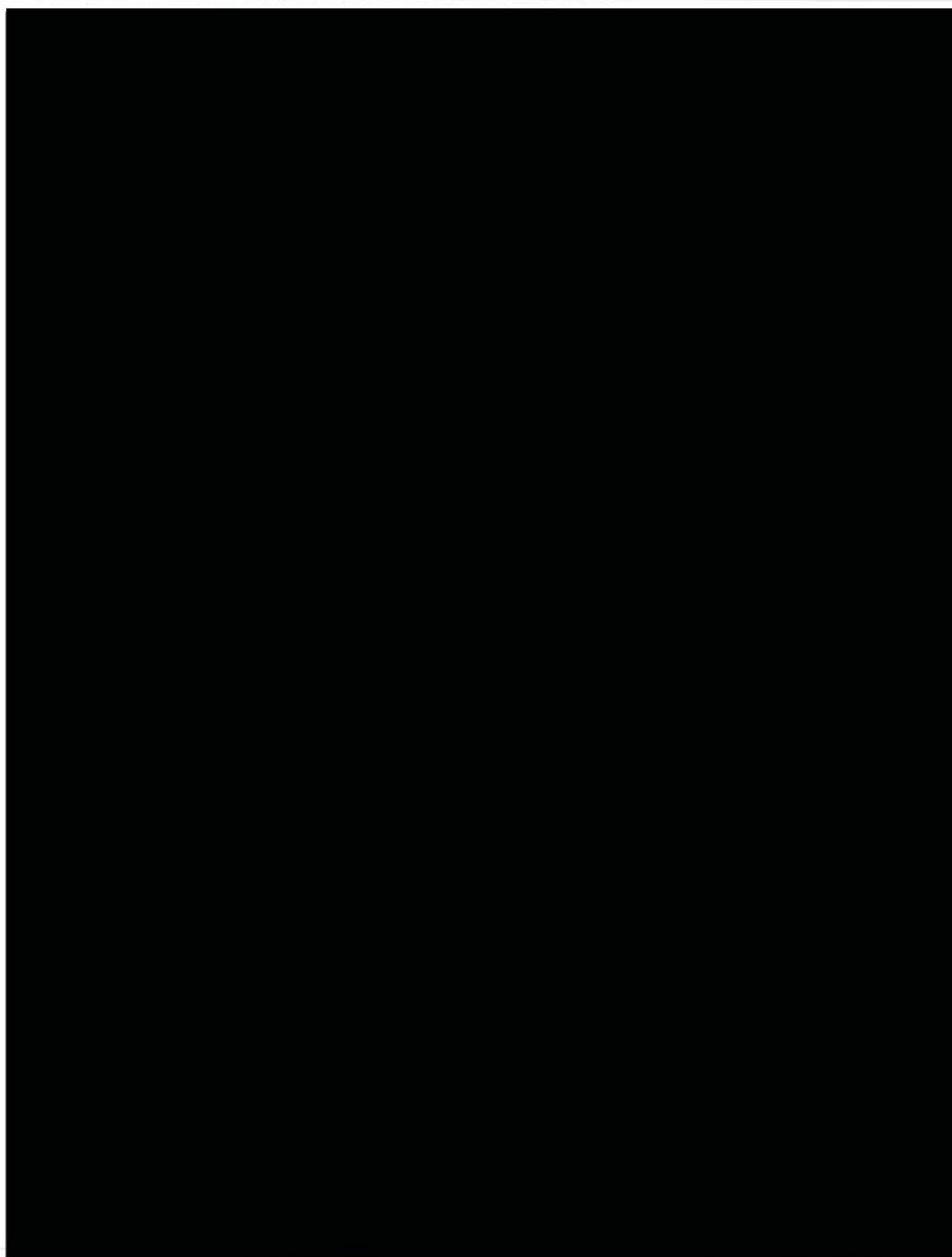
Send



 Messages

Group

Contacts



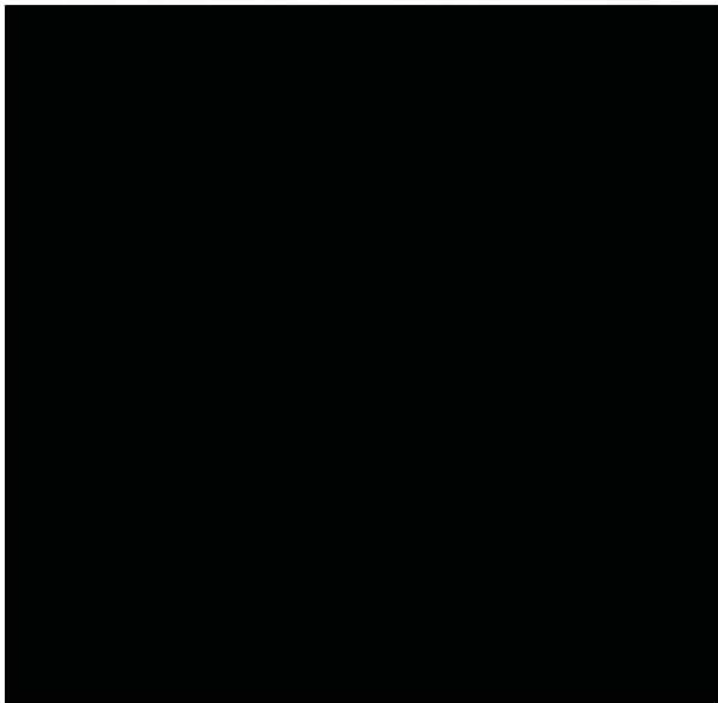
iMessage

Send

< Messages

Group

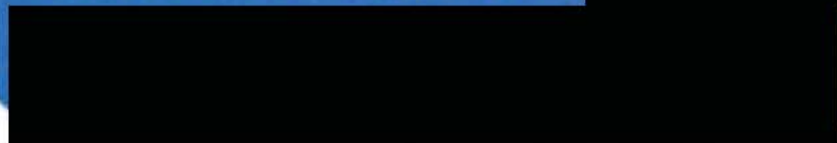
Contacts



Glad everyone is in good spirits and having a good time!



office just called to confirm



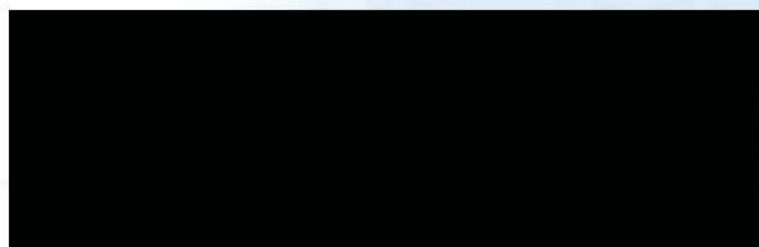
iMessage

Send

< Messages

Group

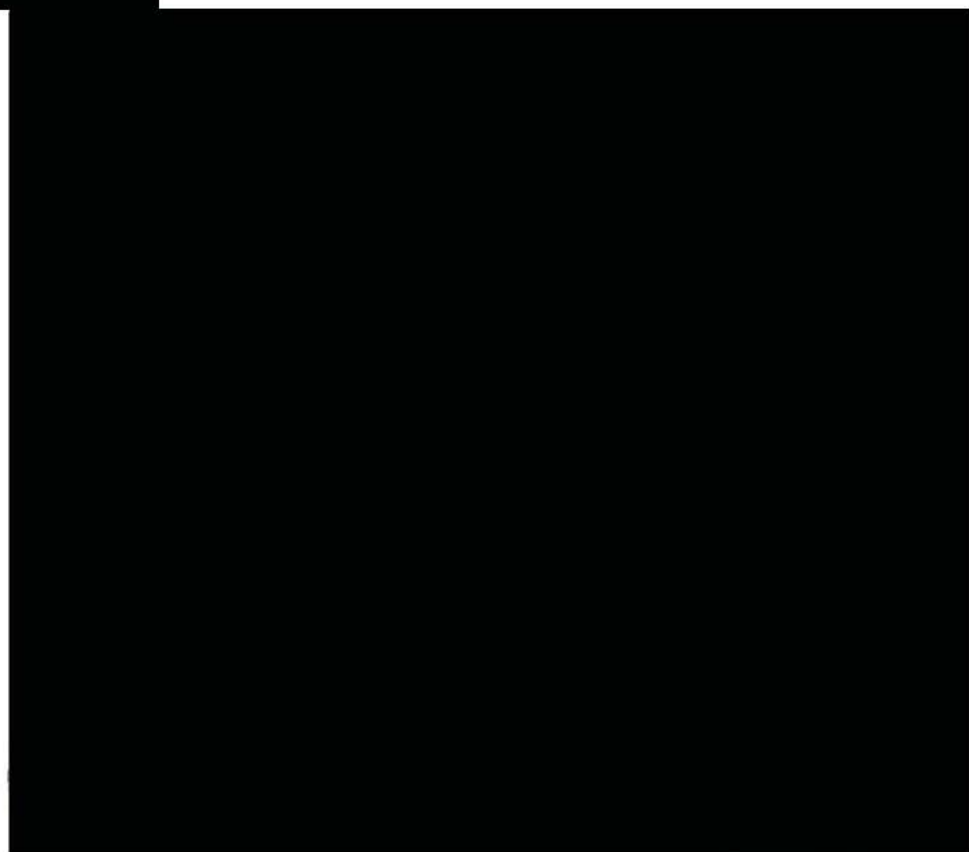
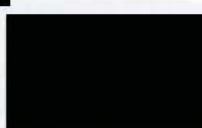
Contacts



Great!



Thank you



iMessage

Send

< Messages

Group

Contacts



B

That's so fun!!!



Hope u are having a good time too!

Shopping and loving it!



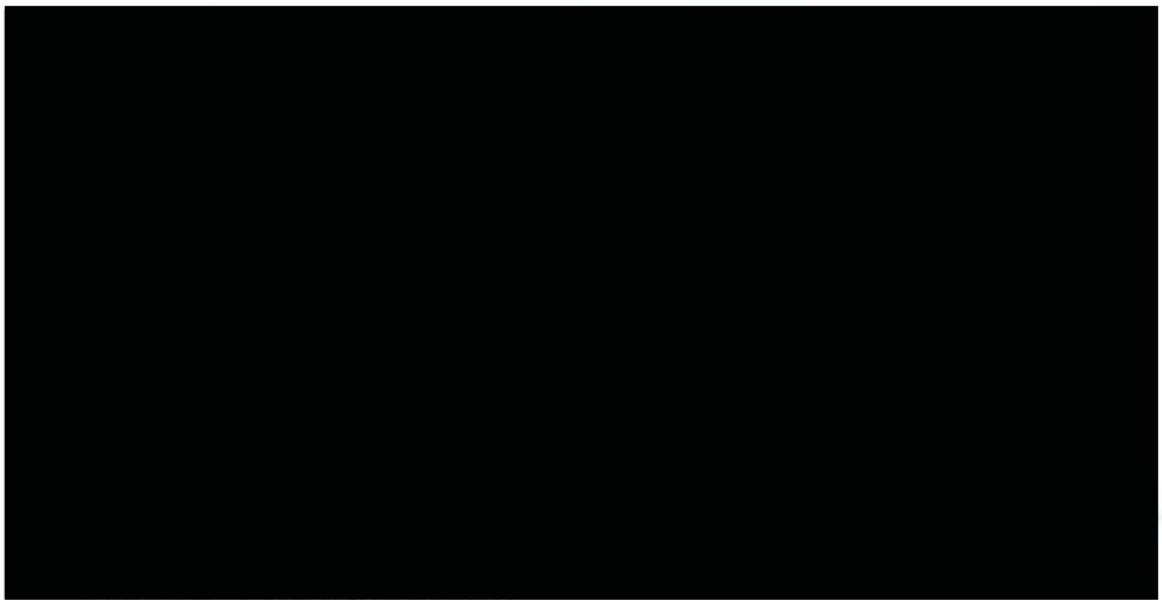
iMessage

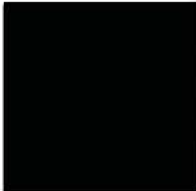
Send

 Messages

Group

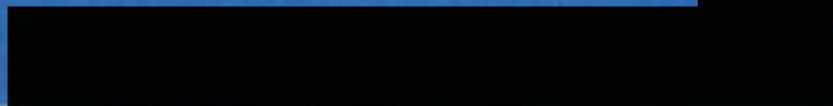
Contacts



 That's wonderful!!! Thank you so much!!



I left a voicemail for 



iMessage

Send

< Messages

Group

Contacts

[REDACTED]

[REDACTED]

[REDACTED] I will let you know
when I get back from her.

[REDACTED]



iMessage

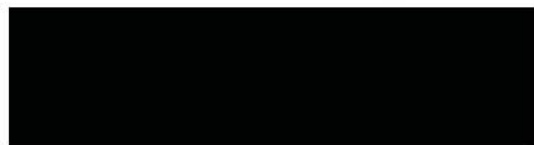
Send



 Messages

Group

Contacts



iMessage

Send

 Messages

Group

Contacts

To:

[Redacted]

[Redacted]

Good reason to

[Redacted]

[Redacted]

[Redacted]

Yesterday she told me she
was a [Redacted]
So I am glad we are

[Redacted]

Thank you

I will be sure to give

[Redacted]



iMessage

Send

 Messages

Group

Contacts

[Redacted]

I will be sure to give [Redacted]

I will get back to you as soon as possible.

[Redacted]
Thank you.

Just talked to [Redacted]

[Redacted]

[Redacted]



iMessage

Send

 Messages

Group

Contacts

[Redacted]

Thank you.

[Redacted]

[Redacted]

I don't think so.

[Redacted]

[Redacted]

[Redacted]

Ok. Thank you for
everything [Redacted]



iMessage

Send

 Messages

Group

Contacts

[Redacted]

[Redacted]

Ok. Thank you for everything [Redacted]

[Redacted]

Thank you

You are so welcome! She's

[Redacted]

[Redacted]

Is he going to [Redacted]
tomorrow as well?

[Redacted]



iMessage

Send

< Messages

Group

Contacts

[REDACTED]

[REDACTED]

[REDACTED]

I wonder why they are

[REDACTED]

They will

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



iMessage

Send

 Messages

Group

Contacts

[Redacted]

[Redacted]

He should be able to

[Redacted]

[Redacted]

I understand I just don't
know why they are

[Redacted]

[Redacted]

[Redacted]



iMessage

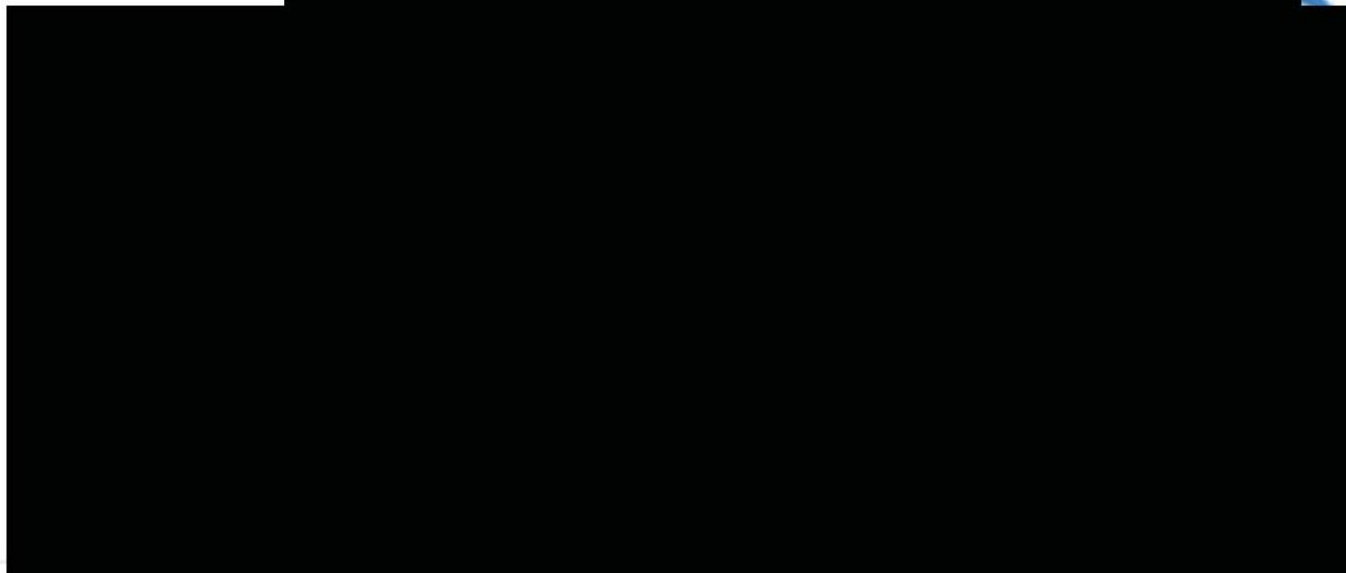
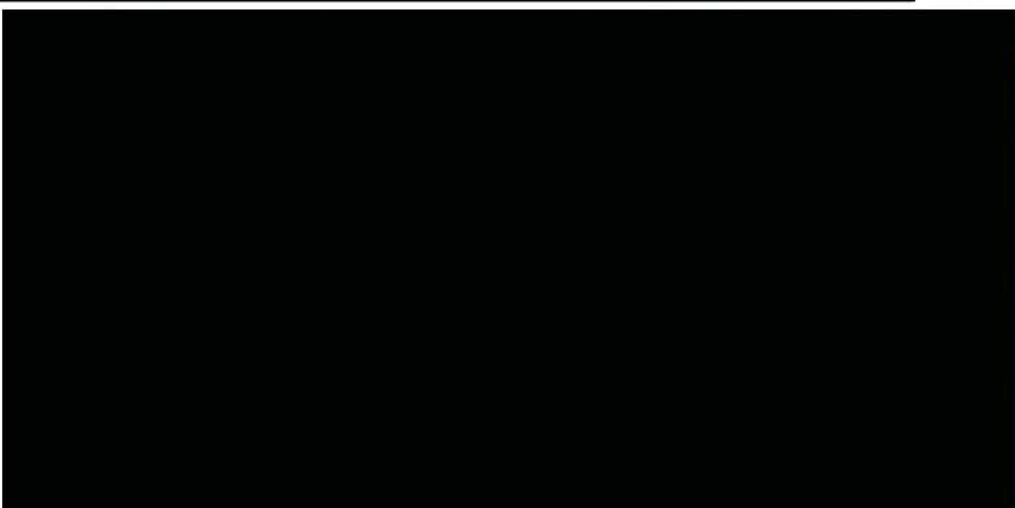
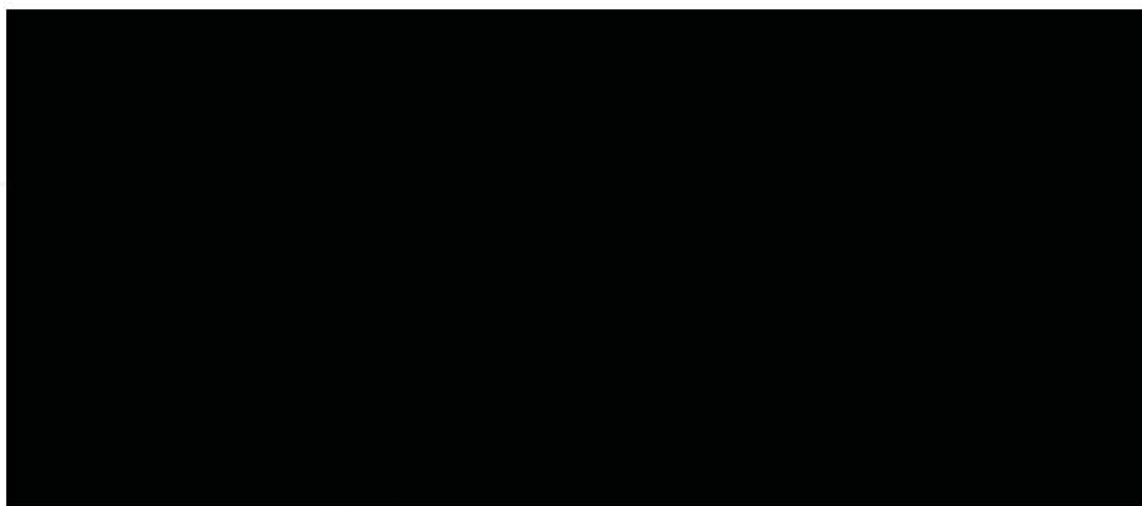
Send



