North Carolina A&T State University

Department of Sports Medicine Policy and Procedures

Adopted August 1st 2009

IMPLEMENTED AND APPROVED BY
WHEELER BROWN
ATHLETICS DIRECTOR
Mission

The North Carolina A&T State University Department of Sports Medicine will strive to provide the most efficient and effective care available to help prevent and manage athletic related injuries or illnesses. Treatment of injuries and illnesses will be based on sound medical and rehabilitative principles in conjunction with consideration of personal and team goals. The North Carolina A&T State University Department of Sports Medicine is committed to providing athletes with a rehabilitation based on proper recovery that will focus on flexibility, strength, endurance and sport specific based functional activities. Through these principles we will design a thorough return-to-play program for the injured Student-Athlete. By adhering to the National Athletic Trainers’ Association’s (NATA) Code of Ethics, the Board of Certification’s (BOC) Standards of Practice, and The North Carolina Board of Athletic Trainers Licensure Protocol, the Sports Medicine staff is committed to returning student-athletes to competition as soon as they are medically ready.

Philosophy

The Sports Medicine department at The North Carolina A&T State University exists to provide student-athletes with an opportunity to participate in intercollegiate athletics in the safest and healthiest manner possible. The North Carolina A&T State University Sports Medicine staff commits itself to providing personalized, comprehensive, contemporary, and effective health care that focuses on the student-athlete. The present and future welfare of the student-athlete will always be uppermost in the actions of the athletic training staff. Staff members will help to create an atmosphere that is dedicated to a hard work ethic, and the responsible practices of Sports Medicine and Athletic Training. Staff members will demonstrate passion towards the field of Athletic Training and Sports Medicine and strive for increasing professional development. The Sports Medicine staff members will conduct themselves in a professional manner at all times, following the standards and practices of the North Carolina A&T State University athletic training room, North Carolina A&T State University, the North Carolina Athletic Trainers Association and the National Athletic Trainers Association. The staff members and graduate assistants/intern athletic trainers of North Carolina A&T State University Sports Medicine Department will dedicate their skills to prevention, rehabilitation, recognition, education, evaluation and treatment of athletic injuries.

Introduction

The purpose of this manual is to familiarize the entire North Carolina A&T State University Student-Athletes, Athletic Staff, including members of Sports Medicine Staff with policies and procedures of the A&T Sports Medicine Department. The Sports Medicine Department will function more effectively and efficiently, and therefore better serve our athletes, if all members will follow the guidelines listed. The manual is not all
Role of The Athletic Trainer

As defined by the National Athletic Trainer’s Association (NATA) Board of Directors, Certified Athletic Trainers are healthcare professionals who are experts in injury prevention, assessment, treatment, and rehabilitation, particularly in the orthopedic and musculoskeletal disciplines. Athletic training has been recognized by the American Medical Association (AMA) as an allied healthcare profession since 1990. Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

The athletic training practice domains are:

- Prevention
- Clinical Evaluation and Diagnosis
- Immediate Care
- Treatment, rehabilitation, and reconditioning
- Organization and Administration
- Professional Responsibility

Athletic trainers function under a physician’s direction. The terms “direction” and “supervision” mean two different things. Most importantly, supervision may require the on-site physical presence of the physician and that the physician examines each and every patient treated by an athletic trainer. Direction, on the other hand, requires contact and interaction, but not necessarily physical presence.

Athletic trainers deliver rehabilitation services under a physician’s guidelines. Guidelines are general directions and descriptions that lead to the final outcome, thereby allowing the athletic trainer to rely on clinical decision making in constructing the rehabilitation protocol.

Certified Athletic Trainers are certified through the independent Board of Certification Inc. (BOC). Athletic trainers must pass a national examination from the BOC. Certified athletic trainers must earn a degree from an accredited athletic training curriculum which includes formal instruction in areas of Basic and Applied Sciences, and Professional Content.

Basic and Applied Sciences include:

- Human Anatomy
- Human Physiology
- Chemistry
- Biology
- Physics
Statistics and Research Design
Exercise Physiology
Kinesiology/Biomechanics

Professional Content includes:

- Risk Management and Injury Prevention
- Pathology of Injuries and Illnesses
- Orthopedic Clinical Examination and Diagnosis
- Medical Conditions and Disabilities
- Acute Care of Injuries and Illnesses
- Therapeutic Modalities
- Conditioning, Rehabilitative Exercise and Referral
- Pharmacology
- Psychosocial Intervention and Referral
- Nutritional Aspects of Injuries and Illnesses
- Health Care Administration

Additionally, Certified Athletic Trainers must obtain 75 hours of medically related continuing education credits every three years. Athletic trainers in North Carolina must be licensed in the state to practice and are governed by the North Carolina Board of Athletic Trainer Examiners.
THE SPORTS MEDICINE DEPARTMENT PERSONNEL

Athletic Trainers: Staff consists of a Director of Sports Medicine, two Associate Directors of Sports Medicine, and three graduate assistant/Intern athletic trainers. All Sports Medicine staff members are certified by the National Athletic Trainers Association and State of North Carolina or are pursuing certifications.

Director of Sports Medicine
Benicia Cleveland (336) 256-0533

Associate Directors of Sports Medicine
R.J. Miles (336) 256-0533
Brian Clement (336) 256-0533

Graduate Assistant Trainers/Intern Athletic Trainers
TBD (336) 256-0533

Physicians: The Sports Medicine Staff will cooperate completely with the team physician and any other medical advisors working with the Sports Medicine Department. The medical advisory staff for the Department of Athletics, at this time, includes One Sports Medicine Doctor, One Sports Medicine fellow, and Two Orthopaedic Surgeons.