 Messages

Group

Contacts



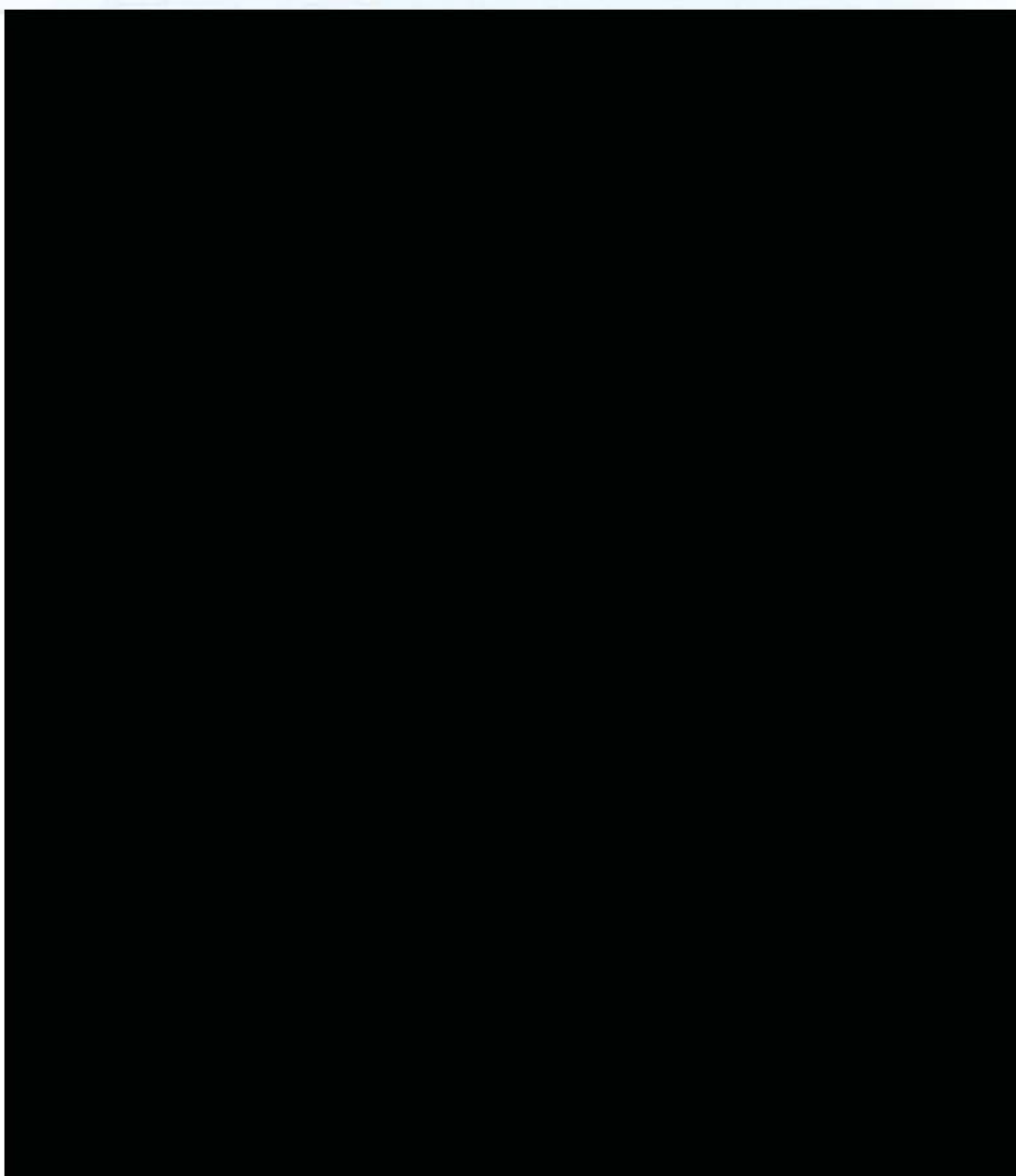
iMessage

Send

 Messages

Group

Contacts



See you tomorrow



iMessage

Send

< Messages

Group

Contacts

[Redacted]



See you tomorrow

[Redacted]



[Redacted]

[Redacted]



Great



iMessage

Send

TAB 28

Injury/Illness Report

██████████

██████████ ██████████



██████████ ██████████

Injury Maintenance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible][illegible]

[REDACTED]

Injury Maintenance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

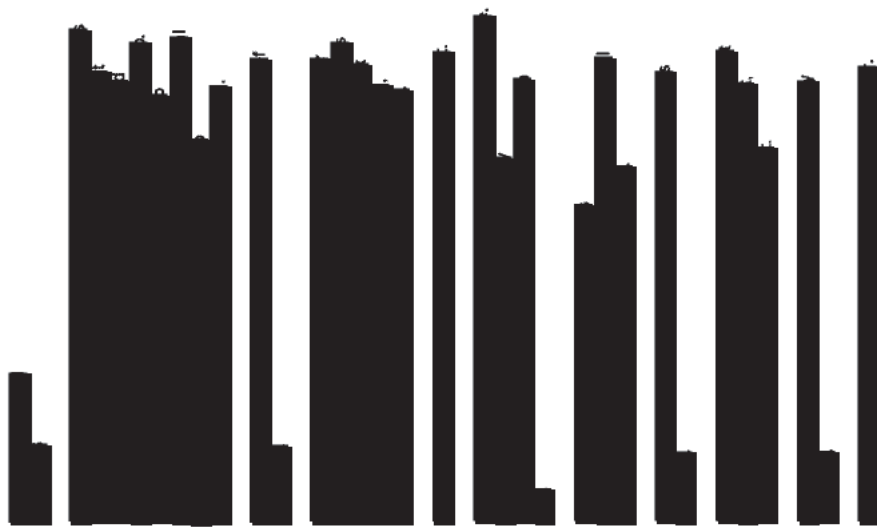
[REDACTED]

Fax Server

Fax Server

 Carle





b6

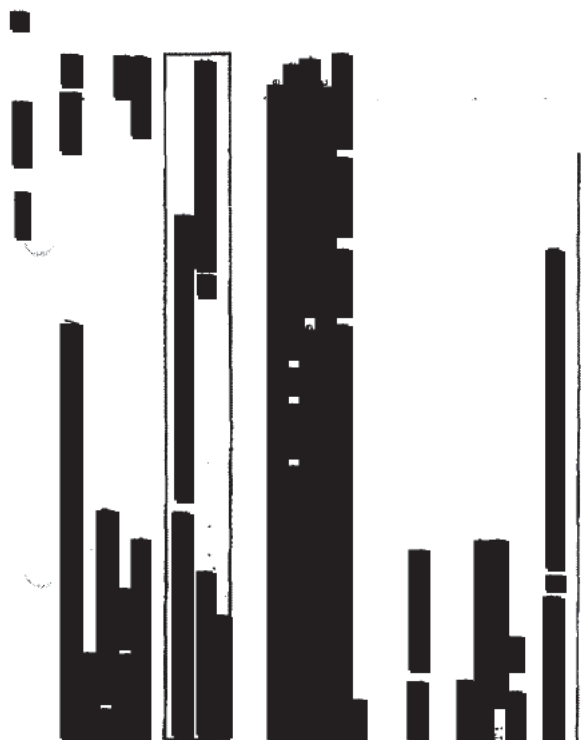
b7C-D

b7E

b6

b7C

b6



TAB 29





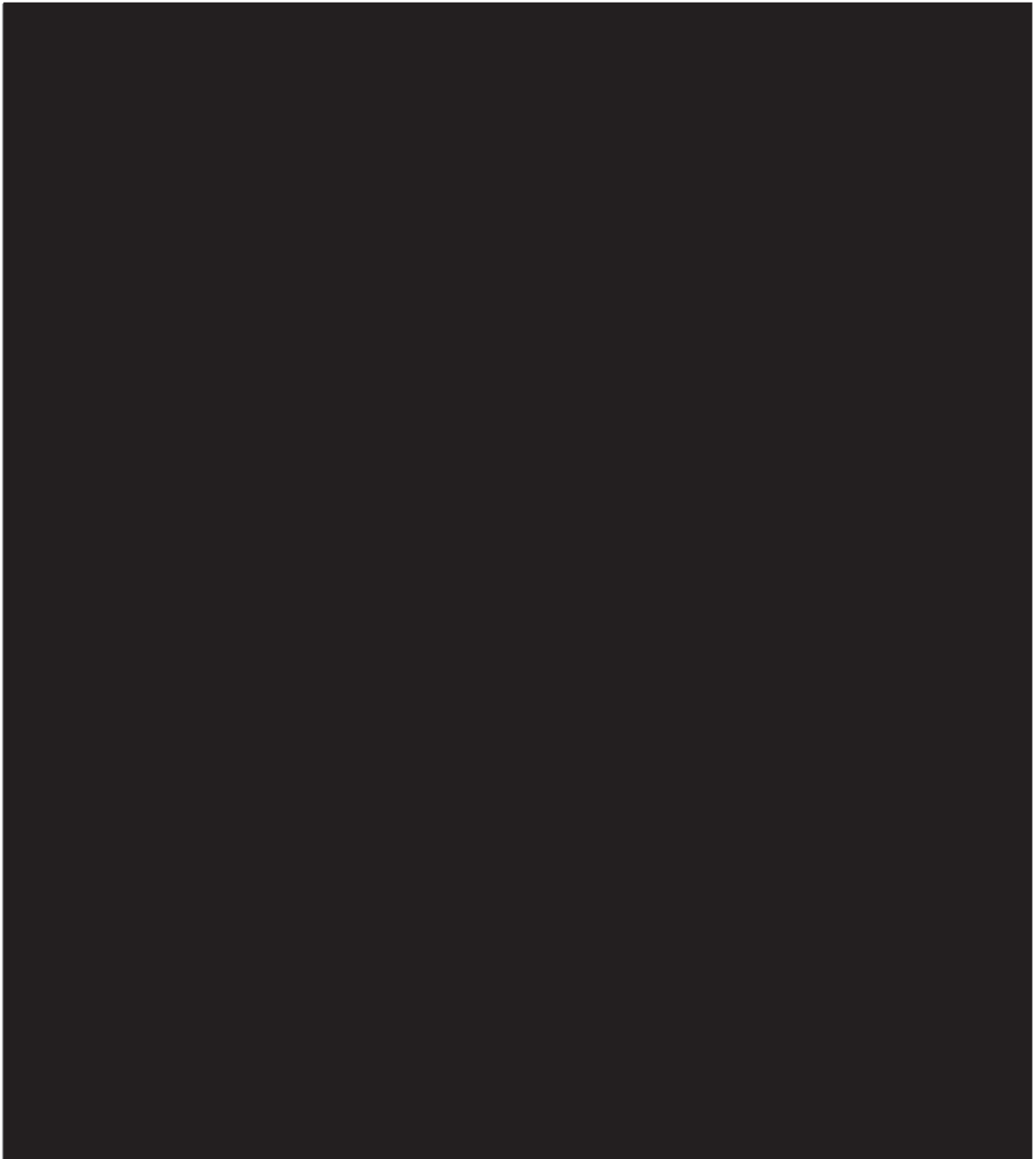
-2-

[illegible]

[illegible]



611 W. Park Street
Urbana, Illinois 61801
(217)383-3311







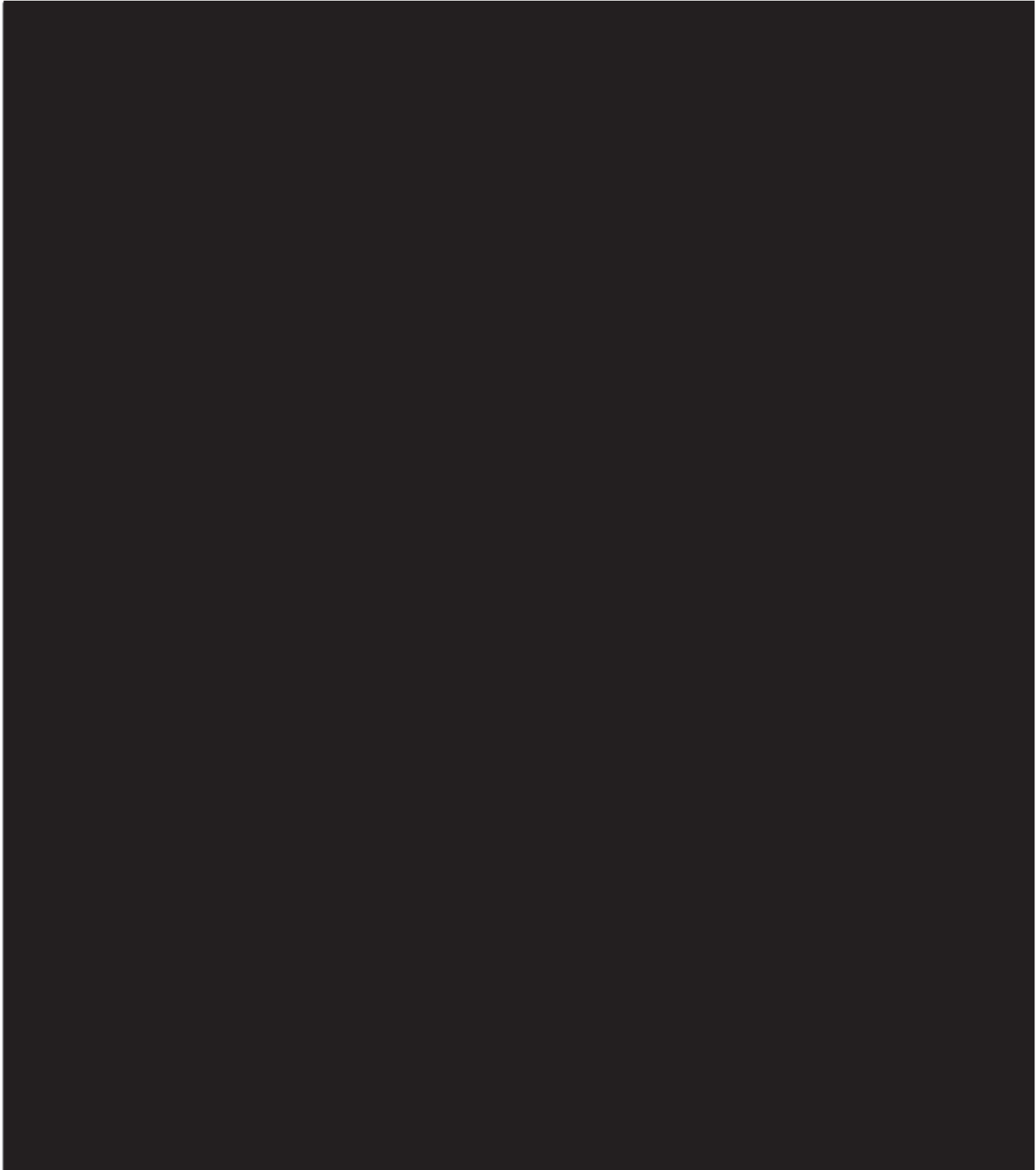
611 W. Park Street
Urbana, Illinois 61801
(217)383-3311







611 W. Park Street
Urbana, Illinois 61801
(217)383-3311







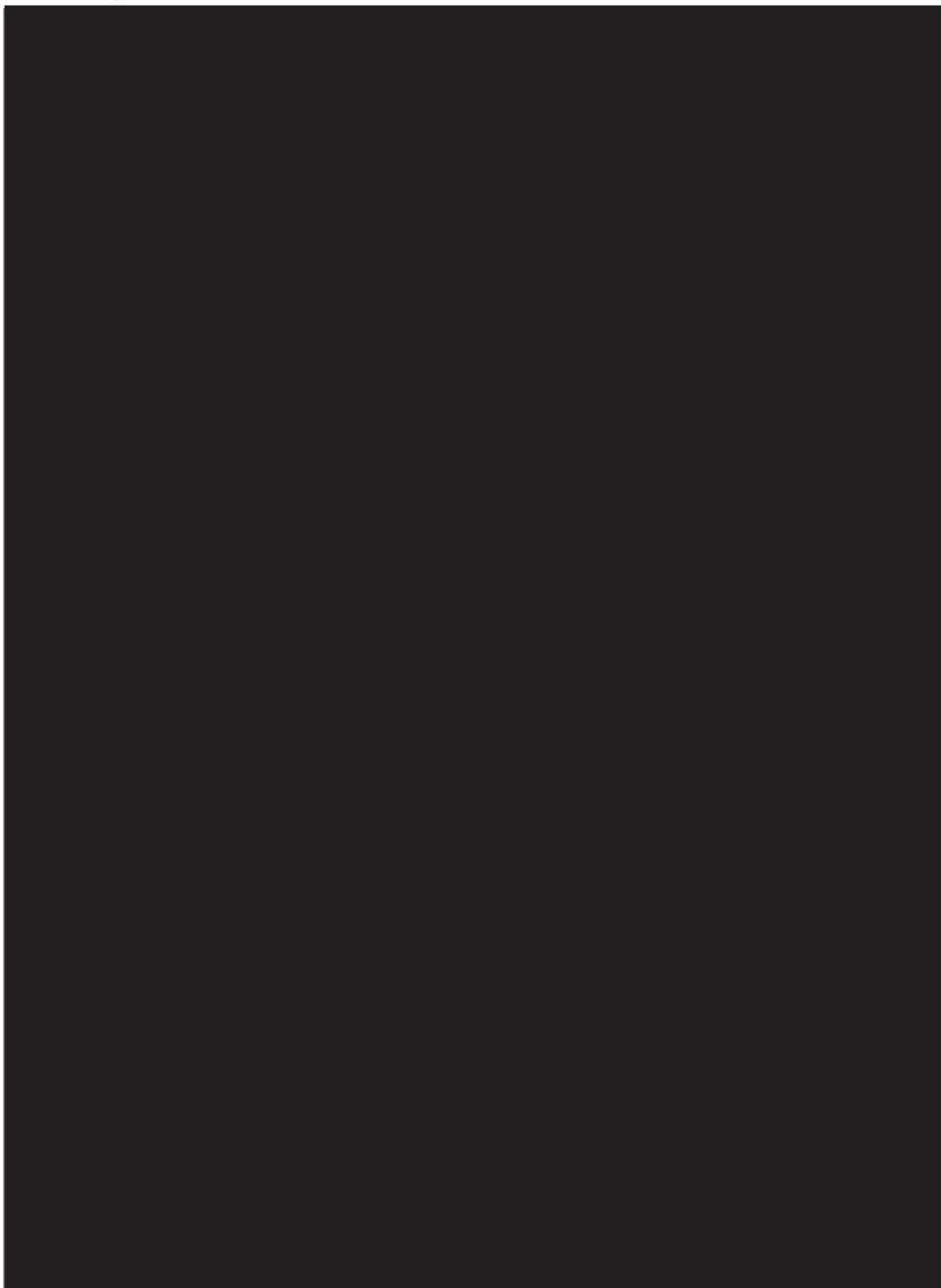
611 W. Park Street
Urbana, Illinois 61801
(217)383-3311







611 W. Park Street
Urbana, Illinois 61801
(217)383-3311





Injury Maintenance

[REDACTED]



[REDACTED] [REDACTED]

Injury Maintenance



Injury Maintenance

[REDACTED]



Injury Maintenance

[REDACTED]



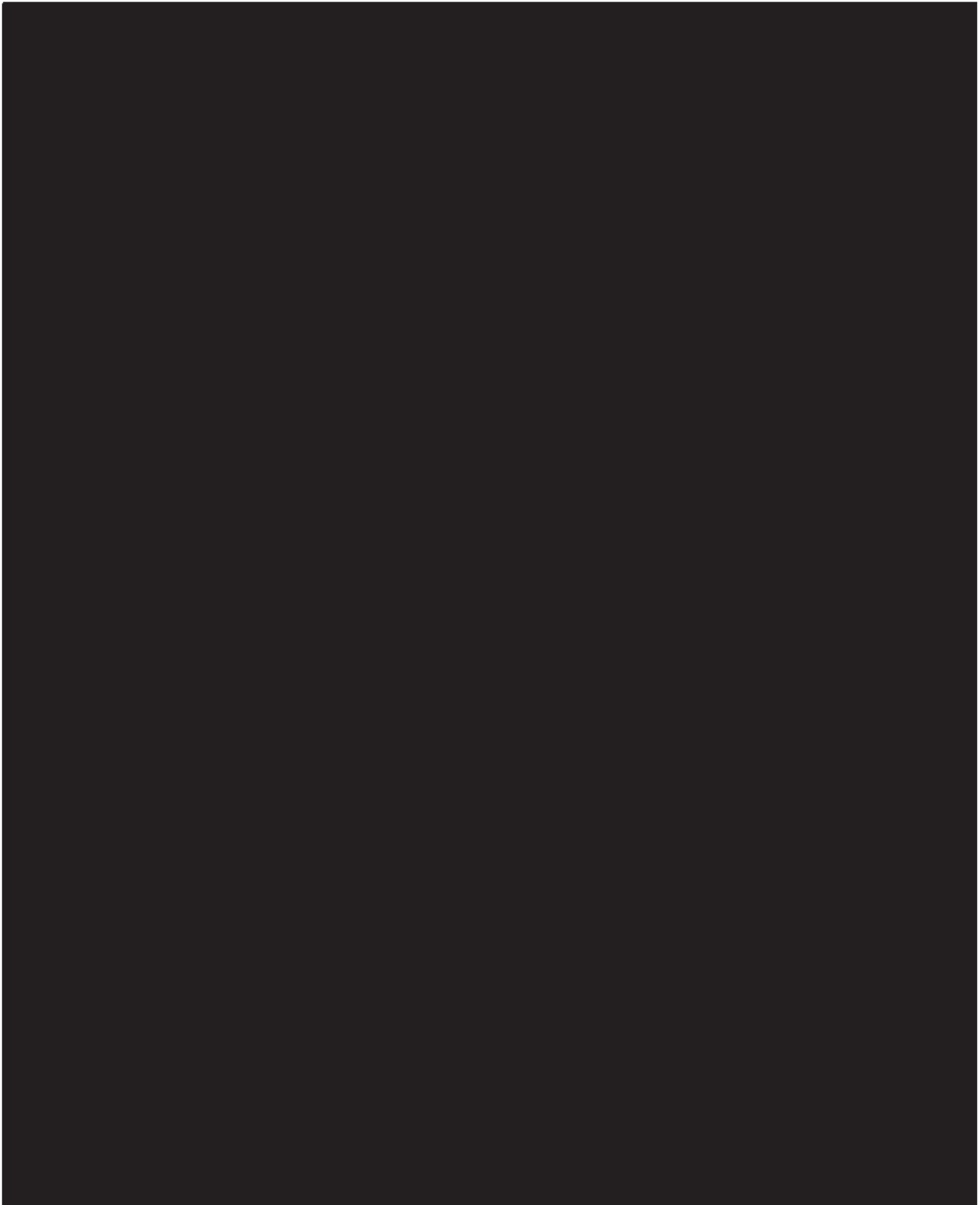
Injury Maintenance

[REDACTED]

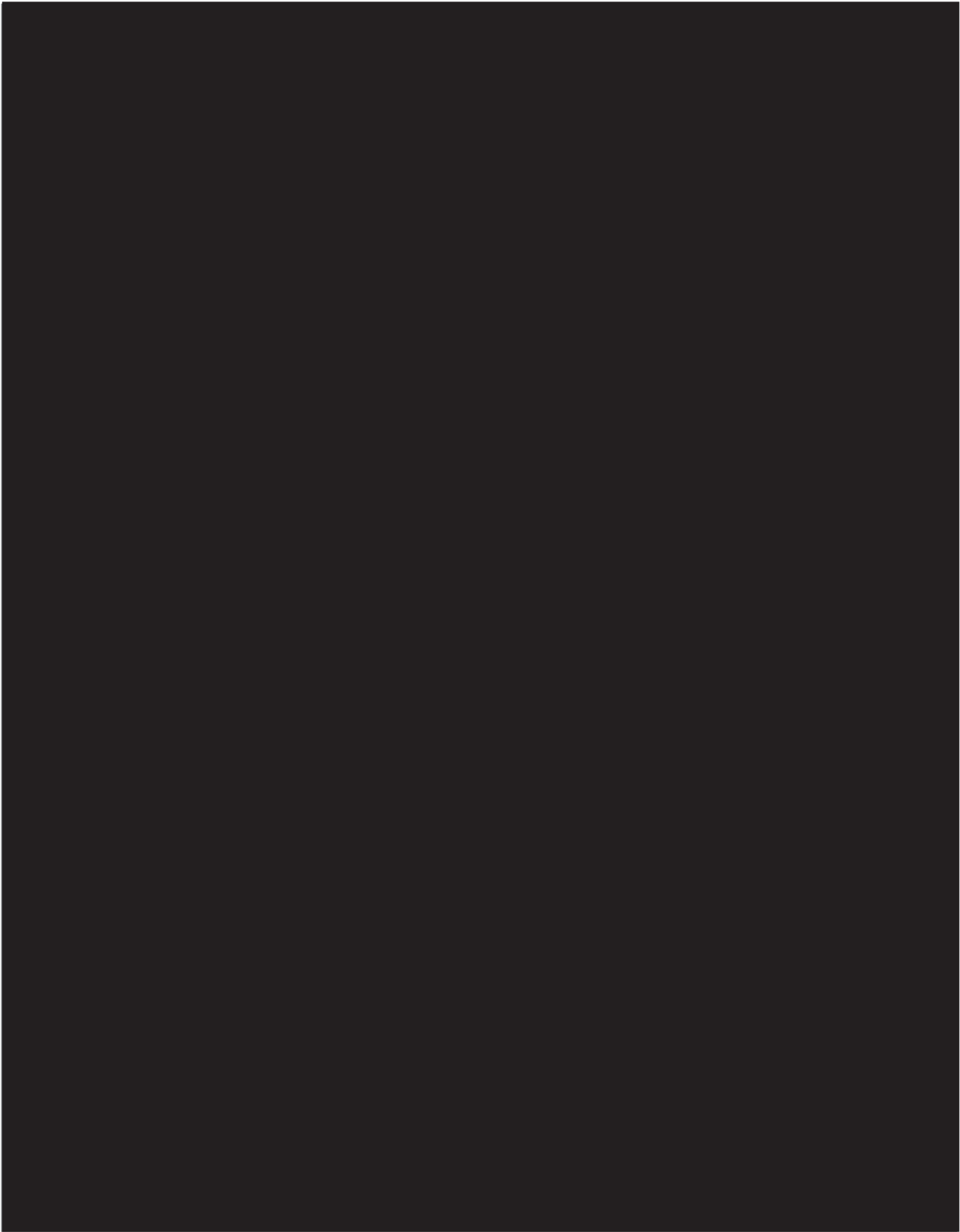


Injury Maintenance

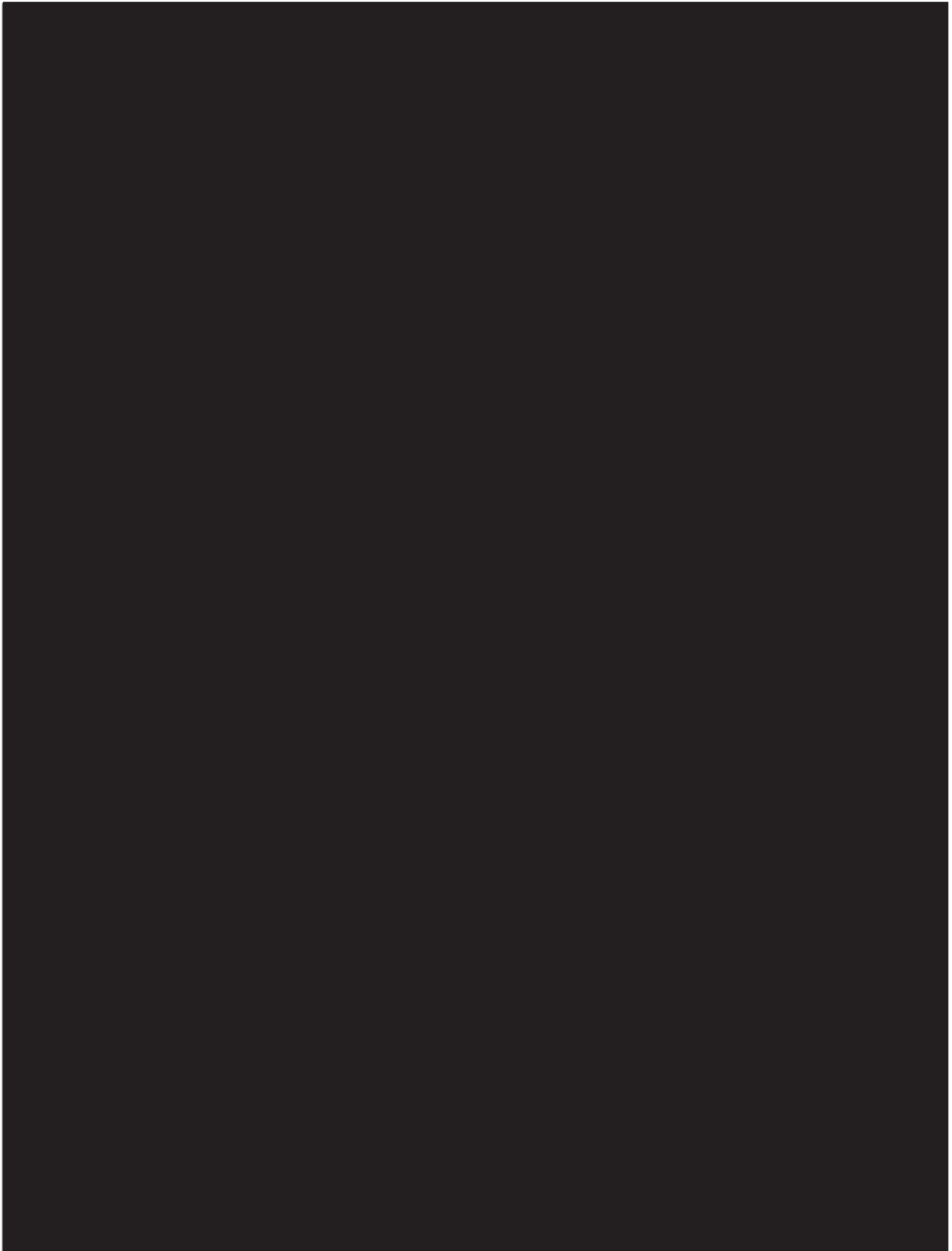
[REDACTED]



[REDACTED]

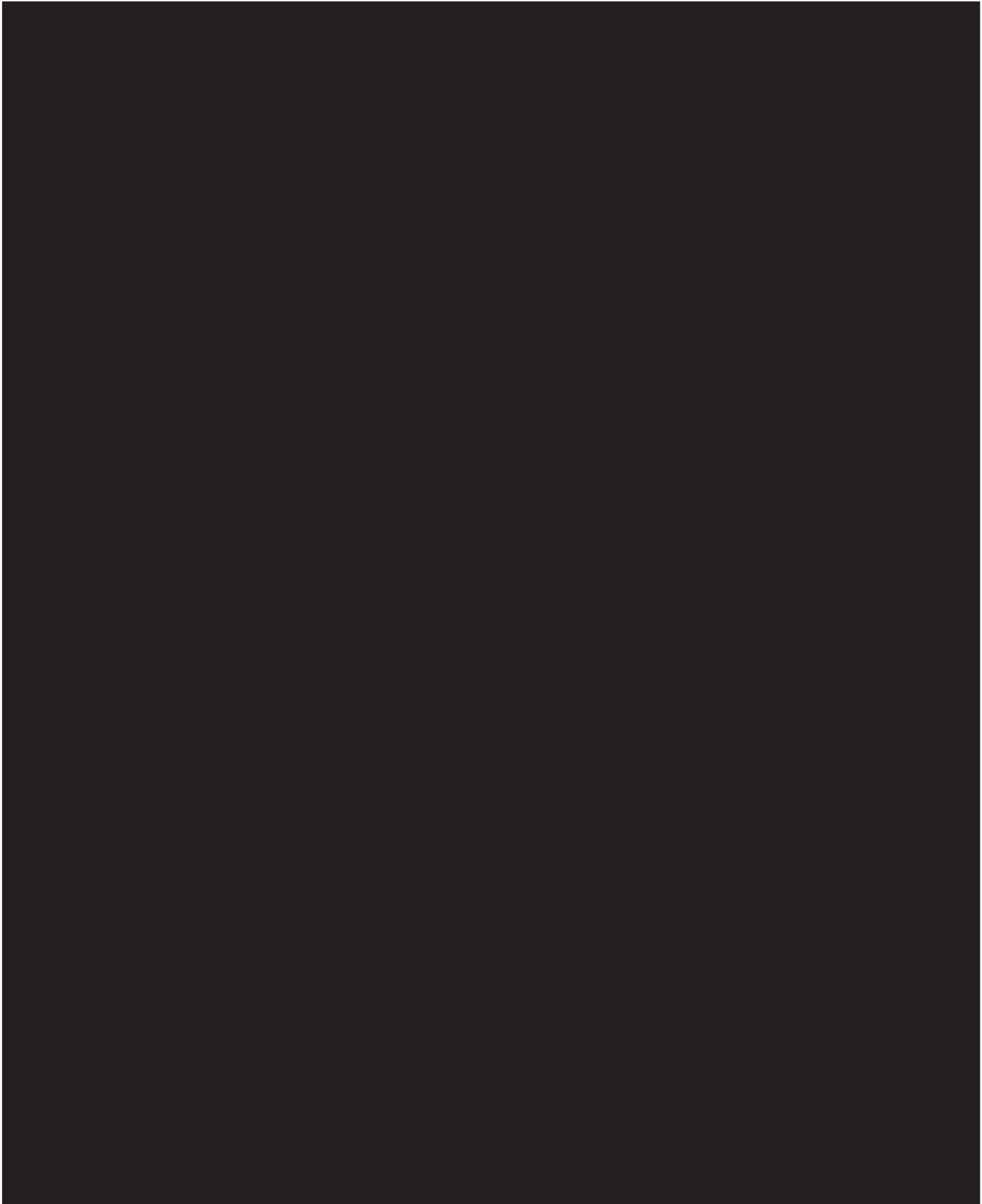


Injury Maintenance



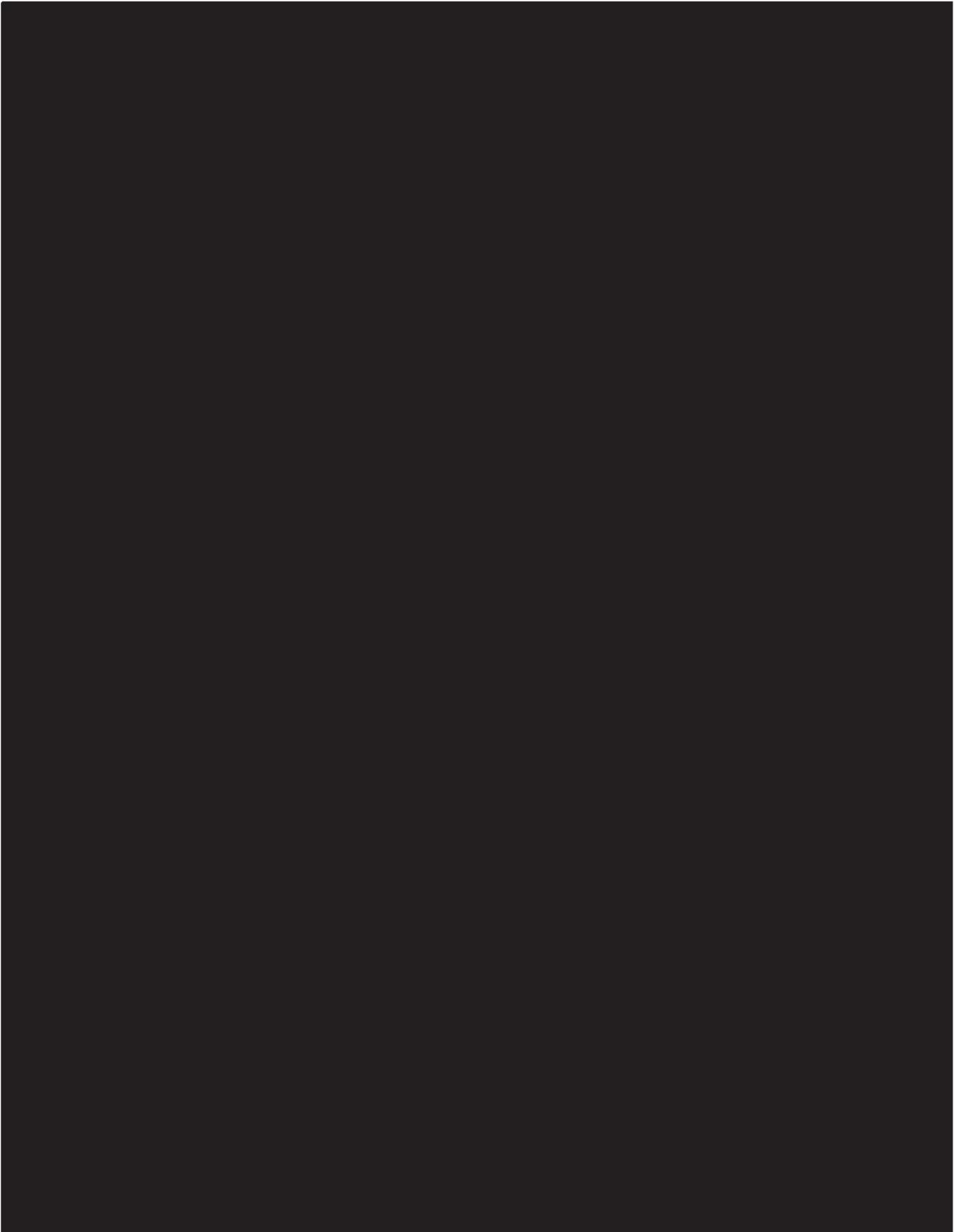
Injury Maintenance

[REDACTED]

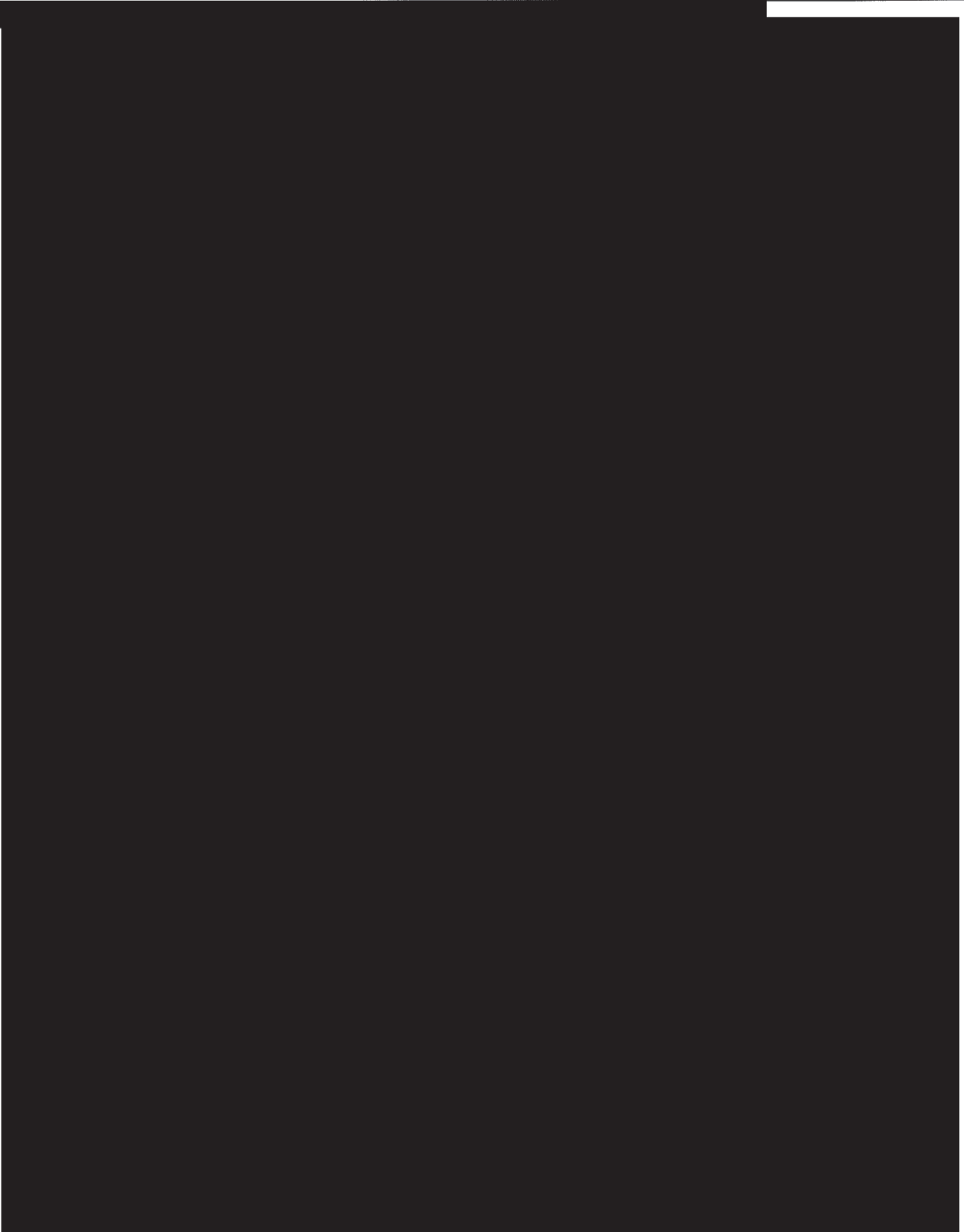


Injury Maintenance

[REDACTED]