Team Physicians
Dominique McKinley, MD (336) 275-3325
Team Sports Medicine Fellow, MD (336) 275-3325
Peter G. Dalldorf, MD (336) 275-3325
John Lee Graves, MD (336) 275-3325

Sports Medicine Responsibilities
The Sports Medicine Staff:
1. Has absolute authority in determining the physical fitness of a Student-Athlete who wishes to participate in North Carolina A&T State University athletics. They have the sole responsibility of determining whether an athlete can or cannot participate due to physical disability or illness.
2. Coordinate medical examinations that are needed as a result of a sports related injury during the school year. The staff will assist when possible in setting up medical examinations that are not related to a sports injury however, the ultimate responsibility lies with the athlete.
3. Be aware of the medical history of each Student-Athlete before participation is allowed.
4. Implement and coordinate the current drug testing policy
5. Be aware of any medication prescribed for any Student-Athlete but will not be responsible for obtaining such medicine.
Standing Order of Protocol

A. The appointed A&T Team Physician(s) will direct the North Carolina licensed Athletic Trainers in all matters concerning the management of athletic related injuries and advise on matters regarding the prevention of athletic injuries at North Carolina A&T State University. Our physicians do not attend all practices and competitions; however, they are immediately available via cell phones and pagers.

B. The Licensed Athletic Trainer will act in accordance with the National Athletic Trainers’ Association’s (NATA) Code of Ethics, the Board of Certification’s (BOC) Standards of Practice, and The North Carolina Board of Athletic Trainers Licensure Protocol.

C. Emergency care is the responsibility of the Athletic Trainer. They must have a written EAP regarding the coordination of emergency transport and care. He/she will serve as a triage officer to determine which injuries require additional medical evaluation. If there is any question about the nature or seriousness of an injury, the Athletic Trainer will determine the appropriate medical services needed. This act is in accordance with the American Red Cross and Emergency Medical Care (American Academy of Orthopedic Surgery).

D. The use of moist heat, ultrasound, electrical stimulation, manual therapy, rehabilitative techniques, traction or joint mobilization may be instituted as soon as signs and symptoms indicate that their use is proper, in accordance with sound principles of Athletic Training. Use of these modalities will be determined by the Athletic Trainer.

E. The Athletic Trainer shall apply at his/her discretion protective and/or preventive taping and/or taping procedures in accordance with the prevailing standard of care. The Athletic Trainer shall also apply a protective sleeve or support when signs and symptoms indicate. The Athletic Trainer should instruct the athlete in the use of crutches or canes when ordered by a Physician or when symptoms indicate the necessity of their use. The Athletic Trainer shall apply protective and/or preventative braces or orthotics, in conjunction with A&T Team Physicians (Brace and orthotic is defined by Steadman’s Medical Dictionary).

F. The Certified Graduate Assistants/Interns will work with their respective teams under the direction of their assigned Supervisor as follows:
- Volleyball/ Softball Graduate Assistant- Men’s Basketball Head Athletic Trainer
- Football/ Baseball Graduate Assistant - Football Head Athletic Trainer
- Track Graduate Assistant- Director of Sports Medicine
The graduate assistant athletic trainer will administer all initial treatment, care, and rehabilitation that will meet the standards of a Certified Athletic Trainer. It is the responsibility of the Supervising Athletic Trainer to ensure that all proper protocols are being met. This will be addressed by a weekly meeting.
G. No Student-Athlete will be permitted to practice for a sport, or participate in a sport, until the North Carolina A&T Sports Medicine Staff and its physicians, in accordance with NCAA guidelines and bylaws, complete a pre-participation physical examination.

H. The Athletic Trainer may at his/her discretion return a Student-Athlete to competition after a full physical assessment and history are completed and documented and is considered normal by the A&T Team Physician. Any athlete under the care of a physician or other medical entity other than a North Carolina A&T Team Physician will under no circumstances be permitted to return to activity until cleared by the treating physician as well as the North Carolina A&T Team Physician. In the event that there is a disagreement on the ability of an Student-Athlete to participate, the North Carolina A&T Team Physician will make the final decision.

J. A record of each evaluation of an injury to a Student-Athlete will be maintained by treating Athletic Trainer. Progress notes and physicians orders will be a part of the continuing record. Also, a Daily Treatment Log will be maintained. This will record any modality, treatment, or rehabilitative exercise received by the student-athlete.

K. Student-Athletes may elect to avail themselves of the services of a Private Physician or medical provider besides the North Carolina A&T Team Physician(s). In such cases, the Athletic Trainer will notify the A&T Team Physician(s) of this decision by the Student-Athlete, and note this decision in the athlete’s chart. While the Student-Athlete is under the care of this outside provider, the Athletic Trainer will not administer any care until the Medical Provider or Private Physician has cleared the Student-Athlete in writing and the A&T Team Physician has reviewed and cleared the Student-Athlete.

L. Records of evaluations and actions taken by the Team Physician will be recorded, signed and entered into the athlete’s record. This record shall be considered privileged information.

M. The release of injury information to the public media is the responsibility of the coach of the sport or the sports information office, not the Athletic Trainer.

N. Prescription medication is to be given to an athlete by the Team Physician(s) and/or attending Physician only. See Medication Distribution Policy.

O. The Athletic Trainer will at all times act in accordance with the standard recognized publication, such as publication by the American Red Cross, Emergency Care and Safety Institute, and OSHA.

P. The administrative chain of command for the Sports Medicine Department is as follows in descending order: Director of Athletics, Director of Sports medicine, and North Carolina A&T Team Physician.

Q. The medical chain of command of the Sports Medicine Department is a follows in descending order: Head Team Physician, Team Orthopedist, Director of Sports Medicine, 1st Assistant Athletic Trainer, 2nd Assistant Athletic Trainer, Graduate Assistant Athletic Trainers/Interns.
APPROVAL FOR PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

The NCAA requires that Student-Athletes have a full pre-participation physical examination prior to the first year of athletic competition. The NCAA requires that each year following, the student-athletes receive a medical recheck screening. This process includes measurement of their blood pressure, pulse, height, and weight. At this time the returning Student-Athlete must also complete a re-certification form divulging any changes in their family history, own medical history, and medication usage. Any returning Student-Athlete showing abnormal vital signs, significant changes in height and weight, changes in family or personal medical history, or the desire to be seen by a team physician shall be referred at that time. Any physical examination performed outside of the North Carolina A&T Sports Medicine Department must contain all required tests mandated by the Sports Medicine Department and must be administered using North Carolina A&T Sports Medicine paperwork, and must be approved by the Director of Sports Medicine. All outside pre-participation exams must be submitted to and approved by North Carolina A&T Sports Medicine Physicians. Additionally, in some cases it may be necessary to obtain paperwork from medical providers on previous surgeries, ongoing injuries and current or past medical conditions. This paper work must be turned in before the Student-Athlete can be cleared by North Carolina A&T Team Physicians.