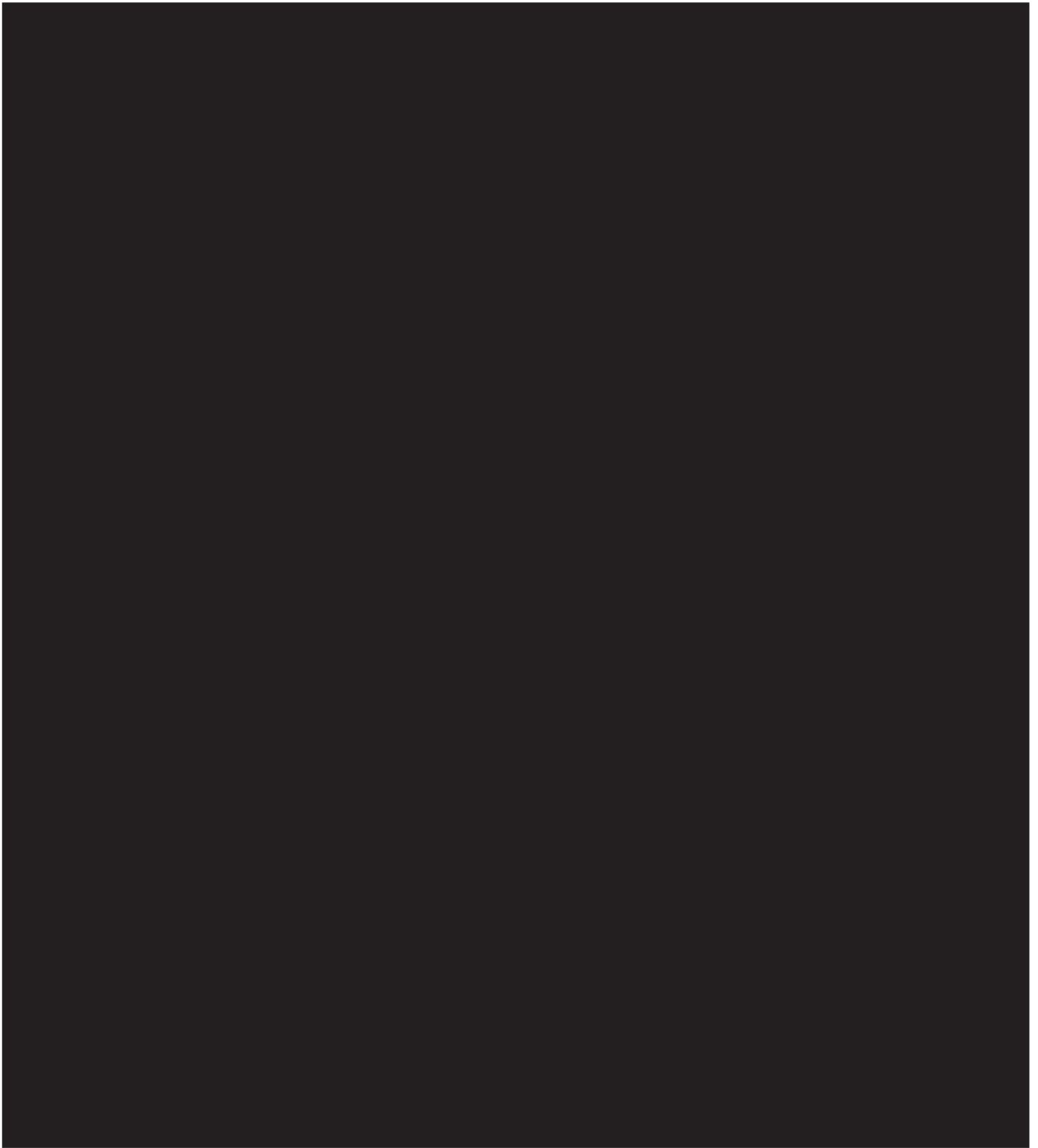


Injury Maintenance



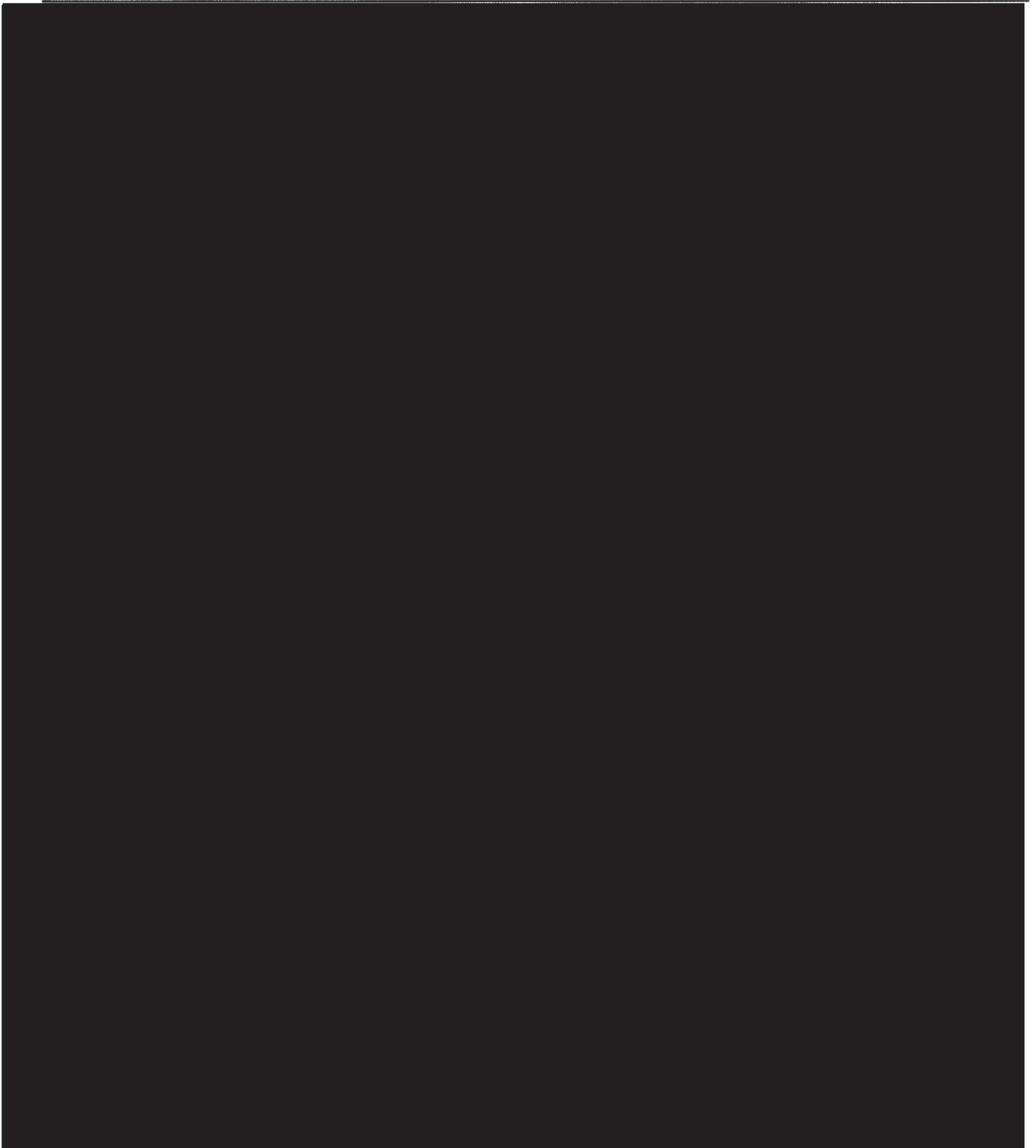
Injury Maintenance

[REDACTED]



Injury Maintenance

[REDACTED]

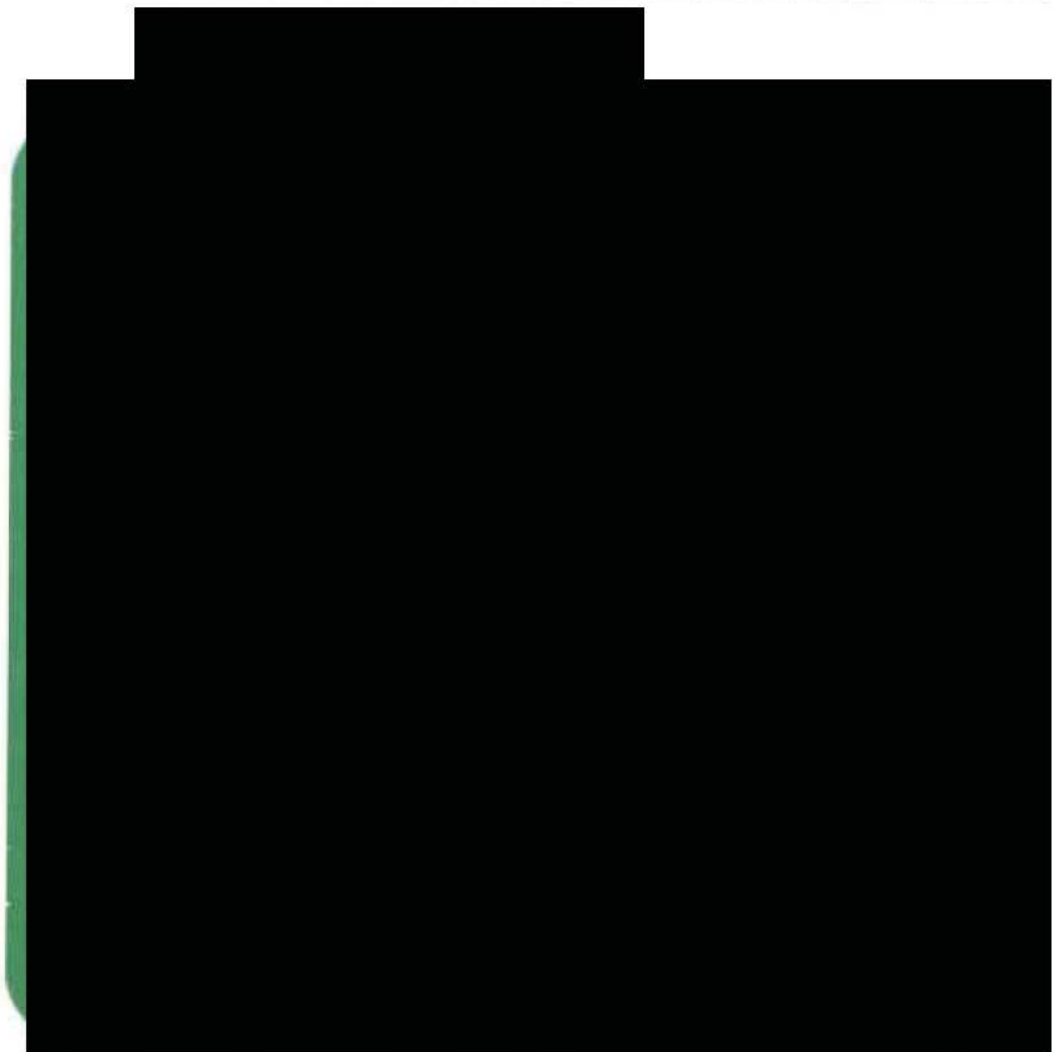


TAB 30

< Messages



Contact



Okay thanks [REDACTED] that's perfect I appreciate it

You're welcome!



iMessage

Send

TAB 31



611 W. Park Street
Urbana, Illinois 61801
(217)383-3311





611 W. Park Street
Urbana, Illinois 61801
(217)383-3311





611 W. Park Street
Urbana, Illinois 61801
(217)383-3311



Injury/Illness Report

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

Injury/Illness Report

[REDACTED]

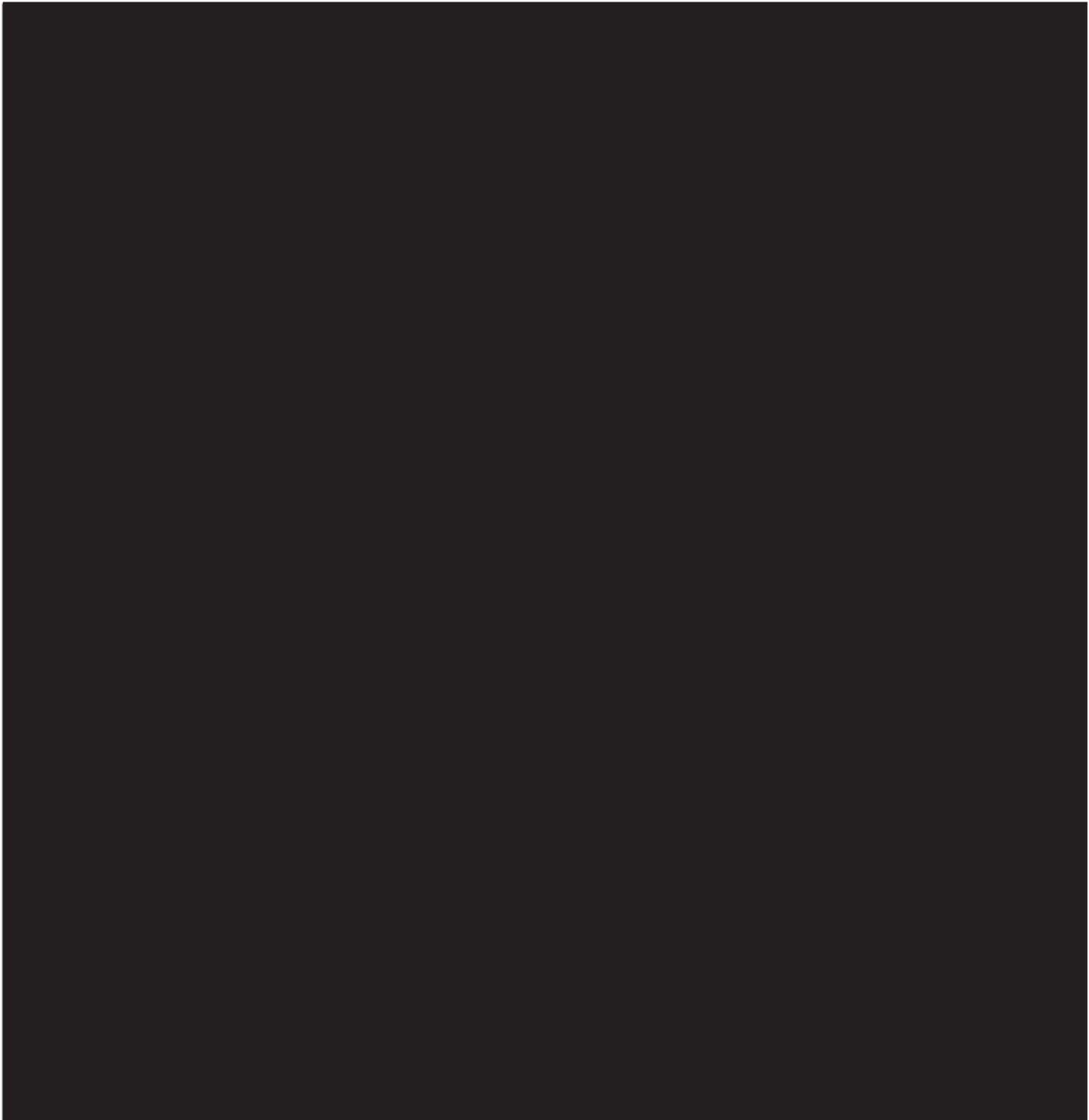
[REDACTED]



Injury/Illness Report

██████████

██████████



Injury/Illness Report

[REDACTED]

[REDACTED]

Injury/Illness Report

[REDACTED]

[REDACTED]



Injury/Illness Report

██████████

██████████



--

██████████

██████████

██████████

Injury/Illness Report

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

Injury/Illness Report

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

Injury/Illness Report

[REDACTED]

[REDACTED]





611 W. Park Street
Urbana, Illinois 61801
(217)383-3311



University of Illinois Training Room
Memorial Stadium

Injury/Illness Report

[REDACTED]

[REDACTED]



Injury Maintenance

[REDACTED]

Injury/Illness Report

██████████

██████████



██████████

██████████

██████████

1

Injury Maintenance

[REDACTED]



[REDACTED] [REDACTED]

TAB 32



[REDACTED]

[REDACTED]

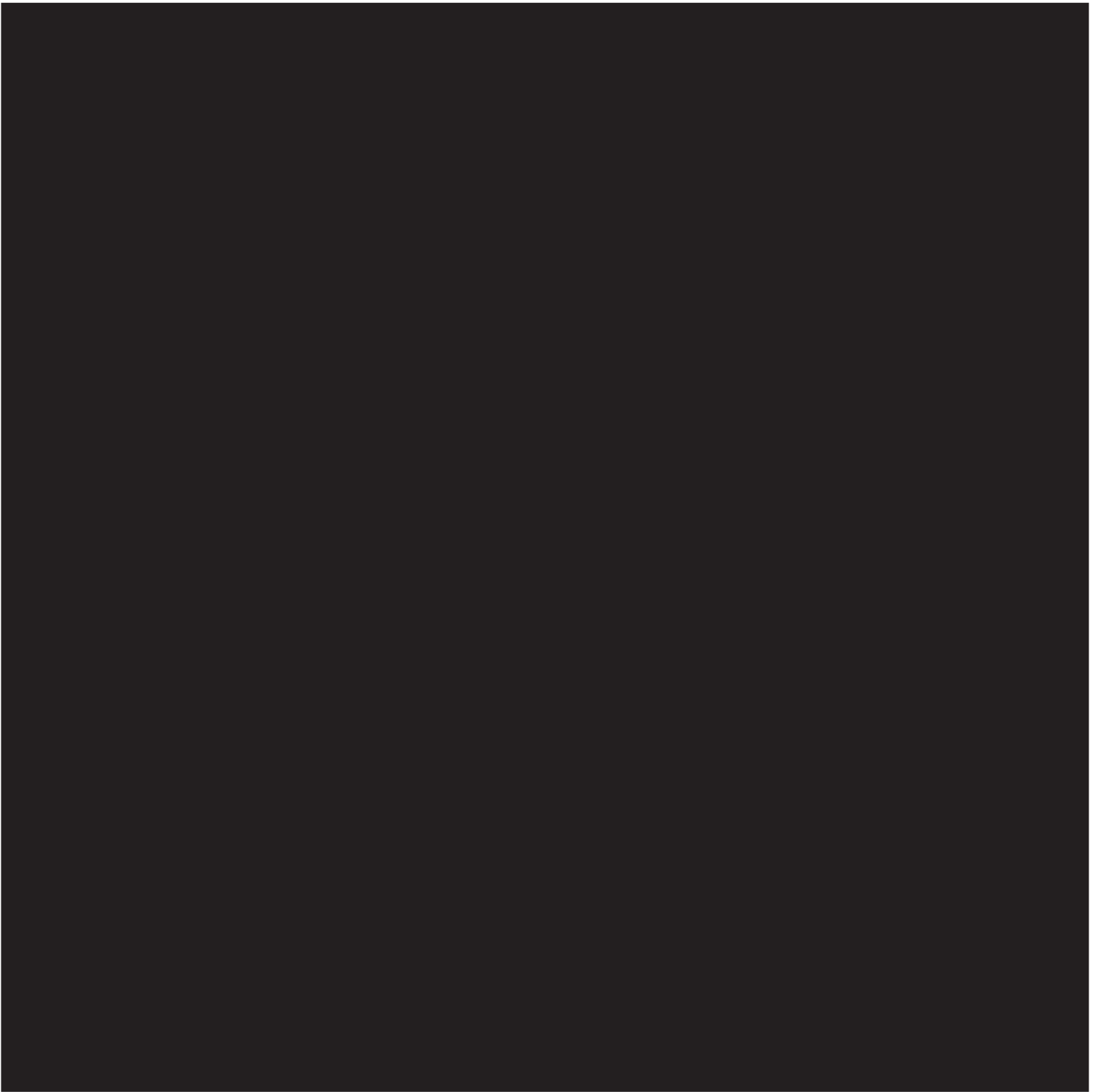
s,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





[REDACTED]

[REDACTED]

TAB 33



611 W. Park
Urbana, Illinois 61801
(217)383-3311



Carle
Carle

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820



-2-

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820

Injury Maintenance

[REDACTED]





611 W. Park
Urbana, Illinois 61801
(217)383-3311





-2-

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820

Electronically Signed and Authenticated by

Lab Information

Lab
CARLE FOUNDATION HOSPITAL
602 W. Park St.
URBANA IL 61801

Signed



810 W. Anthony Drive

Urbana, IL 61801

Phone: (217)326-2255 | Fax: (217)326-0120



Authenticated by: ROBERT A GURTLE on [REDACTED] [REDACTED] [REDACTED]

Robert A. Gurtler, M.D.



cc:

University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820



Robert A. Gurtler, M.D.