No Student-Athlete may participate in Intercollegiate Athletics without a pre-participation physical examination. It is the policy of North Carolina A&T that a full examination will be given every two years and should be concluded, with all areas being cleared by a licensed physician, before the student athlete may participate in practices or competition. The exam shall be for screening only. It shall focus on those aspects of medical health that relate to the specific sport activity, and shall not in any way replace the Student-Athlete’s annual physical exam or supersede previously established doctor-patient relationships. Blood work, EKG testing, stress tests and other advances medical testing will only be ordered by the A&T Team Physicians if the physical exam produces findings that warrant further testing. The Student-Athlete will be responsible for paying for these tests as they will be needed for a pre-existing condition which is not covered by North Carolina A&T State University. Once the screening exam is completed, clearance is granted by the A&T Team Physician(s) and the Sports Medicine staff, and all paperwork including insurance paperwork is completed, the Student-Athlete may participate in supervised practice or competition. A post participation exam will be performed at the conclusion of the season for those Student-Athletes selected by the Sports Medicine staff.

Sickle Cell Testing is also a mandatory test and part of the Pre-participation physical. The test is considered part of the entry physical and the Student-Athlete will not be released until they have taken the test. Paperwork from birth showing a positive or negative test can be used and entered into the athlete’s record in place of a test. The Student-Athletes Parents should submit this paperwork before or at the time of the pre-participation physical.

Each Head Coach is required to submit their roster of scholarship and non-scholarship Student-Athletes to the Director of Sports Medicine a MINIMUM OF 30 DAYS prior to the start of their pre-season workouts. The Sports Medicine Department will make the
necessary arrangements for the pre-participation physical examinations for the Student-Athletes.

The coach will be informed of the date and time that pre-participation physical exams have been scheduled. It is the Head Coach’s responsibility to ensure that his/her Student-Athletes attends their scheduled pre-participation physical exam. If a Student-Athlete fails to attend his/her pre-participation physical examination, the student-athlete will remain ineligible until the pre-participation physical examination is completed. This newly scheduled date will be at the convenience and discretion of the Sports Medicine Department.

It must be clearly understood that all Student-Athletes must receive medical clearance and provide evidence of personal insurance before participating in Intercollegiate Athletics. Failure to receive medical authorization and provide proof on personal insurance shall immediately disqualify any Student-Athlete from all practice and competitions.

In conjunction with the pre-participation physical examination, the Student-Athlete will also disclose his/her previous injury or illness record, past medical history, and family history. Failure to disclose any injury or illness, past or present, relieves the Athletics Department of all liability in the event the Student-Athlete sustains a subsequent injury or re-injury to the affected part. **NOTE: It will be the Head Coach's responsibility regarding liability if a student-athlete participates without having had a pre-participation physical examination and current insurance information on file. Written Notice will be given to coaches regarding athletes not meeting qualification.**

**Medical Disqualification**

Conditions that disqualify a Student-Athlete from participation in North Carolina A&T athletics are at the discretion of the A&T Team Physician and Director of Sports Medicine. Potential disqualifications may include, but are not limited to, incomplete rehabilitation of a previous injury, gross joint instability, systemic illness, pregnancy, or loss of a paired organ. In the event a Student-Athlete wishes to participate on an North Carolina A&T athletic team, and has any of the above-mentioned conditions, he or she must have written permission from the North Carolina A&T Team Physician, providing medical clearance for activity and indicating all stipulations of his/her participation and removing North Carolina A&T from any and all financial and legal liability related to these injuries.

The Team Physician shall have the final authority with regards to all medical disqualifications, medical treatment, and participation level of an injured/ill Student-Athlete at North Carolina A&T State University.

**Tryouts**

For sports where open try-outs are held, Student-Athletes may participate in limited contact activities only after completing the “Try-Out Release Form”. The Student trying out must have had a physical in the past calendar year before signing the tryout waiver. If the Student-Athlete is a minor, a parent or legal guardian must sign the form. The form will only be **effective for two weeks**. After this time, the Student-Athletes must complete a pre-participation physical exam in order to participate in any team activities.
(practice, strength and conditioning, games, competition, etc). The Try-Out Release Form is not to be used to replace the pre-participation physical exam.

**Pre-existing Conditions**

If an Student-Athlete suffers an injury/illness prior to attending North Carolina A&T State University, this injury is considered pre-existing. If the Student-Athlete continues to have problems with this injury upon their arrival at North Carolina A&T, the athletic secondary insurance will consider this injury pre-existing and therefore will not provide any benefits should any medical bills be incurred.

The Sports Medicine staff will assist the Student-Athlete in getting the medical attention they need. The Sports Medicine staff will find a participating provider of your insurance group (doctor or physical therapist), but in no way will the North Carolina A&T Athletic Department or the athletic secondary insurance be responsible for payment of these bills or bills incurred to clear the athlete for participation.
Care of Athletic Injuries

****Care of Athletic Injuries is based off of the Licensed Athletic Trainer Protocol developed by the North Carolina A&T Sports Medicine Department and North Carolina A&T Team Physicians that must be submitted to the North Carolina Board of Athletic Training Examiners and approved before State Licensure can be obtained.

Student-Athletes are responsible for immediately reporting injuries/illnesses (including those not athletically related) to the athletic training staff within 24 hours of the occurrence.

Any Student-Athlete requiring medical diagnosis or treatment for injuries or other related medical problems while participating in the Intercollegiate Athletic Program should report this injury or problem to the Athletic Trainer assigned to his/her sport immediately. Even injuries or illnesses that are not athletic related must be reported as they may affect the Student-Athletes’ ability to participate in practices and competition. At the time of the injury/illness or as soon as the athlete makes the staff aware of the problem, the Athletic Trainer will administer immediate care, and evaluate the athlete. The evaluation is performed to determine the extent of the injury/illness and the ability to practice or compete. If consultation for the injury/illness is needed the Athletic Trainer will make arrangements for referral at that time. It is the decision of the Supervising Athletic Trainer to decide if the Student-Athlete needs more medical attention and to refer them to the proper medical authorities if deemed appropriate.

Any appointments or referrals with physicians or other medical specialists will be made by either the Athletic Trainer assigned to that Student-Athletes sport or by the Director of Sports Medicine. In the absence of the Director of Sports Medicine, the Assistant Director of Sports Medicine may make such appointments. Unauthorized medical expenses will not be paid for by North Carolina A&T State University Department of Sports Medicine.

If the Team Physician believes the injury is of the nature or severity that requires the consultation of another medical specialist, referrals will be made as soon as possible by the Team Physician or a member of the Sports Medicine Staff.

If the Student-Athlete is not satisfied with his/her injury diagnosis or recovery progress, he/she should notify the Director of Sports Medicine. The request for a meeting should only come from the Student-Athlete and will only be honored if the Student-Athlete has reported for every treatment and rehabilitation session requested by the supervising Athletic Trainer and they have followed all directives given by the Athletic Trainer and North Carolina A&T Team Physicians. The Director of Sports Medicine, the Assigned Athletic Trainer and the Team Physician will sit down with the Student-Athlete to discuss the situation and options. A consultation with the Student-Athlete’s parents will be arranged upon the parent’s request if the Student-Athlete is under age. If the Student-
Athlete is of age, the Student-Athlete must make the arrangements for their parents to be included on the consultation. The Head Coach shall be included in these consultations upon the Student-Athletes requests. At no time in this meeting should the Head Coach make any medical recommendations. Comments by the Head Coach should be restricted to preference of treatment, surgery, etc in relation to the needs of their team and sports season. If necessary, arrangements will be made for a second opinion. However, the A&T Department of Sports Medicine will not cover the expenses of second opinions made by physicians, hospital bills, etc. In the event of re-injury to the same body part, the student-athlete must be seen by the “second opinion provider” and must be cleared by the A&T team physicians.
LICENSED ATHLETIC TRAINER PROTOCOL

1. PREVENTION OF ATHLETIC INJURIES

A. Providing pre-participation physical examinations to all student athletes, including but not limited to medical history questionnaire, orthopedic screening, cardiovascular examination, blood pressure readings, height/weight measurements, body composition/body fat percentages, and vision screening, under direct supervision of team physicians. Identify those student athletes that are at increased risk of injury. Monitor those athletes and/or send for further testing where relevant.

B. Providing appropriate monitoring of student athletes’ physical conditioning level during season as well as pre/post season.

C. Monitor and control of environmental risks including but not limited to relative humidity, temperature, lightening, darkness, and air quality. Adjust practices/games accordingly.

D. Inspection of all athletic playing surfaces for potential risk factors that could increase chance of injury. Make changes if needed.

E. Work directly with strength and conditioning program to provide student athletes with best possible muscle endurance/strength program.

F. Provide taping and fabrication/application of specialty braces and padding to student athletes.

2. RECOGNITION, EVALUATION, AND IMMEDIATE CARE OF ATHLETIC INJURIES

A. On field/court injuries will include:
   I. Initial evaluation of area athlete is located in
   II. Initial evaluation of athlete
   III. Administering proper first aid/emergency care if needed.
   IV. Determine if a boney fracture is indicated/apply splinting devices.
   V. Determine neurological functioning.
   VI. If necessary, provide appropriate equipment to move student athlete from playing surface.

B. In the event of a life threatening/serious injury, including suspected head or spinal injury, the following delineation of authority will determine who will be “in charge”:
   I. Physician (if available)
   II. Certified Athletic Trainer (if available)
   III. EMT (if available) (Certified Athletic Trainer will work with EMT if both are present)
   IV. Coach Certified in CPR (must notify athletic training room after 911 is activated)

C. Secondary management of athletic injury/initial visit in athletic training room will follow:
   I. Obtain history from athlete regarding injury.
   II. Observe and palpate injury site.
   III. Perform appropriate special testing, muscle testing, range of motion testing, and functional testing.
   IV. Determine possible/probable injury.
   V. Develop and implement plan of action for injury including but not limited to, immediate care of injury, rehabilitation program, and doctor referral.

3. REHABILITATION AND RECONDITIONING OF ATHLETIC INJURIES

A. Evaluate athlete using standard procedures of evaluation and reassessment in order to determine appropriate rehabilitation program in all phases of treatment.
B. Maintain accurate records on all athletic injuries using injury tracking software and paper records when necessary.

C. Development, planning, and implementation of comprehensive rehabilitation/treatment programs including the determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluation/re-evaluating and recording rehabilitation progress/status and development of criteria for progression to return of competition.
D. Inform athletes, coaches, staff, and parents about the rehabilitation process using various modes of communication.
E. If needed, provide for removal of sutures following surgery, if needed.

4. HEALTH CARE ADMINISTRATION

A. Completes appropriate documentation related to the athlete in accordance with established goals and departmental policies.
B. When necessary, assists in the coordination of emergency management plan and venue settings in order to provide appropriate care during a life threatening/catastrophic injury.
C. Provide communication of athlete progress to the team physician and other appropriate staff members.

5. PROFESSIONAL DEVELOPMENT AND RESPONSIBILITY

A. Enhance one’s knowledge of sports medicine issues by participating in staff meetings, educational and clinical activities in order to improve skills.
B. Adhere to ethical and legal statues, rules and guidelines which define the proper role of the licensed athletic trainer. Maintain a high standard of professional accountability with respect to attitude, safety, efficiency, and effectiveness.
C. Must be certified by the NATA and maintain CPR/AED certification.
D. Serve as a resource in order to enhance awareness of the roles and responsibilities of the licensed athletic trainer.

Athletic Trainer: ______________________________________________________

Team/Organization: ______________________________________________________

The undersigned physician and athletic trainer agree to abide by this protocol:

_________________________________________   ______________________________
Print Name of Physician    Print Name of Athletic Trainer

_________________________________________
Signature of Physician

_________________________________________
Signature of Athletic Trainer

_________________________________________
Physician Address

_________________________________________
Employment Address

_________________________________________
City, State, Zip Code

_________________________________________
City, State, Zip Code

_________________________________________
Business Telephone

_________________________________________
Business Telephone
Athletic Injuries and Illness Procedure

If a Student-Athlete is injured during a practice session, workout session or contest, the covering Athletic Trainer will proceed to his/her aid as quickly as possible, evaluate the student-athlete and proceed with the appropriate immediate care. The Coach will be informed as quickly as possible regarding the student-athlete's injury and availability for that particular practice, workout or contest.