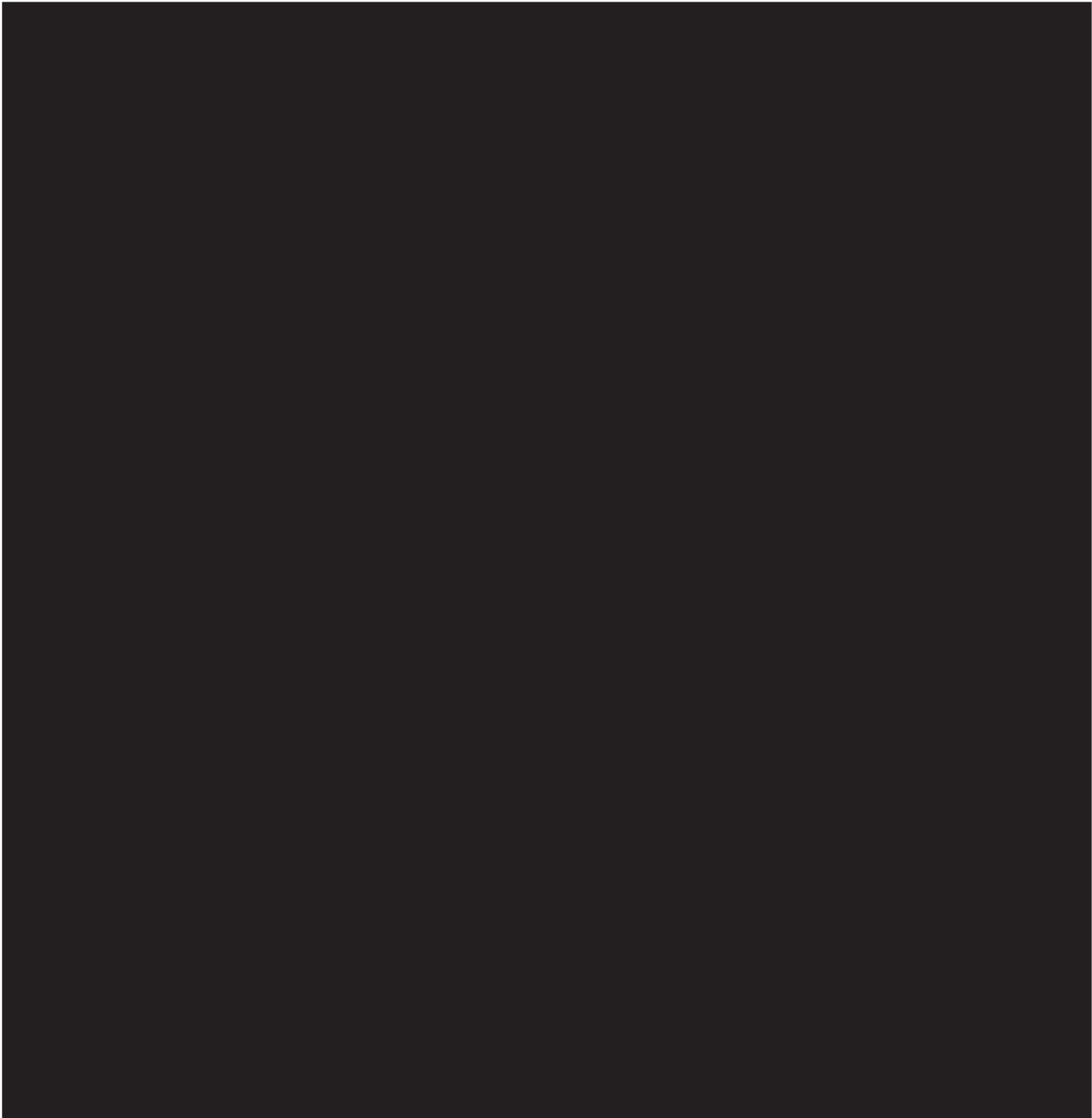
cc:

**University of Illinois Training Room
Memorial Stadium
1402 S. First
Champaign, IL 61820**

Injury/Illness Report

[REDACTED]

[REDACTED]



--

[REDACTED] [REDACTED]

TAB 34

Financial Aid

15.01 General Principles.

15.01.1 Institutional Financial Aid Permitted. A student-athlete may receive scholarships or educational grants-in-aid administered by (see Bylaw 15.02.1) an educational institution that do not conflict with the governing legislation of this Association. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 5/26/09)*

15.01.1.1 Financial Aid to Attend Another Institution. An institution may not provide financial aid to a student-athlete to attend another institution, except as specifically authorized by NCAA legislation. *(Adopted: 1/16/93)*

15.01.2 Improper Financial Aid. Any student-athlete who receives financial aid other than that permitted by the Association shall not be eligible for intercollegiate athletics.

15.01.3 Financial Aid Not Administered by Institution. Any student who receives financial aid other than that administered by the student-athlete's institution shall not be eligible for intercollegiate athletics competition, unless it is specifically approved under the Association's rules of amateurism (see Bylaw 12) or the aid is: *(Revised: 1/15/11 effective 8/1/11)*

- (a) Received from one upon whom the student-athlete is naturally or legally dependent; or
- (b) Awarded solely on bases having no relationship to athletics ability; or
- (c) Awarded through an established and continuing program to aid students under the conditions listed in Bylaw 15.2.6.3.

15.01.4 Contributions by Donor. An individual may contribute funds to finance a scholarship or grant-in-aid for a particular sport, but the decision as to how such funds are to be allocated in the sport shall rest exclusively with the institution. It is not permissible for a donor to contribute funds to finance a scholarship or grant-in-aid for a particular student-athlete.

15.01.5 Eligibility of Student-Athletes for Institutional Financial Aid. A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid. If these regulations are met, the student-athlete may be awarded institutional financial aid during any term in which a student-athlete is in regular attendance [was enrolled initially in a minimum full-time program of studies as defined by the certifying institution during that term (see Bylaw 14.2.2.1.3 for final term exception and Bylaw 15.2.8 for summer-term exception)] under the following circumstances: *(Revised: 6/8/99, 1/9/06 effective 8/1/07, 10/27/11)*

- (a) The student-athlete is an undergraduate with eligibility remaining under Bylaw 12.8 (five-year rule); or
- (b) The student-athlete is a graduate student eligible under Bylaw 14.6.

[Note: See Bylaw 13.1.1.3 for the financial aid implications in the prohibition against contacting student-athletes of another four-year collegiate institution without permission of that institution's athletics director. See Bylaw 14.5.5.4 for financial aid implications related to the academic eligibility of four-year college transfers.]

15.01.5.1 Exception—Part-Time Enrollment After Exhausted Eligibility. An institution may provide financial aid to a student-athlete who has exhausted eligibility in his or her sport and is enrolled in less than a minimum full-time program of studies, provided: *(Adopted: 1/15/11 effective 8/1/11)*

- (a) The student-athlete is carrying for credit the courses necessary to complete degree requirements; or
- (b) The student-athlete is carrying for credit all the degree-applicable courses necessary to complete his or her degree requirements that are offered by the institution during that term.

15.01.5.2 Exception—Former Student-Athletes. Institutional financial aid may be awarded to a former student-athlete for any term during which he or she is enrolled (full time or part time). *(Adopted: 10/27/11)*

15.01.5.3 Effect of Violation of Conference Rule. A violation of Bylaw 15.01.5 that relates only to a conference rule shall be considered an institutional violation per Constitution 2.8.1; however, such a violation shall not affect the student-athlete's eligibility. *(Adopted: 10/27/06)*

15.01.6 Maximum Institutional Financial Aid to Individual. An institution shall not award financial aid to a student-athlete that exceeds the cost of attendance that normally is incurred by students enrolled in a comparable program at that institution (see Bylaw 15.1). *(Revised: 4/29/04 effective 8/1/04)*

15.01.6.1 Student Assistance Fund. The receipt of money from the NCAA Student Assistance Fund for student-athletes is not included in determining the permissible amount of financial aid that a member institution may award to a student-athlete. Member institutions and conferences shall not use money received from the fund to finance salaries, grants-in-aid (other than summer school) for student-athletes with remaining eligibility, capital improvements, stipends and outside athletics development opportunities for student-athletes (e.g., participation in a sports camp or clinic, private sports-related instruction, greens fees, batting cage rental, outside foreign tour expenses). *(Adopted: 4/24/03, Revised: 1/8/07, 2/24/12)*

15.01.7 Sport-by-Sport Financial Aid Limitations. Division I may establish limitations on the number of financial aid awards a member institution may provide to countable student-athletes (counters) (see Bylaw 15.5).

15.01.8 Additional Financial Aid Limitations. The Committee on Academic Performance shall have the authority to determine the circumstances that would require an institution or team(s) that fails to satisfy the academic performance program to apply additional financial aid limitations. The Committee on Academic Performance shall establish and annually publish to the membership such circumstances (see Bylaw 14.8). (*Adopted: 4/29/04 effective 8/1/04*)

15.02 Definitions and Applications.

15.02.1 Administered By. Financial aid is administered by an institution if the institution, through its regular committee or other agency for the awarding of financial aid to students generally, makes the final determination of the student-athlete who is to receive the award and of its value.

15.02.2 Cost of Attendance. The “cost of attendance” is an amount calculated by an institutional financial aid office, using federal regulations, that includes the total cost of tuition and fees, room and board, books and supplies, transportation, and other expenses related to attendance at the institution. (*Adopted: 1/11/94*)

15.02.2.1 Calculation of Cost of Attendance. An institution must calculate the cost of attendance for student-athletes in accordance with the cost-of-attendance policies and procedures that are used for students in general. Accordingly, if an institution’s policy allows for students’ direct and indirect costs (e.g., tuition, fees, room and board, books, supplies, transportation, child care, cost related to a disability and miscellaneous personal expenses) to be adjusted on an individual basis from the institution’s standard cost figure, it is permissible to make the same adjustment for student-athletes, provided the adjustment is documented and is available on an equitable basis to all students with similar circumstances who request an adjustment. (*Adopted: 1/11/94*)

15.02.3 Counter. A “counter” is an individual who is receiving institutional financial aid that is countable against the aid limitations in a sport.

15.02.3.1 Initial Counter. [FBS/FCS] An “initial counter” is a counter who is receiving countable financial aid in a sport for the first time. (See Bylaw 15.5.6.3 in football for instances in which the institution is permitted to defer the counting of such financial aid until the following academic year.)

15.02.4 Financial Aid. “Financial aid” is funds provided to student-athletes from various sources to pay or assist in paying their cost of education at the institution. As used in NCAA legislation, “financial aid” includes all institutional financial aid and other permissible financial aid as set forth below. (See Bylaws 15.01.6.1, 16.2, 16.3 and 16.4.) (*Revised: 5/26/09*)

15.02.4.1 Athletically Related Financial Aid. Athletically related financial aid is financial aid that is awarded on any basis that is related to athletics ability, participation or achievement. If an application process specifically requests athletics participation or achievements as criteria for consideration in determining whether an applicant receives financial aid, aid received pursuant to such a process is athletically related financial aid. (*Adopted: 1/18/14 effective 8/1/14*)

15.02.4.2 Institutional Financial Aid. The following sources of financial aid are considered to be institutional financial aid: (*Revised: 1/11/94 effective 8/1/94, 1/14/97 effective 8/1/97, 4/26/01 effective 8/1/01, 10/31/02 effective 8/1/03, 1/15/11 effective 8/1/11*)

(a) All funds administered by the institution, which include but are not limited to the following:

- (1) Scholarships;
- (2) Grants;
- (3) Tuition waivers;
- (4) Employee dependent tuition benefits, unless the parent or the legal guardian of a student-athlete has been employed as a full-time faculty/staff member for a minimum of five years; and
- (5) Loans.

(b) Aid from government or private sources for which the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient.

15.02.4.3 Other Permissible Financial Aid. The following sources of financial aid are also permitted: (*Revised: 4/29/04 effective 8/1/04, 1/10/95 effective 8/1/95, 1/15/11 effective 8/1/11*)

- (a) Financial aid received from anyone upon whom the student-athlete is naturally or legally dependent;
- (b) Financial aid awarded solely on bases having no relationship to athletics ability;
- (c) Financial aid awarded through an established and continuing outside program as outlined in Bylaw 15.2.6.3; and
- (d) Educational expenses awarded by the U.S. Olympic Committee, which count against an institution’s sport-by-sport financial aid limitations and against the individual’s full-grant-in-aid limit.

15.02.4.4 Exempted Institutional Financial Aid. The following institutional financial aid is exempt and is not counted in determining the institution's financial aid limitations: (*Revised: 1/10/91, 1/10/92, 4/25/02, 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04, 1/15/11 effective 8/1/11*)

- (a) An honorary award for outstanding academic achievement or an established institutional research grant that meets the criteria set forth in Bylaw 15.02.6 (and must be included in determining if the student-athlete's cost of attendance has been met);
- (b) A postgraduate scholarship awarded by an institution in accordance with Bylaw 16.1.4.1.1;
- (c) Federal government grants awarded based on a student's demonstrated financial need [e.g., Supplemental Educational Opportunities Grant (SEOG)], regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient;
- (d) State government grants awarded based on a student's demonstrated financial need, regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient, provided the aid is administered in accordance with the federal methodology for determining a student's financial need and has no relationship to athletics ability. However, such aid is not exempt for purposes of determining a football or basketball student-athlete's counter status pursuant to Bylaw 15.5.1.1;
- (e) State government merit-based grants, regardless of whether the institution is responsible for selecting the recipient or determining the amount of aid, or providing matching or supplementary funds for a previously determined recipient, provided the aid is awarded consistent with the criteria of Bylaws 15.5.3.2.2.1, 15.5.3.2.2.2 or 15.5.3.2.2.3 and has no relationship to athletics ability. However, such aid is not exempt for purposes of determining a football or basketball student-athlete's counter status pursuant to Bylaw 15.5.1.1; and
- (f) Matching payments made by the Department of Veterans Affairs pursuant to the Yellow Ribbon G.I. Education Enhancement Program [see Bylaw 15.2.5.1-(e)].

15.02.4.5 Exempted Government Grants. Government grants listed in Bylaw 15.2.5.1 shall not be included when determining the cost of attendance for a student-athlete. (*Revised: 1/11/89, 4/29/04 effective 8/1/04*)

15.02.4.6 Operation Gold Grant. Funds administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant program shall not be included when determining the cost of attendance for a student-athlete. (*Revised: 4/29/04 effective 8/1/04*)

15.02.5 Full Grant-in-Aid. A full grant-in-aid is financial aid that consists of tuition and fees, room and board, and required course-related books.

15.02.6 Honorary Academic Award/Research Grant. An honorary academic award for outstanding academic achievement or a research grant is an award that meets the following criteria: (*Revised: 1/10/91, 1/10/92, 10/28/04, 1/14/08 effective 8/1/08*)

- (a) The award or grant is a standing scholarship award or an established research grant;
- (b) The basis for the award or grant shall be the candidate's academic record at the awarding institution;
- (c) The award or grant shall be determined by competition among the students of a particular class or college of the institution. Competition for the award or grant may include additional objective criteria unrelated to athletics abilities (e.g., gender, race and ethnicity, financial need); and
- (d) The award or grant is included in determining if the student-athlete's cost-of-attendance limitation has been met.

15.02.7 Period of Award. The period of award begins when the student-athlete receives any benefits as a part of the student's grant-in-aid on the first day of classes for a particular academic term, or the first day of practice, whichever is earlier, until the conclusion of the period set forth in the financial aid agreement. An athletics grant-in-aid shall not be awarded in excess of the student-athlete's five-year period of eligibility. (*Revised: 10/27/11*)

15.02.8 Recruited Student-Athlete. For purposes of Bylaw 15, a recruited student-athlete is a student-athlete who, as a prospective student-athlete: (*Adopted: 1/15/11 effective 8/1/11*)

- (a) Was provided an official visit to the institution's campus;
- (b) Had an arranged, in-person, off-campus encounter with a member of the institution's coaching staff (including a coach's arranged, in-person, off-campus encounter with the prospective student-athlete or the prospective student-athlete's parents, relatives or legal guardians); or
- (c) Was issued a National Letter of Intent or a written offer of athletically related financial aid by the institution for a regular academic term.

15.02.9 Signature. For purposes of Bylaw 15, a signature includes an electronic authorization (e.g., electronic signature). (*Adopted: 3/5/12*)

15.1 Maximum Limit on Financial Aid—Individual.

A student-athlete shall not be eligible to participate in intercollegiate athletics if he or she receives financial aid that exceeds the value of the cost of attendance as defined in Bylaw 15.02.2. A student-athlete may receive institutional financial aid based on athletics ability (per Bylaw 15.02.4.2) and educational expenses awarded per Bylaw 15.2.6.4 up to the value of a full grant-in-aid, plus any other financial aid up to the cost of attendance. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 4/29/04 effective 8/1/04, 5/26/09, 1/15/11 effective 8/1/11)*

15.1.1 Exception for Pell Grant. A student-athlete who receives a Pell Grant may receive financial aid equivalent to the limitation set forth in Bylaw 15.1 or the value of a full grant-in-aid plus the Pell Grant, whichever is greater. *(Adopted: 4/29/04 effective 8/1/04)*

15.1.2 Types of Aid Included in Limit. In determining whether a student-athlete's financial aid exceeds the cost of attendance, all institutional financial aid (per Bylaw 15.02.4.2) and all funds received from the following and similar sources shall be included (see Bylaws 15.02.4.4, 15.02.4.5 and 15.02.4.6 for types of financial aid that are exempt from a student-athlete's individual limit): *(Revised: 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04)*

- (a) **Government Grants.** Government grants for educational purposes, except for those listed in Bylaw 15.2.5;
- (b) **Other Scholarships and Grants.** Other outside scholarships or grants-in-aid; *(Revised: 1/10/95 effective 8/1/95, 4/29/04 effective 8/1/04)*
- (c) **Gifts.** The value of gifts given to a student-athlete following completion of eligibility in appreciation for or recognition of the student-athlete's athletics accomplishments;
- (d) **Professional Sports Stipend.** Any bonus or salary (no matter when received or contracted for) from a professional sports organization;
- (e) **Athletics Participation Compensation.** Any other income (no matter when received or contracted for) from participation in an athletics event (except funds that are administered by the U.S. Olympic Committee pursuant to its Operation Gold Grant Program) unless eligibility has been exhausted in that sport; and *(Revised: 1/11/94 effective 8/1/94)*
- (f) **Loans.** Loans, except legitimate loans that are based upon a regular repayment schedule, available to all students and administered on the same basis for all students.

15.1.3 Reduction When Excess Aid Is Awarded. In the event that a student-athlete's financial aid from the sources listed in Bylaw 15.1.2, which includes institutional financial aid, will exceed the cost of attendance for the balance of the academic year, the institution shall reduce institutional financial aid so as not to exceed the cost of attendance. Payments credited to a student-athlete's account that are not refundable by the institution to the scholarship office or other appropriate institutional agency shall not become the student's obligation. *(Revised: 4/29/04 effective 8/1/04)*

15.2 Elements of Financial Aid.

15.2.1 Tuition and Fees. An institution may provide a student-athlete financial aid that includes the actual cost of tuition and required institutional fees.

15.2.1.1 Permissible Fees. A student-athlete may be awarded financial aid that covers the payment of fees for a course in which the student-athlete is enrolled, if the course is part of the institution's regular curriculum (included in the institution's catalog of classes), and the institution pays these same fees for other students enrolled in the course who receive fees as a part of a grant-in-aid or scholarship.

15.2.1.2 Optional Fees. An institution may not pay fees for services offered on an optional basis to the student body in general.

15.2.1.3 Noninstitutional Fees and Expenses. Fees paid by an institution are confined to required institutional fees and do not include noninstitutional fees or expenses (e.g., the cost of typing reports for student-athletes).

15.2.1.4 Fees and Related Expenses for Prospective Student-Athletes. An institution shall not waive, pay in advance or guarantee payment of the following expenses for a prospective student-athlete, unless such benefits generally conform to institutional policy as it applies to other prospective student-grantees:

- (a) The institution's processing fee required prior to the admissions office's evaluation of the prospective student-athlete's application;
- (b) The orientation-counseling tests fee required of all incoming freshmen;
- (c) The preadmission academic testing fee;
- (d) Advance tuition payment or room deposit;
- (e) Damage deposits for dormitory rooms;
- (f) ROTC deposits for military equipment; or
- (g) Any other pre-enrollment fees required of prospective student-grantees.

15.2.1.4.1 Fees Rebate. If the prospective student-athlete enrolls and is awarded financial aid covering institutional fees, the fees described in Bylaw 15.2.1.4-(a) through Bylaw 15.2.1.4-(d) may be rebated as a part of the institution's regular fees.