All therapeutic treatment, if necessary and available, will be administered by the Sports Medicine staff. In the case of an emergency, the Sports Medicine staff will administer the necessary emergency care until EMS (Emergency Management Services) or a A&T Team Physician arrives. **COACHES SHOULD NOT UNDER ANY CIRCUMSTANCES REQUEST THE REMOVAL OF A STUDENT-ATHLETE OR ATTEMPT TO MOVE HIM/HER IF AN INJURY HAS OCCURRED TO THE STUDENT-ATHLETE’S HEAD, NECK OR BACK.** Coaches are not to interfere with the Sports Medicine staff and their management of emergency situations.

If a Student-Athlete is injured or ill and is restricted from athletic participation, he/she must be granted clearance by the Certified Athletic Trainer or A&T Team Physician to resume physical activity. Until the A&T Team Physician and/or assigned Athletic Trainer releases the Student-Athlete from treatment, the Student-Athlete is expected to report daily to their assigned Athletic Trainer for treatment, rehabilitation and or follow-up medical treatment by a team physician. Student-athletes/ Coaches are not allowed to schedule appointments with team physicians. They must be seen by their assigned Athletic Trainer first, who will then schedule the appointment for them when appropriate.

The Sports Medicine staff is the final authority in determining when an injured or sick Student-Athlete may return to practice or competition. All conditions concerning health and playing status of an Student-Athlete should be directed toward the assigned Athletic Trainer then the chain of command should be followed for further information. Due to privacy issues, Coaches must not contact the Physician to obtain information about the health status of a Student-Athlete.

Coaches are not permitted to refer Student-Athletes to the Student Health Service, any medical facility or Physician except in the case of extreme illness or injury when a member of the Sports Medicine Staff is not available. All athletic injuries and illnesses will be handled by the Sports Medicine Staff without interference from the coaching staff.

Medical records are maintained in the Athletic Training Rooms for all Student-Athletes participating in the Intercollegiate Athletic Program. The Sports Medicine Staff and the Team Physician, when needed, are the final authority on when an injured or ill athlete may return to practice or competition. HIPAA guidelines are strictly enforced.
Referrals

If a Team Physician, the Student Health Services or the Sports Medicine Department determines that an outside referral or consultation is necessary for a Student-Athlete, the appointment for such a visit will ONLY be arranged by the A&T Team Physician, Student Health Service or the Sports Medicine Department. If a Student-Athlete refers himself/herself without obtaining prior approval from the Sports Medicine Department, the Student-Athlete shall assume medical and financial responsibility for such outside visits and medical attention. Coaches do not have the authority to arrange medical referrals to any physician or outside medical service without consulting and receiving prior approval through the Sports Medicine Department.

Summer Injuries

If an North Carolina A&T Student-Athlete participates in any summer sports activities (i.e. summer collegiate baseball leagues, summer volleyball clubs or activities on their own) and suffers an injury, the North Carolina A&T Sports Medicine Department and its secondary insurance policy will not be responsible for any medical bills incurred.

Illness

North Carolina A&T Sports Medicine Department and its secondary insurance policy are not responsible for any illnesses (mental or physical) that affect an North Carolina A&T Student-Athlete during their time at North Carolina A&T. The North Carolina A&T Sports Medicine Staff will assist will assist the Student-Athlete in obtaining the medical attention they need. The North Carolina A&T Sports Medicine Staff will find a participating provider of the Student-Athlete’s insurance group, but in no way will the North Carolina A&T Sports Medicine Department or the athletic secondary insurance be responsible for payment of any medical bills incurred as well as prescription medicine.

Dental Care

North Carolina A&T State University will assume financial responsibility for dental repairs that are needed due to injury while the athlete was participating in a formal practice or contest for North Carolina A&T. The Student-Athletes primary dental insurance will be filed first and then the secondary athletic insurance will assume the remainder. If the Student-Athlete has no dental insurance the North Carolina A&T will cover the whole balance. We will not be responsible for payment of normal dental care; such as temporary fillings due to cavities, cleaning, gum infections, or other dental problems not related to an athletic injury of sound normal teeth.

Vision Care

North Carolina A&T State University will assume financial responsibility for eye injuries that occur while the Student-Athlete is participating in a formal practice or contest for North Carolina A&T State University. North Carolina A&T will file the Student-Athletes
insurance first them the secondary athletic insurance will pay the remainder. If the Student-Athlete does not have vision insurance then the entire bill will be paid by the North Carolina A&T State University. We will not be responsible for payment of normal eye care; vision screening, corrective lenses etc. Eye injuries will be referred to a consulting specialist.

**Pregnancy Policy**

Each female Student-Athlete must comply with North Carolina A&T State University rules and regulations regarding the occurrence of a pregnancy.

A. Once a Student-Athlete suspects they are pregnant and they contact their Athletic Trainer or Coach, diagnostic testing must be done to confirm or rule out a pregnancy. The Student-Athlete must sign a release of information from the health care provider allowing the results to be given to their Athletic Trainer and Team Physician. If the Student-Athlete states that they believe they are pregnant or the Athletic Trainer believes the Student-Athlete is pregnant due to signs and symptoms, the Student-Athlete must have a pregnancy test performed at Sebastian Health Center. All medical costs due to pregnancy will be incurred by the athlete. Once a pregnancy is confirmed, the Student-Athlete must have a gynecological exam and information must be released to A&T Team Physician and Director of Sports Medicine so that a determination can be made of the Student-Athlete’s ability to continue their sport.

B. Student-Athletes with confirmed pregnancy will inform their coach about the situation along with the assigned Athletic Trainer and The Director of Sports Medicine. The Director of Sports Medicine and A&T Team Physician will be given information regarding the pregnancy and future course of action. The Team Physician along with the Student-Athletes OBGYN will then make a decision regarding the Student-Athlete’s ability to continue play, weighing the risk for both the Student-Athlete’s health and ability to maintain the pregnancy.

C. Should the Student-Athlete have a spontaneous miscarriage, the Student-Athlete’s doctor and North Carolina A&T Team Physicians will review the case and make a return to activity decision based on their findings.

D. Student-Athletes participating in athletics during pregnancy can be medically disqualified by their OBGYN and A&T Team Physician due to the risk of sport participation for the Student-Athlete and the integrity of the pregnancy. Student-Athletes with pregnancies that do not reach full-term will be evaluated by their obstetrician and A&T Team Physicians and together they will make the final clearance for the athlete to return to play. Student-Athletes may return to full-activity post-delivery once they have been cleared by their obstetrician and North Carolina A&T Team Physicians. Decisions on return to play will be made on a case-by-case basis by the North Carolina A&T Team physician.

**Massage Therapy/ Chiropractic /and all other specialty entities**

(This does not include Urgent Care/ Emergency Room/ Student Health Centers)

1) All medical providers utilized by North Carolina A&T Athletic teams must be approved by and registered with North Carolina A&T State University. No Athletic Team shall utilize the services of any outside medical entity who has not been approved by and
registered with the North Carolina A&T State University Sports Medicine Department. Additionally, these services are **considered elective and not medically necessary** so they will be the **financial responsibility of the athlete**.

2) In order to be considered for approval and registration by North Carolina A&T State University, prospective outside providers must:
   a. Show proof of certification (i.e. a massage therapist certified by the American Massage Therapy Association (AMTA) and/or the National Certification in Therapeutic Massage and Bodywork (NCTMB); certification by the National Board of Chiropractic Examiners; National PT certification Board etc;
   b. Show proof of license within the State of North Carolina to provide services;
   c. Show proof of professional liability insurance and name the North Carolina A&T State University as Additionally Insured on the liability insurance policy;
   d. Submit a current resume / curriculum vitae with the names, addresses, and phone numbers of three (3) references to the Director of Sports Medicine;
   e. Agree to abide by all NCAA rules and regulations, and National, State of North Carolina, and North Carolina A&T State University privacy regulations.

3) Additionally, prospective outside providers may be required to undergo the following before being approved by the North Carolina A&T Department of Sports Medicine of to provide services:
   a. An interview with the Team Physicians and/or members of the North Carolina A&T State University Sports Medicine Staff; and/or
   b. A reference check.

4) The following procedures will be in place for Student-Athletes and/or teams utilizing the services of an outside medical provider.
   a. All requests for the use of the outside medical provider must be formally made in writing by the Head Coach to a member of the North Carolina A&T Sports Medicine Staff.
   b. If appropriate, North Carolina A&T Sports Medicine Department staff will formally authorize and refer the student-athlete to the appropriate individual and can assist with coordination of the appointment.
   c. If a Student-Athlete decides to see a specialist without a referral from a member of the North Carolina A&T State University Sports Medicine staff, they are prohibited from participating until all documentation is turned into the Department of Sports Medicine Staff and the Student-Athlete can be cleared by the North Carolina A&T Team Physician.
   d. All services performed must be documented by the specialist at the time of the service and given to the referring member of the North Carolina A&T State University Sports Medicine Department for their review and subsequent filing in the Student-Athlete’s permanent medical record.

**Rehabilitation policy**

**ALL INJURED STUDENT-ATHLETES WILL IMMEDIATELY FOLLOW SOME TYPE OF REHABILITATION PROGRAM UPON THE ONSET OF INJURY. THIS PROGRAM IS TO BE DEVELOPED, ADMINISTERED, AND REVISED APPROPRIATELY BY THE SPORTS MEDICINE STAFF.**

The Student-Athlete will be evaluated using standard procedures of evaluation and reassessment in order to determine an appropriate rehabilitation program in all phases of
treatment. Development, planning, and implementation of a comprehensive rehabilitation/treatment program will include: the determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluation/re-evaluating, recording rehabilitation progress/status, and development of criteria for progression to return of competition. Rehabilitation of injuries is to be provided by the Sports Medicine staff. In rare cases, the Director of Sports Medicine or Team Physician may refer the Student-Athlete to a Physical Therapist that will work in conjunction with the Sports Medicine Staff.

Student-Athletes will be required to complete their rehabilitation each day by 12pm Monday through Friday. It is important for Student-Athletes to complete their rehabilitation during this time to ensure that:

A) Their practice status can be reported to Coaches in enough time to make appropriate practice modifications.

B) Rehabilitation is an intensive and physically active session. By completing rehabilitation in the morning, the athlete will have the appropriate time to recover before their practice.

C) After 12pm the Sports Medicine Staff will be documenting, sending injury reports, and preparing for practices, which will make the staff unable to devote time to implementing an appropriate rehabilitation protocol for the Student-Athlete.

Student-Athletes who are unable to report for rehabilitation before 12pm must schedule a time to complete their rehabilitation with their assigned Athletic Trainer outside of normal hours, which may include 7am. The Student-Athletes progress and status will be documented and the Coaches will be notified through an injury report on a daily basis via email or fax. Occasionally, the coach will be contacted in person and the report will be given verbally.
EATING DISORDER POLICY

I. Introduction and Philosophy

1. The Department of Athletics at North Carolina A&T State University advocates the development of healthy and responsible lifestyles for our student-athletes, with the goal of long-term enrichment and enhancement of their lives. Behaviors that threaten a healthy lifestyle include disordered eating.

2. The Department of Athletics recognizes that the manifestations of eating disorders reflect the interaction of biological, psychological, and sociological factors in both the development of eating disorders and their treatment. Student-athletes are at an increased risk of developing or maintaining patterns of disordered eating due to their participation in elite, collegiate sports.

3. The effects of disordered eating can range from mild to severe; depending on the extent of the disorder and the length of time the individual has engaged in such behaviors.
   - Medically, disordered eating can have short-term and long-term health consequences ranging from an increased risk of sport-related injury, to death. There is a potential for serious consequences in every system of the body.
   - Psychologically, individuals with an eating disorder have an increased risk of depression and suicide. Eating disorders are often associated with low self-esteem, obsessive thinking, and feelings of isolation.

4. Recovery from eating disorders can be a difficult process that takes time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.