15.2.2 Room and Board. An institution may provide a student-athlete financial aid that includes the cost of room and board, based on the official allowance for a room as listed in the institution's official publication (e.g., catalog) and a board allowance that consists of three meals per day or the institution's maximum meal plan that is available to all students, whichever is greater. *(Revised: 10/28/99 effective 8/1/00, 1/18/14 effective 8/1/14)*

15.2.2.1 Room and Board Stipend. An institution may provide the student-athlete an amount equal to the institution's official on-campus room allowance as listed in its catalog, the average of the room costs of all of its students living on campus or the cost of room as calculated based on its policies and procedures for calculating the cost of attendance for all students. The institution also may provide the student-athlete an amount that is equivalent to the value of the maximum meal plan that is available to all students or the cost of meals as calculated based on its policies and procedures for calculating the cost of attendance for all students, excluding those meals provided as part of the training table. Meals provided on the training table shall be deducted at the regular cost figure from such a student-athlete's board allowance. *(Revised: 1/10/92, 11/12/97, 10/28/99 effective 8/1/00, 4/27/06 effective 8/1/06, 1/18/14 effective 8/1/14)*

15.2.2.1.1 Determination of Off-Campus Room Rates. An institution with several official on-campus room rates listed in its catalog may use the average of the room cost for all students living on campus (based on a weighted average for all students who reside in on-campus facilities) or the cost of room as calculated based on its policies and procedures for calculating the cost of attendance for all students. *(Revised: 11/12/97, 4/27/06 effective 8/1/06)*

15.2.2.1.2 Institution With No On-Campus Room and Board Facilities. If an institution does not provide an official dollar amount for room and board in its catalog and does not have on-campus student room and board facilities, the figure provided to student-athletes for off-campus student room and board shall be the amount determined by the institution's office of financial aid as being commensurate with the average cost a student at that institution normally would incur living and eating in off-campus facilities. *(Revised: 11/12/97)*

15.2.2.1.3 Married Student Housing. Married student-athletes who live in noninstitutional housing are permitted to receive the same room and board allowance that is provided to married students with on-campus housing. If the institution does not provide on-campus room and board facilities for married students but has other on-campus dormitory facilities, it must use the provisions of Bylaw 15.2.2.1 in determining the amount of room-and-board expenses a married student-athlete who lives in noninstitutional facilities may receive. *(Adopted: 1/10/92)*

15.2.2.1.4 Cost-Free Apartment. It is permissible for the institution to arrange for a cost-free, off-campus apartment rather than to give a student-athlete an amount equal to the institution's official room allowance (as listed in its catalog) or the cost of a room as calculated based on its policies and procedures for calculating the cost of attendance for all students, provided the apartment is not rented by the institution at a reduced rate. However, if the actual rental rate is more than the institutional room allowance, the student-athlete shall pay the additional amount from the student-athlete's own resources. *(Revised: 4/27/06 effective 8/1/06)*

15.2.2.1.5 Training-Table Meals. The cost of meals provided on the institution's training table shall be deducted from a student-athlete's board allowance, even if the student-athlete is not receiving a full grant-in-aid. In determining the cost figure to be deducted, the institution may use the actual meal costs listed in the institution's catalog or the average meal costs of its student-athletes living on campus.

15.2.2.1.6 Meals Incidental to Participation. The cost of meals and snacks provided as benefits incidental to participation in intercollegiate athletics need not be deducted from a student-athlete's board allowance. Such meals and snacks also may be received by a student-athlete who is not receiving athletically related financial aid inasmuch as they constitute a benefit incidental to athletics participation [see Bylaw 16.5.2-(d)]. *(Revised: 4/24/14)*

15.2.2.2 Facility Designated by Institution. It is permissible for the institution to require a grant-in-aid recipient to obtain room and board in a facility designated by the institution, provided the requirement is contained in the written statement outlining the amount, duration, conditions and terms of the financial aid agreement (see Bylaw 15.3.2.2).

15.2.2.3 Summer Dormitory Rentals. An institution may rent dormitory space to a prospective or enrolled student-athlete during the summer months at the regular institutional rate, if it is the institution's policy to make such dormitory space available on the same basis to all prospective or enrolled students.

15.2.2.4 Food Stamps. A grant-in-aid recipient who lives and eats off campus may use the money provided for his or her board to obtain governmental food stamps, provided the stamps are available to the student body in general. Additionally, the student-athlete must be eligible for such stamps without any special arrangements on the part of athletics department personnel or representatives of the institution's athletics interests.

15.2.3 Books. A member institution may provide a student-athlete financial aid that covers the actual cost of required course-related books. [R] (*Revised: 4/24/03 effective 8/1/03*)

15.2.3.1 Dollar Limit. There is no dollar limit for books a student-athlete may receive, provided each book is required for a course in which the student-athlete is enrolled. The institution may provide the student-athlete with cash to purchase books, as long as the amount of cash provided is equal to the actual cost of the books purchased. [R] (*Revised: 4/24/03 effective 8/1/03*)

15.2.4 Other Expenses Related to Attendance. An institution may provide a student-athlete financial aid that covers other expenses related to attendance in combination with other permissible elements of financial aid (per Bylaw 15.2) up to the cost of attendance (see Bylaws 15.02.2 and 15.1). (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) (*Adopted: 4/29/04 effective 8/1/04, Revised: 5/26/09*)

15.2.5 Government Grants. Government grants for educational purposes shall be included when determining the permissible amount of the cost of attendance for a student-athlete, except for those listed in Bylaw 15.2.5.1. (*Revised: 1/11/89, 4/29/04 effective 8/1/04, 4/21/05*)

15.2.5.1 Exempted Government Grants. The following government grants for educational purposes shall not be included when determining the permissible amount of the cost of attendance of a student-athlete: (*Adopted: 1/11/89, Revised: 4/29/04 effective 8/1/04, 1/10/05*)

- (a) **AmeriCorps Program.** Benefits received by student-athletes under the AmeriCorps Program; (*Adopted: 1/9/96 effective 8/1/96*)
- (b) **Disabled Veterans.** State government awards to disabled veterans; (*Adopted: 4/28/05*)
- (c) **Military Reserve Training Programs.** Payments to student-athletes for participation in military reserve training programs;
- (d) **Montgomery G.I. Bill.** Benefits received by student-athletes under the Montgomery Bill—Active Duty and the Montgomery G.I. Bill—Selected Reserve;
- (e) **Post-9/11 G.I. Bill.** Benefits received under the Post-9/11 G.I. Bill, including matching payments made by the Department of Veterans Affairs pursuant to the Yellow Ribbon G.I. Education Enhancement Program. [Contributions made by the institution pursuant to the Yellow Ribbon Program are institutional financial aid (see Bylaws 15.02.4.2 and 15.02.4.4)]; (*Adopted: 1/15/11 effective 8/1/11*)
- (f) **Special U.S. Government Entitlement Programs.** Payments by the U.S. government under the terms of the Dependents Education Assistance Program (DEAP), Social Security Insurance Program [including the Reinstated Entitlement Program for Survivors (REPS)] or Non-Service-Connected Veteran's Death Pension Program;
- (g) **U.S. Military Annuitant Pay.** United States Military Annuitant Pay or other family member service-related death benefits received by student-athletes from the United States Military. (*Adopted: 1/10/05*)
- (h) **U.S. Navy Nuclear Propulsion Officer Candidate Program.** Benefits received by student-athletes under the U.S. Nuclear Propulsion Officer Candidate Program (NUPOC); (*Adopted: 4/26/01*)
- (i) **Veterans Educational Assistance Program (VEAP).** Benefits received by student-athletes under the VEAP;
- (j) **Vocational Rehabilitation for Service-Disabled Veterans Program.** Benefits received by student-athletes under the Vocational Rehabilitation for Service-Disabled Veterans Program; or
- (k) **Welfare Benefits.** Welfare benefits received from a state or federal government. (*Adopted: 1/14/97 effective 8/1/97*)

15.2.6 Financial Aid From Outside Sources.

15.2.6.1 Parents and Legal Guardians. A student-athlete may receive financial aid from anyone upon whom the student-athlete is naturally or legally dependent.

15.2.6.1.1 Prepaid College Tuition Plans. A state-sponsored or private prepaid college tuition plan, purchased by a family member and paid to an institution on behalf of a student-athlete, is not considered aid from an outside source. Such aid is considered financial aid from someone upon whom the student-athlete is naturally or legally dependent. (*Revised: 6/10/04*)

15.2.6.2 No Relationship to Athletics Ability. A student-athlete may receive financial aid awarded solely on bases having no relationship to athletics ability.

15.2.6.3 Financial Aid From an Established and Continuing Program. A student-athlete may receive financial aid through an established and continuing program to aid students, provided: (*Adopted: 1/15/11 effective 8/1/11, Revised: 4/23/14*)

- (a) The recipient's choice of institutions is not restricted by the donor of the aid;
- (b) There is no direct connection between the donor and the student-athlete's institution; and
- (c) The financial aid is not provided by an outside sports team or organization that conducts a competitive sports program to an individual who is or has been a member of that team or organization.

15.2.6.4 Educational Expenses—U.S. Olympic Committee or U.S. National Governing Body. A student-athlete may receive educational expenses awarded by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country). The amount of the financial assistance shall be subject to the following limitations: *(Adopted: 1/10/95 effective 8/1/95, Revised: 10/28/97 effective 8/1/98, 4/22/98, 11/1/00)*

- (a) Disbursement of the aid shall be through the member institution for the recipient's educational expenses while attending that institution;
- (b) The recipient's choice of institutions shall not be restricted by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country);
- (c) The value of the award alone or in combination with other aid per Bylaw 15.1.2 shall not exceed the value of a full grant-in-aid; and
- (d) The recipient shall be considered a counter per Bylaw 15.5.1, and the amount shall be applied to the maximum awards limitation of Bylaw 15.5 for the sport in question.

15.2.7 Employment. Earnings from a student-athlete's on- or off-campus employment that occurs at any time is exempt and is not counted in determining a student-athlete's cost of attendance or in the institution's financial aid limitations, provided: *(Revised: 10/31/02 effective 8/1/03, 4/29/04 effective 8/1/04)*

- (a) The student-athlete's compensation does not include any remuneration for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she has obtained because of athletics ability;
- (b) The student-athlete is compensated only for work actually performed; and
- (c) The student-athlete is compensated at a rate commensurate with the going rate in that locality for similar services (see Bylaw 12.4).

15.2.8 Summer Financial Aid. Summer financial aid may be awarded only to attend the awarding institution's summer term, summer school or summer-orientation program, provided the following conditions are met: *(Revised: 1/10/90, 1/10/92)*

- (a) The student has been in residence a minimum of one term during the regular academic year;
- (b) The student is attending a summer term, summer school or summer-orientation program and financial aid is administered pursuant to Bylaw 15.2.8.1.2, 15.2.8.1.3 or 15.2.8.1.4; or
- (c) The student is a two-year or a four-year college transfer student and is receiving aid to attend the awarding institution's summer-orientation program.

15.2.8.1 General Stipulations. A student-athlete who is eligible for institutional financial aid during the summer is not required to be enrolled in a minimum full-time program of studies. However, the student-athlete may not receive financial aid that exceeds the cost of attendance in that summer term. A student-athlete may receive institutional financial aid based on athletics ability (per Bylaws 15.02.4.1 and 15.02.4.2) and educational expenses awarded (per Bylaw 15.2.6.4) up to the value of a full grant-in-aid, plus any other financial aid up to the cost of attendance. (See Bylaws 15.01.6.1, 16.3, 16.4 and 16.12.) *(Revised: 4/29/04 effective 8/1/04, 5/26/09, 1/15/11 effective 8/1/11)*

15.2.8.1.1 Exception for Pell Grant. A student-athlete who receives a Pell Grant may receive financial aid equivalent to the limitation set forth in Bylaw 15.2.8.1 or the value of a full grant-in-aid plus the Pell Grant, whichever is greater. *(Adopted: 4/29/04 effective 8/1/04)*

15.2.8.1.2 Enrolled Student-Athletes. After initial full-time enrollment during a regular academic year, a student-athlete shall not receive athletically related financial aid to attend the certifying institution's summer term or summer school unless the student-athlete received such athletically related aid from the certifying institution during the student-athlete's previous academic year at that institution. Further, such aid may be awarded only in proportion to the amount of athletically related financial aid received by the student-athlete during the student-athlete's previous academic year at the certifying institution. The proportionality restriction shall not apply to a student-athlete who has exhausted his or her eligibility and is enrolled in course work acceptable toward his or her degree requirements. *(Adopted: 1/10/90 effective 8/1/90, Revised: 1/10/91, 1/10/92, 11/12/97, 4/26/12)*

15.2.8.1.2.1 Attendance During Only One Term of Previous Academic Year. A student-athlete who attended the institution on a full-time basis for only one regular term during the previous academic year may receive the same percentage of financial aid during the following summer term that the student-athlete received during the term in which the student-athlete was enrolled on a full-time basis. *(Adopted: 1/10/92)*

15.2.8.1.2.2 Multiple Summer Sessions. An institution that conducts multiple summer sessions may not award athletically related financial aid to attend any one session that exceeds the proportion of the amount of athletically related financial aid received by the student-athlete during the previous academic year. *(Adopted: 1/10/92)*

15.2.8.1.2.3 Effect of Reduction When Excess Aid is Awarded. If an institution provides a student-athlete with a full athletics grant during the academic year but is required to reduce the grant in accordance with Bylaw 15.1.3 (reduction when excess aid is awarded), the institution may provide the student-athlete full athletically related financial aid to attend the institution's summer term.

15.2.8.1.2.4 Exception for Nonqualifiers. A nonqualifier may receive athletically related financial aid to attend an institution's summer term or summer school after the first academic year in residence under the following conditions: (*Adopted: 1/10/92, Revised: 1/14/97 effective 8/1/97*)

- (a) The student-athlete has satisfied progress-toward-degree requirements and, thus, would be eligible for competition for the succeeding year (the student-athlete must have successfully satisfied the applicable requirements of Bylaw 14.4.3 and be in good academic standing at the institution);
- (b) The student-athlete has been awarded athletically related financial aid for the succeeding academic year; and
- (c) The student-athlete receives athletically related financial aid to attend the institution's summer term or summer school only in proportion to the amount of athletically related financial aid the student will receive for the succeeding year.

15.2.8.1.2.5 Exception for First-Time Recipient in the Next Academic Year. A student-athlete who has not received athletically related aid from the certifying institution during a previous academic year may receive athletically related financial aid to attend the institution's summer term or summer school under the following conditions: (*Adopted: 1/15/11*)

- (a) The student-athlete has been awarded athletically related financial aid for the following academic year; and
- (b) The aid is awarded only in proportion to the amount of athletically related financial aid the student will receive for the following academic year.

15.2.8.1.3 Prior to Initial, Full-Time Collegiate Enrollment—Institutional Nonathletics Aid. The following conditions apply to the awarding of institutional nonathletics financial aid to a prospective student-athlete to attend an institution in the summer prior to the prospective student-athlete's initial, full-time collegiate enrollment: **[D]** (*Adopted: 1/10/90, Revised: 1/10/92, 4/26/01, 3/10/04, 4/29/04, 1/10/05 effective 5/1/05, 3/14/05, 1/15/11 effective 8/1/11, 1/14/12, 1/18/14 effective 8/1/14*)

- (a) The recipient shall be admitted to the awarding member institution in accordance with regular, published entrance requirements;
- (b) The recipient, if recruited (per Bylaw 15.02.8), is subject to NCAA transfer provisions pursuant to Bylaw 14.5.2-(h); and
- (c) During the summer term or orientation period, the recipient shall not engage in any countable athletically related activities except for those activities specifically permitted in Bylaws 13 and 17 (see Bylaws 13.11.3.9, 17.1.1 and 17.1.1.1).

15.2.8.1.4 Prior to Initial Full-Time Enrollment at the Certifying Institution—Athletics Aid. The following conditions apply to the awarding of athletically related financial aid to a prospective student-athlete (including a prospective student-athlete not certified by the NCAA Eligibility Center as a qualifier) to attend an institution in the summer prior to the prospective student's initial, full-time enrollment at the certifying institution (see also Bylaw 13.02.12.1): (*Adopted: 4/27/00 effective 8/1/00, Revised: 9/6/00, 4/26/01, 3/10/04, 4/29/04, 1/10/05 effective 5/1/05, 3/14/05, 5/9/07, 1/15/11 effective 8/1/11, 1/14/12*)

- (a) The recipient shall be admitted to the awarding member institution in accordance with regular, published entrance requirements;
- (b) The recipient is enrolled in a minimum of six hours of academic course work (other than physical education activity courses) that is acceptable degree credit toward any of the institution's degree programs. Remedial, tutorial and noncredit courses may be used to satisfy the minimum six-hour requirement, provided the courses are considered by the institution to be prerequisites for specific courses acceptable for any degree program and are given the same academic weight as other courses offered by the institution;
- (c) The recipient, if recruited (per Bylaw 15.02.8), is subject to NCAA transfer provisions pursuant to Bylaw 14.5.2-(h), unless admission to the institution as a full-time student is denied;
- (d) During the summer term or orientation period, the recipient shall not engage in any countable athletically related activities except for those activities specifically permitted in Bylaws 13 and 17 (see Bylaws 13.11.3.9, 17.1.1 and 17.1.1.1); and
- (e) Summer coursework is not used for the purpose of completing initial-eligibility or continuing-eligibility (transfer eligibility, progress-toward-degree) requirements. However, the hours earned during the summer prior to initial full-time enrollment at the certifying institution may be used to satisfy the applicable progress-toward-degree requirements in following years (see Bylaw 14.4.3).

15.2.8.2 Branch School. An institution may not provide a student-athlete with financial aid to attend a summer session at a branch campus of the institution.

15.3 Terms and Conditions of Awarding Institutional Financial Aid.

15.3.1 Eligibility of Student-Athletes for Financial Aid. Institutional financial aid may be awarded for any term during which a student-athlete is in regular attendance as an undergraduate with eligibility remaining under Bylaw 12.8, or as a graduate eligible under Bylaw 14.6. (*Revised: 10/27/11*)

15.3.1.1 Applicable Requirements. A student-athlete must meet applicable NCAA (see Bylaw 14), conference and institutional regulations to be eligible for institutional financial aid (see Bylaws 15.01.5 and 15.01.6). A violation of this bylaw that relates only to a violation of a conference rule shall be considered an institutional violation per Constitution 2.8.1; however, such a violation shall not affect the student-athlete's eligibility. (*Revised: 10/27/06*)

15.3.1.2 Withdrawal From Institution. A student-athlete who withdraws from the institution may not receive financial aid during the remainder of the term.

15.3.1.3 Retroactive Financial Aid. Institutional financial aid awarded to an enrolled student-athlete after the first day of classes in any term may not exceed the remaining room and board charges and educational expenses for that term and may not be made retroactive to the beginning of that term.

15.3.1.4 Institutional Financial Aid to Professional Athlete. It is permissible to award institutional financial aid to a student-athlete who is under contract to or currently receiving compensation from a professional sports organization in the same sport. A professional athlete in one sport may represent a member institution in a different sport and may receive institutional financial assistance in the second sport. (*Revised: 8/11/98, 4/26/01, 4/27/06 effective 8/1/06, 10/27/11*)

15.3.2 Terms of Institutional Financial Aid Award.

15.3.2.1 Physical Condition of Student-Athlete. Financial aid awarded to a prospective student-athlete may not be conditioned on the recipient reporting in satisfactory physical condition. If a student-athlete has been accepted for admission and awarded financial aid, the institution shall be committed for the term of the original award, even if the student-athlete's physical condition prevents him or her from participating in intercollegiate athletics.

15.3.2.2 Written Statement Requirement. The institutional agency making a financial aid award for a regular academic year or multiple regular academic years shall give the recipient a written statement of the amount, duration, conditions and terms of the award. The chair of the regular committee or other agency for the awarding of financial aid to students generally, or the chair's official designee, shall sign or electronically authorize (e.g., electronic signature) the written statement. The signature of the athletics director, attesting to the committee's award, does not satisfy this requirement. (*Revised: 3/10/04, 7/26/12, 10/9/12*)

15.3.2.3 Hearing Opportunity. The institution's regular financial aid authority shall notify the student-athlete in writing of the opportunity for a hearing when institutional financial aid based in any degree on athletics ability is to be reduced or canceled during the period of the award, or is reduced or not renewed for the following academic year. The institution shall have established reasonable procedures for promptly hearing such a request and shall not delegate the responsibility for conducting the hearing to the university's athletics department or its faculty athletics committee. The written notification of the opportunity for a hearing shall include a copy of the institution's established policies and procedures for conducting the required hearing, including the deadline by which a student-athlete must request such a hearing. (*Revised: 1/9/06 effective 8/1/06, 4/3/07, 4/23/08*)

15.3.2.3.1 Reduction of a Multiyear Award. A reduction of a multiyear award shall occur if the renewal period is for fewer years than the original agreement, unless the renewal includes the remaining years of the student-athlete's eligibility in all sports (e.g., five-year period of eligibility) or if the average amount of aid provided per year in the renewal is less than the average amount of aid provided per year in the original agreement, including any increases during the period of the original award. (*Adopted: 10/27/11 effective 8/1/12; awards may be executed before 8/1/12*)

15.3.2.3.2 Athletics Department Staff as Member of Committee. An institution's athletics department staff member may be a member of a committee (other than an athletics department or faculty athletics committee) that conducts hearings related to the nonrenewal or reduction of a student-athlete's financial aid. Under such circumstances, the athletics department staff member must be a standing member of the committee and may not serve as a member of a committee only for a specific student-athlete's hearing. (*Adopted: 4/3/07*)

15.3.3 Period of Institutional Financial Aid Award.

15.3.3.1 Period of Award. If a student's athletics ability is considered in any degree in awarding financial aid, such aid shall neither be awarded for a period less than one academic year nor for a period that would exceed the student's five-year period of eligibility (see Bylaws 12.8 and 15.01.5). One-year grants-in-aid shall be awarded (as set forth in the written statement per Bylaw 15.3.2.2) in equal amounts for each term of the academic year. (*Revised: 4/27/06 effective 8/1/06, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12*)

15.3.3.1.1 One-Year Period. An institution may award athletically related financial aid to a student-athlete for a period of less than one academic year only under the following circumstances: (*Adopted: 4/27/06 effective 8/1/06*)

- (a) **Midyear Enrollment.** A student-athlete whose first full-time attendance at the certifying institution during a particular academic year occurs at midyear (e.g., the beginning of the second semester or second or third quarter of an academic year) may receive a financial aid award for the remainder of that academic year. *(Revised: 5/9/06)*
- (b) **Final Semester/Quarter.** A student-athlete may receive athletically related financial aid for less than one academic year, provided the student is in the final semester or final two quarters of his or her degree program and the institution certifies that the student is carrying (for credit) the courses necessary to complete the degree requirements.
- (c) **Graduated During Previous Academic Year and Will Exhaust Eligibility During the Following Fall Term.** A student-athlete who graduated during the previous academic year (including summer) and will exhaust his or her athletics eligibility during the following fall term may be awarded athletically related financial aid for less than one academic year. *(Adopted: 1/15/11 effective 8/1/11)*
- (d) **One-Time Exception.** One time during a student-athlete's enrollment at the certifying institution he or she may be awarded athletics aid for less than a full academic year, provided the student-athlete has been enrolled full time at the certifying institution for at least one regular academic term and has not previously received athletically related financial aid from the certifying institution. *(Revised: 5/19/09)*
- (e) **Eligibility Exhausted/Medical Noncounter.** A student-athlete who has exhausted eligibility and is exempt from counting (per Bylaw 15.5.1.5) in the institution's financial aid limit, or a student-athlete who is exempt from counting (per Bylaw 15.5.1.2) due to an injury or illness may receive athletically related financial aid for less than one academic year. If an institution awards aid under this provision, the institutional financial aid agreement shall include specific nonathletically related conditions (e.g., academic requirements) the student-athlete must satisfy in order for the aid to be renewed for the next academic term or terms. If the student-athlete satisfies the specified conditions, the institution shall award financial aid at the same amount for the next term or terms of the academic year. If the student-athlete does not satisfy the specified conditions, he or she must be provided a hearing opportunity per Bylaw 15.3.2.3. *(Adopted: 4/24/08 effective 8/1/08)*

15.3.3.1.2 Effect of Violation. A violation of Bylaw 15.3.3.1 in which financial aid is awarded for a period of less than one academic year shall be considered an institutional violation per Constitution 2.8.1; however, the prospective student-athlete or student-athlete's eligibility shall not be affected. *(Adopted: 10/29/09)*

15.3.3.2 Regular Academic Year vs. Summer Term. An institution may award financial aid to a student-athlete for one or more academic years or, pursuant to the exceptions set forth in Bylaw 15.3.3.1.1, part of one academic year. An institution also may award financial aid for a summer term or summer-orientation period, provided the conditions of Bylaw 15.2.8 have been met. *(Revised: 4/27/06 effective 8/1/06, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.3.2.1 Summer Term as Additional Award. It is necessary to make an additional award for a summer term; however, an institution is not required to provide the recipient with a written statement of the amount, duration, conditions or terms of the award. *(Revised: 10/27/11 effective 8/1/12, 7/26/12, 10/9/12)*

15.3.4 Reduction or Cancellation During Period of Award.

15.3.4.1 Increase Permitted. Institutional financial aid may be increased for any reason at any time. *(Adopted: 1/11/94, Revised: 2/26/03, 4/23/08, 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.4.2 Reduction or Cancellation Permitted. Institutional financial aid based in any degree on athletics ability may be reduced or canceled during the period of the award if the recipient: *(Revised: 1/10/92, 1/11/94, 1/10/95, 1/9/96, 12/13/05, 9/11/07)*

- (a) Renders himself or herself ineligible for intercollegiate competition;
- (b) Fraudulently misrepresents any information on an application, letter of intent or financial aid agreement (see Bylaw 15.3.4.2.3);
- (c) Engages in serious misconduct warranting substantial disciplinary penalty (see Bylaw 15.3.4.2.4); or
- (d) Voluntarily (on his or her own initiative) withdraws from a sport at any time for personal reasons; however, the recipient's financial aid may not be awarded to another student-athlete in the academic term in which the aid was reduced or canceled. A student-athlete's request for written permission to contact another four-year collegiate institution regarding a possible transfer does not constitute a voluntary withdrawal.

15.3.4.2.1 Timing of Reduction or Cancellation. Any reduction or cancellation of aid during the period of the award may occur only after the student-athlete has been provided an opportunity for a hearing per Bylaw 15.3.2.3. *(Adopted: 5/15/07, Revised: 4/23/08)*

15.3.4.2.2 Nonathletically Related Conditions. An institutional financial aid agreement may include nonathletically related conditions (e.g., compliance with academics policies or standards, compliance with athletics department rules or policies) by which the aid may be reduced or canceled during the period of the award. *(Adopted: 4/23/08)*

15.3.4.2.3 Fraudulent Misrepresentation. If a student-athlete is awarded institutional financial aid on the basis of declaring intention to participate in a particular sport by signing a letter of intent, application or tender, action on the part of the grantee not to participate (either by not reporting for practice or after making only token appearances as determined by the institution) would constitute fraudulent misrepresentation of information on the grantee's application, letter of intent or financial aid agreement and would permit the institution to cancel or reduce the financial aid. *(Revised: 1/11/94)*

15.3.4.2.4 Misconduct. An institution may cancel or reduce the financial aid of a student-athlete who is found to have engaged in misconduct by the university's regular student disciplinary authority, even if the loss-of-aid requirement does not apply to the student body in general. *(Revised: 1/11/94)*

15.3.4.2.5 Release of Obligation to Provide Athletically Related Financial Aid—One-Year Award. Before becoming a counter for an academic year pursuant to a one-year grant-in-aid, if a prospective student-athlete or student-athlete is awarded institutional financial aid unrelated to athletics that is of equal or greater value than his or her signed award of athletically related financial aid, the prospective student-athlete or student-athlete may, on his or her initiative, release the institution of its obligation to provide the athletically related financial aid. *(Adopted: 1/15/11 effective 8/1/11, Revised: 10/27/11 effective 8/1/12; awards may be executed before 8/1/12)*

15.3.4.3 Reduction or Cancellation Not Permitted. Institutional financial aid based in any degree on athletics ability may not be reduced or canceled during the period of its award: *(Adopted: 1/16/93, Revised: 1/11/94, 12/11/07, 1/14/08)*

- (a) On the basis of a student-athlete's athletics ability, performance or contribution to a team's success;
- (b) Because of an injury, illness, or physical or mental medical condition (except as permitted pursuant to Bylaw 15.3.4.2); or
- (c) For any other athletics reason.

15.3.4.3.1 Athletically Related Condition Prohibition. An institution may not set forth an athletically related condition (e.g., financial aid contingent upon specified performance or playing a specific position) that would permit the institution to reduce or cancel the student-athlete's financial aid during the period of the award if the conditions are not satisfied. *(Adopted: 1/16/93, Revised: 1/11/94)*

15.3.4.3.2 Decrease Not Permitted. An institution may not decrease a prospective student-athlete's or a student-athlete's financial aid from the time the prospective student-athlete or student-athlete signs the financial aid award letter until the conclusion of the period set forth in the financial aid agreement, except under the conditions set forth in Bylaw 15.3.4.2. *(Adopted: 1/11/94, Revised: 4/2/03 effective 8/1/03)*

15.3.5 Renewals and Nonrenewals.

15.3.5.1 Institutional Obligation. The renewal of institutional financial aid based in any degree on athletics ability shall be made on or before July 1 prior to the academic year in which it is to be effective. The institution shall promptly notify in writing each student-athlete who received an award the previous academic year and who has eligibility remaining in the sport in which financial aid was awarded the previous academic year (under Bylaw 12.8) whether the grant has been renewed or not renewed for the ensuing academic year. Notification of financial aid renewals and nonrenewals must come from the institution's regular financial aid authority and not from the institution's athletics department. *(Revised: 1/10/95)*

15.3.5.2 Reconsideration of Nonrenewal. It is permissible for an institution that has notified a student-athlete that he or she will not be provided institutional financial aid for the next academic year subsequently to award financial aid to that student-athlete.

15.5 Maximum Institutional Grant-in-Aid Limitations by Sport.

15.5.1 Counters. A student-athlete shall be a counter and included in the maximum awards limitations set forth in this bylaw under the following conditions: *(Revised: 6/10/04, 1/15/11 effective 8/1/11)*

- (a) **Athletics Aid.** A student-athlete who receives financial aid based in any degree on athletics ability shall become a counter for the year during which the student-athlete receives the financial aid; or
- (b) **Educational Expenses—Olympic Committee/National Governing Body.** A student-athlete who receives educational expenses awarded by the U.S. Olympic Committee or a U.S. national governing body (or, for international student-athletes, expenses awarded by the equivalent organization of a foreign country) per Bylaw 15.2.6.4 shall become a counter for the year during which the student-athlete receives the aid.

15.5.1.1 Football or Basketball, Varsity Competition. In football or basketball, a student-athlete who was recruited (see Bylaw 15.02.8) by the awarding institution and who receives institutional financial aid (as set forth in Bylaw 15.02.4.2) granted without regard in any degree to athletics ability does not have to be counted until the student-athlete engages in varsity intercollegiate competition (as opposed to freshman, B-team, subvarsity, intramural or club competition) in those sports. *(Revised: 1/16/93 effective 8/1/93, 1/11/94, 6/20/04, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

15.5.1.1.1 Exception—Receipt of Institutional Academic Aid Only. In football or basketball, a student-athlete who was recruited (see Bylaw 15.02.8) by the awarding institution and whose only source of institutional financial aid is academic aid based solely on the recipient's academic record at the certifying

institution, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, may compete without counting in the institution's financial aid team limits, provided he or she has completed at least one academic year of full-time enrollment at the certifying institution and has achieved a cumulative grade-point average of at least 3.000 (on a 4.000 scale) at the certifying institution. (*Adopted: 10/27/05 effective 8/1/06, Revised: 1/15/11 effective 8/1/11*)

15.5.1.2 Counter Who Becomes Injured or Ill. A counter who becomes injured or ill to the point that he or she apparently never again will be able to participate in intercollegiate athletics shall not be considered a counter beginning with the academic year following the incapacitating injury or illness.

15.5.1.2.1 Incapacitating Injury or Illness. If an incapacitating injury or illness occurs prior to a prospective student-athlete's or a student-athlete's participation in athletically related activities and results in the student-athlete's inability to compete ever again, the student-athlete shall not be counted within the institution's maximum financial aid award limitations for the current, as well as later, academic years. However, if the incapacitating injury or illness occurs on or after the student-athlete's participation in countable athletically related activities in the sport, the student-athlete shall be counted in the institution's maximum financial aid limitations for the current academic year but need not be counted in later academic years. (*Adopted: 1/10/91, Revised: 3/26/04, 9/18/07*)

15.5.1.2.2 Change in Circumstances. If circumstances change and the student-athlete subsequently practices or competes at the institution at which the incapacitating injury or illness occurred, the student-athlete again shall become a counter, and the institution shall be required to count that financial aid under the limitations of this bylaw in the sport in question during each academic year in which the financial aid was received. (*Revised: 4/26/01 effective 8/1/01*)

15.5.1.3 Aid Not Renewed, Successful Appeal. If an institution does not renew financial aid for a counter in a following year, and a hearing before the institution's regular financial aid authority results in a successful appeal for restoration of aid, the student-athlete shall continue to be a counter if the individual continues to receive athletically related financial aid. However, the student-athlete shall not be a counter if he or she receives institutionally arranged or awarded, nonathletically related financial aid available to all students, provided such financial aid was granted or arranged without regard in any degree to athletics ability. If the student-athlete ever participates again in intercollegiate athletics at that institution, he or she will be considered to have been a counter during each year the financial aid was received.

15.5.1.4 Cancellation of Aid. Once an individual becomes a counter in a head-count sport (see Bylaws 15.5.2, 15.5.4, 15.5.5, 15.5.6, 15.5.7 and 15.5.8), the individual normally continues as a counter for the remainder of the academic year. However, if he or she voluntarily withdraws from the team prior to the first day of classes or before the first contest of the season (whichever is earlier) and releases the institution from its obligation to provide financial aid, the individual no longer would be considered a counter (see Bylaws 15.5.2.2 and 15.5.6.4.1).

15.5.1.5 Eligibility Exhausted. A student-athlete receiving institutional financial aid after having exhausted his or her eligibility in a sport is not a counter in that sport in later academic years following completion of eligibility in the sport. For this provision to be applicable, the student-athlete is otherwise eligible for the aid and is not permitted to take part in organized, institutional practice sessions in that sport unless the individual has eligibility remaining under the five-year rule. (See Bylaw 15.3.1 for eligibility for financial aid.) (*Revised: 1/10/91*)

15.5.1.5.1 Cross Country/Track and Field. A student-athlete who is awarded athletically related financial aid and who has exhausted eligibility in either cross country, indoor track and field, or outdoor track and field, but has eligibility remaining in any of the other sports, is not a counter in the cross country/track and field financial aid limitations, provided the student-athlete subsequently does not practice or compete in any of the sports that he or she has eligibility remaining in during the academic year in which the aid was awarded. (*Adopted: 6/26/01 effective 8/1/01*)

15.5.1.6 Aid After Departure of Head Coach—Men's Basketball. In men's basketball, a student-athlete who receives athletically related institutional financial aid in later academic years after the departure of a head coach from the institution is not a counter, provided: (*Adopted: 4/29/10 effective 8/1/10*)

- (a) The student-athlete participated in basketball and received athletically related institutional financial aid during the coach's tenure at the institution; and
- (b) The student-athlete does not participate in basketball during the later academic years at the institution.

15.5.1.6.1 Later Participation. If the student-athlete later participates in basketball at the institution, the student-athlete shall become a counter for all years during which athletically related institutional aid was received. (*Adopted: 4/29/10 effective 8/1/10*)

15.5.1.7 Aid After Student-Athlete Becomes Permanently Ineligible. A student-athlete receiving institutional financial aid after becoming permanently ineligible due to a violation of NCAA regulations (e.g., amateurism legislation) may receive athletics aid during later academic years without counting in the institution's financial aid limitations, provided the student-athlete is otherwise eligible for the aid and does not practice or compete in intercollegiate athletics again. If circumstances change and the student-athlete practices or competes,

the institution is required to count the financial aid received by the student-athlete during each academic year in which the aid was received (see Bylaw 15.3.1.4). *(Adopted: 1/11/94)*

15.5.1.8 Summer-Term Aid. Institutional financial aid received during a summer term is not countable in these limitations and does not make a student-athlete a counter.

15.5.1.8.1 Exception—Football. [FBS/FCS] In football, a prospective student-athlete who receives athletically related financial aid during a summer term prior to initial full-time enrollment at the certifying institution shall be an initial and overall counter for the ensuing academic year. (See Bylaws 15.02.3 and 15.5.6.) *(Adopted: 1/14/12)*

15.5.1.9 Offers Exceeding Maximum Allowable Awards. An institution may offer more than the maximum number of permissible awards in a sport (per Bylaw 15.5) in anticipation that not all of the offers will be accepted, but the institution shall not exceed the awards limitation in the sport in question.

15.5.1.9.1 Limitation on Number of National Letter of Intent/Offer of Financial Aid Signings—Bowl Subdivision Football. [FBS] In bowl subdivision football, there shall be an annual limit of 25 on the number of prospective student-athletes who may sign a National Letter of Intent or an institutional offer of financial aid from December 1 through May 31. *(Adopted: 1/16/10 effective 8/1/10, Revised: 1/14/12 effective 8/1/12)*

15.5.1.9.1.1 Exception—Counter During Same Academic Year. [FBS] A prospective student-athlete who signs a National Letter of Intent or an institutional offer of financial aid and becomes an initial counter for the same academic year in which the signing occurred (e.g., midyear enrollee) shall not count toward the annual limit on signings. *(Adopted: 1/14/12 effective 8/1/12)*

15.5.2 Head-Count Sports Other Than Football and Basketball.

15.5.2.1 Maximum Limits. An institution shall be limited in any academic year to the total number of counters (head count) in each of the following sports: *(Revised: 1/10/91 effective 8/1/92, 1/9/96 effective 8/1/96)*

Women's Gymnastics.....	12	Women's Volleyball.....	12
Women's Tennis.....	8		

15.5.2.2 Voluntary Withdrawal. An institution may replace a counter who voluntarily withdraws from the team in a head-count sport by providing the financial aid to another student who already has enrolled in the institution and is a member of the team. For this replacement to occur, the counter must withdraw prior to the first day of classes or before the first game of the season, whichever is earlier, and release the institution from its obligation to provide financial aid. The institution may not award the financial aid to another student-athlete in the academic term in which the aid was reduced or canceled. Further, if the financial aid is canceled before a regular academic term (e.g., preseason practice period), the aid may not be provided to another student-athlete during the ensuing academic term.

15.5.2.3 Midyear Replacement—Women's Volleyball. In women's volleyball, the financial aid of a counter who graduates at midyear or who graduates during the previous academic year (including summer) may be provided to another student-athlete without making the second student-athlete a counter for the remainder of that academic year. *(Adopted: 1/11/89, Revised: 1/16/10 effective 8/1/10)*

15.5.2.4 Midyear Graduate Replacement—Women's Gymnastics and Women's Tennis. In women's gymnastics and women's tennis, the financial aid of a counter who graduates at midyear with eligibility remaining and who does not return to the institution for the following academic term may be provided to another student-athlete without making the second student-athlete a counter for the remainder of the academic year. *(Adopted: 4/26/07 effective 8/1/07)*

15.5.3 Equivalency Sports.

15.5.3.1 Maximum Equivalency Limits.

15.5.3.1.1 Men's Sports. There shall be a limit on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in the following men's sports: *(Revised: 1/10/91, 1/10/92, 1/16/93 effective 8/1/93, 4/26/07 effective 8/1/08)*

Cross Country/		Skiing.....	6.3
Track and Field.....	12.6	Soccer.....	9.9
Fencing.....	4.5	Swimming and Diving.....	9.9
Golf.....	4.5	Tennis.....	4.5
Gymnastics.....	6.3	Volleyball.....	4.5
Lacrosse.....	12.6	Water Polo.....	4.5
Rifle.....	3.6	Wrestling.....	9.9

15.5.3.1.2 Women's Sports. There shall be a limit on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in the following women's sports: *(Revised: 1/10/91, 1/10/92 effective 8/1/94, 1/16/93, 1/11/94 effective 9/1/94, 1/9/96 effective 8/1/96, 11/1/01 effective 8/1/02, 4/28/05 effective 8/1/05, 4/28/05 effective 8/1/06, 1/17/09 effective 8/1/09, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

Bowling	5	Skiing	7
Cross Country/ Track and Field	18	Soccer	14
Equestrian	15	Softball	12
Fencing.....	5	Swimming and Diving.....	14
Field Hockey	12	Triathlon.....	3.5 for 2014-15; 4.5 for 2015-16; 5.5 for 2016-17; and 6.5 for 2017-18 and thereafter.
Golf.....	6	Water Polo	8
Lacrosse	12		
Rowing.....	20		
Rugby.....	12		

15.5.3.1.3 Maximum Equivalency Limits—Institutions That Sponsor Cross Country but Do Not Sponsor Track and Field.

There shall be a limit of five on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in men's cross country, if the institution does not sponsor indoor or outdoor track and field for men. There shall be a limit of six on the value (equivalency) of financial aid awards (per Bylaw 15.02.4.2) that an institution may provide in any academic year to counters in women's cross country, if the institution does not sponsor indoor or outdoor track and field for women. (*Adopted: 1/10/91 effective 9/1/94, Revised: 1/9/96 effective 8/1/96*)

15.5.3.2 Equivalency Computations. In equivalency sports, each institutional financial aid award (per Bylaw 15.02.4.2) to a counter shall be computed as follows: (*Revised: 1/10/90, 1/9/96 effective 8/1/96, 4/29/04 effective 8/1/04, 10/20/08*)

- Once a student becomes a counter, the institution shall count all institutional aid (per Bylaw 15.02.4.2) received for room, board, tuition and fees, and books up to the value of a full grant-in-aid. Exempted government grants per Bylaw 15.2.5 and exempted institutional aid per Bylaw 15.02.4.4 specifically are excluded from this computation.
- A fraction shall be created, with the amount received by the student-athlete (up to the value of a full grant-in-aid) as the numerator and the full grant-in-aid value for that student-athlete as the denominator based on the actual cost or average cost of a full grant for all students at that institution. Financial aid unrelated to athletics ability (see Bylaw 15.1) received by the student-athlete in excess of a full grant-in-aid shall not be included in this computation.
- The sum of all fractional and maximum awards received by counters shall not exceed the total limit for the sport in question for the academic year as a whole.

15.5.3.2.1 Additional Requirements. The following additional requirements shall apply to equivalency computations: (*Revised: 10/20/08, 1/15/11, 10/18/11, 4/17/12 effective 8/1/12*)

- An institution may use either the actual cost or average cost of any or all of the elements (other than books) of the equivalency calculation (room, board, tuition and fees), provided the same method is used in both the numerator and denominator for each element. Either method (or different combinations of methods among elements) may be used for each student-athlete on the same team or for separate teams generally.
- In computing equivalencies for tuition and fees, it is not permissible to average the value of in-state and out-of-state tuition and fees to determine an average cost for tuition and fees.
- Books shall count for calculation purposes as \$800 in the denominator. If a student-athlete receives any portion of a book allowance for the academic year, the institution must use \$800 in the denominator and numerator for books, regardless of the actual cost of the books. If a student-athlete is enrolled for less than a full academic year (e.g., one semester, one or two quarters) and receives any portion of a book allowance, the institution must use the amount in the numerator that is proportionate to the number of terms of enrollment (\$400 for semester systems, \$534 or \$267 for quarter systems).