5. Body weight/composition is only one factor contributing to athletic performance, and there is not substantial evidence linking specific body weight/composition to superior performance in any sport.

6. Each student-athlete has a unique body type that is largely influenced by genetics. We wish to emphasize healthy personal improvement in nutrition, body composition, and fitness level, recognizing individual differences. We hope that athletic department staff recognizes individual differences instead of relying on pre-published group norms.

II. Goals

1. To implement an effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders. The treatment team will consist of the Athletic Trainer and the A&T team physician. A registered dietician and psychologist will be added to the team as deemed necessary by the A&T Team Physicians.

2. To diagnose and provide treatment plans for student-athletes struggling with eating disorders.
3. To provide medical, nutritional, and/or psychological services to the student-athlete while respecting his or her privacy.

4. To establish an eating disorders management team. The management team will meet with the student-athlete to oversee his or her compliance with treatment, as necessary.

III. Weight and Body Composition Goals and Measurements

1. Sport coaches should bring their concerns about student-athletes’ body weight/composition to the athletic trainer and strength coach. The strength coach, athletic trainer, and student-athlete will set goals together regarding student-athletes’ weight and body composition. (Teams not working with a strength coach will utilize the athletic trainer). The athletic trainer may also involve medical staff such as physicians, dietitians, and psychologists in the goal-setting process. The goals will take into account student-athletes’ overall health and sport performance. For example, if student-athletes appear moderately underweight or overweight, yet are healthy and steadily improving their sport performance, athletic department staff should refrain from asking them to modify their body weight/composition.

2. Athletic department staff should consider each student-athlete’s weight and body composition individually, and refrain from setting group goals.

3. If the goal-setting team agrees that body modifications are likely to improve student-athletes’ health and performance, athletic department staff will refer the student-athlete to the dietitian. The dietitian should be involved with student-athletes’ attempts to lose or gain weight, in order to avoid unhealthy eating behaviors.

4. Sport coaches should not weigh student-athletes, measure their body composition, or share weight/body composition information publicly. The student-athletes will sign a release that allows the strength coaches to share body composition testing information with the sport coaches as deemed necessary. It is common for body composition testing to be used as a measure of training effectiveness, and as a general rule, strength coaches will take the measurements. However, student-athletes should always have the choice to refuse testing.

5. Frequent measuring of weight and body composition can be harmful to student-athletes. Strength coaches should take measurements only when necessary for gauging the training program’s effectiveness. Typically, once per quarter should be sufficient, but could be more frequent if deemed necessary by medical provider to manage issues related to lean body mass.

6. Student-athletes have the right to access their own weight and body composition information. On a case-by-case basis, strength coaches may refrain from taking measurements or limit access to that information if contraindicated for health reasons (i.e. an athlete with disordered eating).

7. The administrator in charge of the particular sport will be consulted if staff members do not follow these guidelines.

IV. Treatment and Intervention
1. If an athletic department staff member witnesses or has reports of a student-athlete displaying signs or symptoms of an eating disorder (see “Behavioral and Physical Signs of an Eating Disorder”), then he or she is to approach the student-athlete. If a teammate witnesses a student-athlete engaging in disordered eating behaviors, the teammate will be encouraged to approach the student-athlete and to inform an athletic trainer about the observed behaviors. Appropriate intervention involves an expression of concern that the student-athlete is displaying specific eating behaviors that may interfere with his or her health and athletic performance (see “Approaching a Student-Athlete about Disordered Eating”). The staff member will request that the student-athlete meet with the psychologist, registered dietitian, and/or team physician for assessment.

2. If the student-athlete complies with the request for an assessment by members of the treatment team, the team will assess the student-athlete for disordered eating as defined by the DSM-IV (see “Definitions of Eating Disorders”).

3. If the treatment team concludes that the student-athlete is in need of medical, nutritional or psychological intervention, then they will develop a treatment plan for the student-athlete. Elements of the treatment plan may include

- required visits with the psychologist, registered dietitian, and team physician
- attendance of a nutrition and body image support group
- weight checks
- limitation of physical activities
- outpatient or inpatient treatment referrals
- any other intervention as deemed medically or psychologically necessary

4. If the student-athlete does not seek help independently and the disordered eating behaviors continue, the student-athlete should be referred to the eating disorders management team.

5. The management team will meet with the student-athlete, to oversee his or her compliance with the treatment plan (which will be developed by the treatment team). The student-athlete will be required to sign a contract agreeing to the terms of the treatment plan. If he or she refuses to attend the meeting or to comply with the plan, suspension from sport will result.

6. The treatment team and management team will review the student-athlete cases periodically and provide further intervention as needed.

Definitions of Eating Disorders

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV):

I. Anorexia Nervosa

1. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
2. Intense fear of gaining weight or becoming fat, even though underweight.

3. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

4. In post-menarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

II. Bulimia Nervosa

1. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

   (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

   (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

2. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

3. The binge eating and inappropriate compensatory behaviors both occur on average at least twice a week for 3 months.

4. Self-evaluation is unduly influenced by body shape and weight.

5. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

III. Eating Disorder Not Otherwise Specified (NOS)

This category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include:

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.

2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual’s current weight is in the normal range.

3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.

4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).
Behavioral and Physical Signs of an Eating Disorder

The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicate an eating disorder. Careful observation and awareness of a student-athlete’s behavior will guide identification of an eating problem.