15.5.3.2.2 Exceptions.

15.5.3.2.2.1 Academic Honor Awards—Based on High School Record. Academic honor awards that are part of an institution's normal arrangements for academic scholarships, based solely on the recipient's high school record and awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by institutions, are exempt from an institution's equivalency computation, provided the recipient was ranked in the upper 10 percent of the high school graduating class or achieved a cumulative grade-point average of at least 3.500 (based on a maximum of 4.000) or a minimum ACT sum score of 105 or a minimum SAT score of 1200 (critical reading and math). (*Adopted: 1/12/99 effective 8/1/99, Revised: 1/14/08 effective 8/1/08, 1/16/10 effective 8/1/10*)

15.5.3.2.2.1.1 Additional Requirements. The following additional requirements shall be met: (*Adopted: 1/12/99 effective 8/1/99, 1/18/14 effective 8/1/14*)

- (a) The awards may include additional, nonacademic criteria (e.g., interviews, essays, need analysis), provided the additional criteria are not based on athletics ability, participation or interests, and the awards are consistent with the pattern of all such awards provided to all students;
- (b) No quota of awards shall be designated for student-athletes;
- (c) Athletics participation shall not be required before or after collegiate enrollment;
- (d) No athletics department staff member shall be involved in designating the recipients of such awards; and
- (e) Any additional criteria shall not include athletics ability, participation or interests.

15.5.3.2.2.1.2 Renewals. The renewal of an academic honor award (per Bylaw 15.5.3.2.2.1) may be exempted from an institution's equivalency computation regardless of whether the recipient qualified for exemption in his or her initial academic year enrollment, provided: (*Adopted: 1/12/99 effective 8/1/99, Revised: 3/18/10*)

- (a) The recipient achieves a cumulative grade-point average of at least 3.000 (based on a maximum of 4.000) at the certifying institution; and
- (b) The recipient meets all NCAA, conference and institutional progress-toward-degree requirements.

15.5.3.2.2.2 Academic Honor Awards—Transfer Students. Academic honor awards that are part of an institution's normal arrangements for academic scholarships, either based solely on the recipient's cumulative academic record from all collegiate institutions previously attended or based on the recipient's high school record and cumulative academic record from all collegiate institutions previously attended, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, may be exempted from a team's equivalency computation, provided the recipient achieved a cumulative transferable grade-point average of at least 3.000 (based on a maximum of 4.000). (*Adopted: 1/16/10 effective 8/1/10, Revised: 1/15/11 effective 8/1/11*)

15.5.3.2.2.2.1 Calculation of Grade-Point Average. Grades earned in all courses that are normally transferable to an institution shall be considered in determining the grade-point average for meeting this exception, regardless of the grade earned or whether such grade makes the course unacceptable for transferable-degree credit. (*Adopted: 1/16/10 effective 8/1/10*)

15.5.3.2.2.2.2 Renewals. The renewal of an academic honor award (per Bylaw 15.5.3.2.2.2) may be exempted from an institution's equivalency computation, provided: (*Adopted: 1/16/10 effective 8/1/10*)

- (a) The recipient achieves a cumulative grade-point average of at least 3.000 (based on a maximum of 4.000) at the certifying institution; and (*Revised: 1/15/11 effective 8/1/11*)
- (b) The recipient meets all NCAA, conference and institutional progress-toward-degree requirements.

15.5.3.2.2.3 Institutional Academic Scholarships. Institutional academic scholarships that are part of an institution's normal arrangements for academic scholarships, based solely on the recipient's academic record at the certifying institution, awarded independently of athletics interests and in amounts consistent with the pattern of all such awards made by the institution, are exempt from an institution's equivalency computation, provided the recipient has completed at least one academic year of full-time enrollment at the certifying institution and has achieved a cumulative grade-point average of at least 3.000 (on a 4.000 scale) at the certifying institution. (*Adopted: 10/27/05 effective 8/1/06, Revised: 1/15/11 effective 8/1/11*)

15.5.3.2.3 Cancellation of Athletically Related Aid. If a student-athlete is dismissed from or voluntarily withdraws from a team and his or her athletically related financial aid is canceled (see Bylaws 15.3.2.3 and 15.3.4.2) during an academic term, all other countable financial aid the student-athlete receives during the remainder of the term is countable toward the student-athlete's equivalency for the academic year; however, the institution is not required to count other countable financial aid toward the student-athlete's equivalency during any remaining terms of the academic year. If a student-athlete is dismissed from or voluntarily withdraws from a team and his or her athletically related financial aid is canceled at the end of an academic term, the institution is not required to count other countable financial aid toward the student-athlete's equivalency during any remaining terms of the academic year. (*Adopted: 12/13/05*)

15.5.4 Baseball Limitations. There shall be an annual limit of 11.7 on the value of financial aid awards (equivalencies) to counters and an annual limit of 27 on the total number of counters in baseball at each institution. (*Adopted: 4/26/07 effective 8/1/08*)

15.5.4.1 Minimum Equivalency Value. An institution shall provide each counter athletically related and other countable financial aid that is equal to or greater than 25 percent of an equivalency. (*Adopted: 4/26/07 effective 8/1/08 for student-athletes who initially enroll full time at any four-year collegiate institution on or after 8/1/08, Revised: 8/9/07*)

15.5.4.1.1 Exception—Need-Based Athletics Aid Only. In baseball, an institution that awards athletically related financial aid based solely on demonstrated financial need, as determined for all students by the institution's financial aid office using methodologies that conform to federal, state and written institutional guidelines (including institutional financial aid that is considered athletically related financial aid based on the intervention of athletics department staff), is not subject to the 25 percent minimum equivalency value per counter. *(Adopted: 1/14/08 effective 8/1/08)*

15.5.4.1.2 Exception—Final Year of Eligibility and Not Previously Aided. An institution may provide less than 25 percent of an equivalency to a student-athlete, provided the student-athlete is in the final year of eligibility and has not previously received athletically related financial aid in baseball at any collegiate institution. *(Adopted: 4/26/12 effective 8/1/12, 8/20/12)*

15.5.5 Basketball Limitations.

15.5.5.1 Men's Basketball. There shall be a limit of 13 on the total number of counters in men's basketball at each institution. *(Adopted: 1/10/91 effective 8/1/92, Revised: 4/27/00 effective 8/1/01, 11/01/01, 4/29/04 effective 8/1/04)*

15.5.5.2 Women's Basketball. There shall be an annual limit of 15 on the total number of counters in women's basketball at each institution. *(Adopted: 1/10/91 effective 8/1/92, Revised: 1/10/92 effective 8/1/93, 1/16/93)*

15.5.6 Football Limitations.

15.5.6.1 Bowl Subdivision Football. [FBS] There shall be an annual limit of 25 on the number of initial counters (per Bylaw 15.02.3.1) and an annual limit of 85 on the total number of counters (including initial counters) in football at each institution. *(Revised: 1/10/91 effective 8/1/92, 12/15/06)*

15.5.6.2 Championship Subdivision Football. [FCS] There shall be an annual limit of 30 on the number of initial counters (per Bylaw 15.02.3.1), an annual limit of 63 on the value of financial aid awards (equivalencies) to counters, and an annual limit of 85 on the total number of counters (including initial counters) in football at each Football Championship Subdivision institution. *(Revised: 1/10/91 effective 8/1/92, 12/15/06)*

15.5.6.2.1 Exception—Championship Subdivision. [FCS] Championship subdivision football programs that meet the following criteria are exempt from the championship subdivision football counter and initial-counter requirements of Bylaws 15.5.1 and 15.5.6, regardless of multi-sport student-athletes who receive athletics aid in a sport(s) other than football: *(Revised: 1/11/94 effective 8/1/94, 1/10/95, 10/31/02 effective 8/1/03, 12/15/06)*

- (a) In football, the institution awards financial aid only to student-athletes who demonstrate financial need, except loans, academic honor awards, nonathletics achievement awards, or certain aid from outside sources may be provided without regard to financial need;
- (b) The institution uses methodologies for analyzing need that conform to federal, state and written institutional guidelines. The methodologies used to determine the need of a student-athlete must be consistent with the methodologies used by the institution's financial aid office for all students; and
- (c) The composition of the financial aid package offered to football student-athletes is consistent with the policy established for offering financial assistance to all students. The financial aid packages for football student-athletes also shall meet the following criteria:
 - (1) The institution shall not consider athletics ability as a criterion in the formulation of any football student-athlete's financial aid package; and
 - (2) The procedures used to award financial aid to football student-athletes must be the same as the existing financial aid procedures used for all students at the institution.

15.5.6.3 Initial Counters—Football (Also see Bylaw 15.02.3.1).

15.5.6.3.1 Recruited Student-Athlete Entering in Fall Term, Aided in First Year. [FBS/FCS] A student-athlete recruited (see Bylaw 15.02.8) by the awarding institution who enters in the fall term and receives institutional financial aid (based in any degree on athletics ability) during the first academic year in residence shall be an initial counter for that year in football. Therefore, such aid shall not be awarded if the institution has reached its limit on the number of initial counters prior to the award of institutional financial aid to the student-athlete. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.2 Recruited Student-Athlete Entering After Fall Term, Aided in First Year. [FBS/FCS] A student-athlete recruited (per Bylaw 15.02.8) by the awarding institution who enters after the first term of the academic year and immediately receives institutional financial aid (based in any degree on athletics ability) shall be an initial counter for either the current academic year (if the institution's annual limit has not been reached) or the next academic year. The student-athlete shall be included in the institution's total counter limit during the academic year in which the aid was first received. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.3 Recruited Student-Athlete, Aid Received After First Year. [FBS/FCS] A recruited student-athlete (per Bylaw 15.02.8) (including a student-athlete who was not a qualifier) who first receives athletically related financial aid after the student-athlete's first academic year in residence shall be an initial counter for that academic year in which the aid is first received, if such aid is received during the fall term. However, such a student-athlete who first receives athletically related financial aid in the second or third

term of an academic year may be considered an initial counter during the academic year in which aid was first received or the next academic year. In either case, the student-athlete shall be included in the institution's total counter limit during the academic year in which the aid was first received. *(Revised: 1/3/06, 1/15/11 effective 8/1/11)*

15.5.6.3.4 Nonrecruited Student-Athlete Receiving Institutional Financial Aid. [FBS/FCS] A student-athlete not recruited (per Bylaw 15.02.8) by the institution who receives institutional financial aid (based in any degree on athletics ability) after beginning football practice becomes a counter but need not be counted as an initial counter until the next academic year if the institution has reached its initial limit for the year in question. However, the student-athlete shall be considered in the total counter limit for the academic year in which the aid was first received. *(Revised: 1/15/11 effective 8/1/11)*

15.5.6.3.5 Midyear Replacement. [FBS/FCS] A counter who graduates at midyear or who graduates during the previous academic year (including summer) may be replaced by an initial counter, who shall be counted against the initial limit either for the year in which the aid is awarded (if the institution's annual limit has not been reached) or for the following academic year, or by a student-athlete who was an initial counter in a previous academic year and is returning to the institution after time spent on active duty in the armed services or on an official religious mission. In bowl subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year to the maximum number of overall counters (85 total counters). In championship subdivision football, an institution may use the midyear replacement exception only if it previously has provided financial aid during that academic year that equals the maximum number of overall equivalencies or overall counters. *(Revised: 4/20/99 effective 8/1/99, 6/8/99, 4/26/01 effective 8/1/01, 8/2/05, 12/15/06, 1/14/08 effective 8/1/08, 4/2/10, 1/15/11)*

15.5.6.3.6 Aid First Awarded After Second Year. [FBS/FCS] A student-athlete who has been in residence at the certifying institution for at least two academic years may receive athletically related financial aid for the first time without such aid counting as an initial award, provided the aid falls within the overall grant limitation. *(Adopted: 1/11/89, Revised: 1/10/90 effective 8/1/90)*

15.5.6.3.7 Recruited Student-Athlete, Varsity Competition. [FBS/FCS] In accordance with Bylaw 15.5.1.1, a recruited student-athlete (per Bylaw 15.02.8) receiving institutional financial aid having been granted without regard in any degree to athletics ability becomes an initial counter in the first academic year in which the student-athlete competes on the varsity level. (See Bylaw 15.5.1.1.1.) *(Revised: 10/27/05 effective 8/1/06, 1/15/11 effective 8/1/11, 1/18/14 effective 8/1/14)*

15.5.6.3.8 Returning Two-Year Transfer. [FBS/FCS] A student-athlete who previously was an initial counter and who transferred to a two-year college shall not be an initial counter upon return to the original institution.

15.5.6.3.9 Delayed Initial Counter Who Does Not Return to School. [FBS/FCS] A student-athlete who receives countable financial aid but whose status as an initial counter under this bylaw is delayed until the following academic year shall be counted against the initial limit the following academic year, regardless of whether the student-athlete reports for participation or attends the institution in that academic year.

15.5.6.4 Exceptions.

15.5.6.4.1 Voluntary Withdrawal. [FBS/FCS] An institution may replace a counter who voluntarily withdraws from the football team by providing the financial aid to another student who already has enrolled in the institution and is a member of the football squad. For this replacement to occur, the counter must withdraw prior to the first day of classes or before the first game of the season, whichever is earlier, and provide the institution with a signed statement releasing the institution from its obligation to provide institutional financial aid and verifying the voluntary nature of the withdrawal. The institution may immediately (beginning with the fall term) award the financial aid to a student-athlete who has been a member of the team for at least one academic year and has not previously received athletically related financial aid. A student-athlete who has not been a member of the team for at least one academic year may not receive the financial aid during the fall term, but may receive it in a following term (e.g., spring semester, winter quarter). *(Revised: 4/28/05 effective 8/1/05)*

15.5.6.4.2 Sprint Football. [FBS/FCS] Participants in sprint football programs who do not participate in the institution's regular varsity intercollegiate program shall not be counted in the institution's financial aid limitations.

15.5.7 Ice Hockey Limitations. There shall be an annual limit of 18 on the value of financial aid awards (equivalencies) to counters and an annual limit of 30 on the total number of counters in ice hockey at each institution. *(Adopted: 1/16/93 effective 8/1/93)*

15.5.8 Women's Sand Volleyball Limitations.

15.5.8.1 Institutions That Sponsor Women's Sand Volleyball and Women's Volleyball. If an institution sponsors women's sand volleyball and women's volleyball, there shall be an annual limit of six on the value of financial aid awards (equivalencies) provided to counters and an annual limit of 14 on the total number of counters in women's sand volleyball. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.8.2 Institutions That Sponsor Women's Sand Volleyball but Do Not Sponsor Women's Volleyball. If an institution does not sponsor women's volleyball, there shall be an annual limit of eight on the value of financial aid awards (equivalencies) provided to counters and an annual limit of 14 on the total number of counters in women's sand volleyball. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.9 Multisport Participants.

15.5.9.1 Football. [FBS/FCS] In football, a counter who was recruited (per Bylaw 15.02.8) and/or offered financial aid to participate in football and who participates (practices or competes) in football and one or more sports (including basketball) shall be counted in football. A counter who was not recruited (per Bylaw 15.02.8) and/or offered financial aid to participate in football and who competes in football and one or more sports (including basketball) shall be counted in football. *(Revised: 1/10/95 effective 8/1/95, 1/9/96 effective 8/1/96, 1/15/11 effective 8/1/11)*

15.5.9.1.1 Initial Counter. [FBS/FCS] A counter who previously has not been counted in football shall be considered an initial counter even though the student-athlete already has received countable financial aid in another sport.

15.5.9.1.2 Championship Subdivision Football Exception. [FCS] A counter who practices or competes in football at a Football Championship Subdivision institution that elects to use the football counter and initial-counter exception set forth in Bylaw 15.5.6.2.1 and who practices or competes in another sport and receives countable financial aid in another sport shall be counted in the institution's financial aid limitations in the other sport. *(Adopted: 1/10/95, Revised: 12/15/06)*

15.5.9.2 Basketball. A counter who practices or competes in basketball and one or more other sports (other than football) shall be counted in basketball.

15.5.9.3 Ice Hockey, Men's. A counter who practices or competes in men's ice hockey and one or more other sports (other than football or basketball) shall be counted in men's ice hockey. *(Adopted: 1/16/93 effective 8/1/93)*

15.5.9.4 Swimming and Diving/Water Polo, Men's. A counter who practices or competes in both men's swimming and diving and men's water polo at a member institution shall be counted in men's swimming and diving, unless he counts in football or basketball.

15.5.9.5 Volleyball, Women's. A counter who practices or competes in women's volleyball and one or more other sports (other than basketball) shall be counted in women's volleyball.

15.5.9.5.1 Participation in Women's Volleyball in Second Year of Enrollment After Counter Status in Women's Sand Volleyball in First Year of Enrollment. A student-athlete who was a counter in women's sand volleyball during her initial year of full-time enrollment at the certifying institution and participates (practices and competes) in women's volleyball during her second year of full-time enrollment at the certifying institution shall be a counter in women's volleyball for her initial year of full-time enrollment at the certifying institution. *(Adopted: 1/15/11 effective 8/1/11)*

15.5.9.6 Two-Year Exception. If an individual has participated in a sport other than basketball, field hockey or women's volleyball for two years or more since the individual's initial collegiate enrollment and would be involved only in basketball, field hockey or women's volleyball practice sessions, such a student would not become a counter in those sports until the student actually competes as a member of that institution's intercollegiate team, at either the varsity or junior varsity level. *(Revised: 1/10/95 effective 8/1/95, 1/9/96 effective 8/1/96)*

15.5.9.7 Other Sports. Except as otherwise provided in this section, a counter who participates in two or more sports shall be counted in one of the sports but shall not be counted in the others.

15.5.9.7.1 Requirement to Qualify as Multisport Athlete. To be considered a multisport athlete under this section, an individual must meet all of the following requirements: *(Revised: 1/15/11 effective 8/1/11)*

- (a) The individual shall report and participate fully in regularly organized practice with each squad;
- (b) The individual shall participate where qualified in actual competition in each sport;
- (c) The individual shall be a member of each squad for the entire playing and practice season; and
- (d) If a recruited student-athlete (per Bylaw 15.02.8), the individual shall have been earnestly recruited to participate in the sport in which financial aid is counted (the institution recruiting the student-athlete shall have a reasonable basis to believe that the student-athlete is capable of participating in the institution's varsity intercollegiate program in that sport, including documentation of a record of previous participation in organized competition in the sport that supports the student-athlete's potential to participate in that sport in varsity intercollegiate competition).

15.5.10 Changes in Participation. If a student-athlete changes sports during an academic year, the student-athlete's financial aid shall be counted in the maximum limitations for the first sport for the remainder of the academic year. If the student-athlete continues to receive financial aid, the award shall be counted the next academic year against the maximum limitations in the second sport. A student-athlete shall be counted as an initial counter in football during the year in which the student-athlete first becomes countable in that sport, regardless of whether countable financial aid was received previously for another sport. *(Revised: 4/3/02)*

15.5.11 Squad List.

15.5.11.1 Eligibility Requirement. To be eligible to represent an institution in intercollegiate athletics competition, a student-athlete shall be included on the institution's squad-list form. **[D]**

15.5.11.2 Squad-List Form. The institution shall compile a list, on a form maintained by the Awards, Benefits, Expenses and Financial Aid Cabinet and approved by the Legislative Council, of the squad members in each sport on the first day of competition and shall indicate thereon the status of each member in the categories listed. **[D]** *(Revised: 11/1/07 effective 8/1/08, 7/30/10, 1/18/14 effective 8/1/14)*

15.5.11.2.1 Procedures. The following procedures shall be used for the squad list: **[D]** *(Revised: 1/9/06 effective 8/1/06, 7/30/10, 1/18/14 effective 8/1/14)*

- (a) The form shall be available for examination upon request by an authorized representative of another member institution, the NCAA, and, if the institution is a member of a conference, an authorized representative of the conference;
- (b) A supplementary form may be filed to add names of persons not initially on the squad or to indicate a change of status;
- (c) A student-athlete's name must be on the official institutional form to qualify to represent the institution in intercollegiate athletics; and
- (d) The athletics director (or his or her designee, who may not be a coaching staff member) shall sign the form for each sport. The head coach in each sport shall sign the form for the applicable sport.

15.5.11.3 Drug-Testing Consent-Form Requirement. Any student-athlete who signs a drug-testing consent form must be included on the institution's squad-list form, and any student-athlete who is included on the squad-list form must have signed a drug-testing consent form pursuant to Bylaw 12.7.3. **[D]** *(Adopted: 1/10/92 effective 8/1/92)*

15.5.11.3.1 Exception—14-Day Grace Period. An institution is not required to place a student-athlete who is "trying out" for a team on the squad-list form for 14 days from the first date the student engages in countable athletically related activities or until the institution's first competition, whichever occurs earlier. *(Adopted: 4/28/05)*