IV. Anorexia

1. Behavioral Signs:
   - Reports feeling “fat/heavy” despite low body weight
   - Obsessions about weight, diet, appearance
   - Ritualistic eating behaviors
   - Avoiding social eating situations, social withdrawal
   - Obsession with exercise; hyperactivity --may increase workouts secretly
   - Feeling cold
   - Perfectionism followed by self-criticism
   - Seems anxious/depressed about performance and other events
   - Denial of unhealthy eating pattern --anger when confronted with problem
   - Eventual decline in physical and school performance

2. Physical Signs:
   - Amenorrhea (lack of menstrual periods)
   - Dehydration (not related to workout/competition)
   - Fatigue (beyond expected)
   - Weakness, dizziness
   - Overuse injuries, stress fractures
   - Yellow tint to hands
   - Gastrointestinal problems
   - Lanugo (fine hair on arms and face)
   - Hypotension (low blood pressure)

V. Bulimia Nervosa

1. Behavioral Signs:
   - Excessive exercise beyond scheduled practice
   - Extremely self-critical
   - Depression and mood fluctuations
   - Irregular weight loss/gain; rapid fluctuations in weight
   - Erratic performance
   - Low self-esteem
   - Drug or alcohol use

(8) Binges or eats large meals, then disappears
2. **Physical Signs of Bulimia Nervosa:**

- Callous on knuckles
- Dental and gum problems (bad breath)
- Red, puffy eyes
- Swollen parotid glands (at the base of the jaw)
- Edema (bloating)
- Frequent sore throats
- Low or average weight despite eating large amounts of food
- Electrolyte abnormalities
- Diarrhea, alternating with constipation
- Dry mouth, cracked lips

(11) Muscle cramps/weakness

**Approaching a Student-Athlete about Disordered Eating**

1. A coach or staff member who has the best rapport with the student-athlete should arrange a private meeting.

2. In a calm and respectful manner, indicate to the student-athlete what specific observations were made that aroused your concerns. Give the athlete time to respond.

   - Use “I” statements. (*I’m concerned about you because you refuse to eat breakfast or lunch. It worries me to hear you vomiting.*)
   - Avoid “You” statements and discussions about weight or appearance. (*You are too thin and you have to eat! You’re out of control.*)
   - Avoid giving simple solutions. (*If you’d just eat more, everything would be fine!*)
   - Affirm that the student-athlete’s role on the team will not be jeopardized by an admission that a problem exists.
   - Suggest that you will follow up with the student-athlete in one week to confirm that he or she has scheduled an appointment with a professional.

3. The student-athlete’s reaction may be one of denial or perhaps hostility. Firmly encourage the student-athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness.
Fluid Replacement Guidelines and Exertional Heat Illnesses

The following policy on fluid replacement, rehydration, and exertional heat illnesses has been developed in accordance with the NATA Fluid Replacement Position Statement, the NATA Exertional Heat Illnesses Position Statement, and the North Carolina A&T State University Athletics Department Mission Statement to provide quality healthcare services and assure the well-being of each student-athlete at North Carolina A&T State University.

Rationale of fluid replacement:

Student-athletes who are exposed to prolonged practices and competitions in an excessively hot and humid environment may be deprived of essential fluids, carbohydrates, and electrolytes that ultimately lead to dehydration and potential heat illness.

It has been demonstrated that dehydration of just 1-2% of body weight can alter physiological function and negatively influence an athlete’s performance. Athletes who are not properly hydrated prior to the start of practice or competition can begin to notice the signs of dehydration in just one hour or sooner of exercise. Dehydration has been identified as an increased risk factor for athletes developing heat-related illness such as heat cramps, heat exhaustion, and the potentially life-threatening heat stroke.

HYDRATION GUIDELINES:
The Sports Medicine Staff at North Carolina A&T State University has developed the following rehydration guidelines based on national accepted criteria. The Sports Medicine Department Staff will assist in promoting the consumption of beverages.

Prior to Exercise:
- All athletes should be encouraged to drink 17 to 20 fluid ounces of water or sports beverage 2-3 hours before exercise.
- Ten to twenty minutes before the beginning of practice or competition, athletes should be encouraged to drink an additional 7-10 fluid ounces of water or sports beverage.

During Exercise:
- Encourage athletes to drink early and often
- Drink 7-10 fluid ounces or sports drink every 10-20 minutes.
- It is important to stress to the athletes to drink prior to becoming thirsty. An athlete who is thirsty may already be in the early stages of dehydration.

After Exercise:
- Encourage athletes to replace any fluid loss due to sweating within 2 hours from the end of exercise. This rehydration should include water, carbohydrates, and electrolytes to allow the immediate return of physiologic function.
- Encourage them to drink 20-24 fluid ounces for every pound of weight lost.

**Sport beverages should ideally contain a carbohydrate level of no more than 8%.**

A higher carbohydrate level can retard fluid absorption and cause stomach problems.

**Fruit juices, carbohydrate gels, and carbonated beverages should not be recommended as the sole rehydration beverage of choice.** Beverages containing
caffeine, alcohol, or carbonation should be avoided and discouraged due to their diuretic effects and decreased fluid retention.

**WEIGHT LOSS/GAIN GUIDELINES:**
It is recommended that all athletes exercising in hot and humid environments as well as those sports such as wrestling with closely regulated weight classes be weighed in prior to and after practice or competition. By weighing in, a determination can be made of the percentage body weight lost due to sweating and the amount of rehydration that must occur prior to the next practice session. Furthermore, athletes should be weighed preferably in the nude, in clean/dry undergarments, or wearing the same amount of clothing pre-and post-practice. The percentage of weight lost between practice sessions will be used as one factor to determine if an athlete can safely continue to practice. Athletes should ideally have their pre-exercise body weight remain relatively consistent.
- A 2% body weight difference should be noted by the athletic trainer and that athlete should be closely monitored for any signs or symptoms of dehydration.
- An athlete with greater than 2% body weight loss should not be allowed to return to practice until proper fluid replacement has taken place.

**INTRAVENOUS (IV) FLUID REPLACEMENT:**
In certain instances an athlete may receive intravenous fluid replacement therapy to combat dehydration or associated heat illnesses. This form of treatment will be conducted at the discretion of the Team Physician. In the absence of the Team Physician, if the attending certified athletic trainer determines that an athlete may be suffering from dehydration or associated heat illness, he/she will make every effort to contact the Team Physician and/or arrange for treatment to be administered through the closest hospital emergency room. For more details concerning IV Fluid Replacement, refer to the IV Fluid Replacement Policy.

**HEAT INDEX:**
Is a rating based on ambient air temperature, relative humidity, air motion, and the amount of radiating heat from the sun and other sources. This will be monitored by the athletic training staff using a sling psychrometer or electronic heat measuring device and indications for athletic participation will be based on the following scale:

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Level of Risk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;65°F</td>
<td>Low Risk</td>
<td>low but may exist on the basis of risk factors</td>
</tr>
<tr>
<td>65–73°F</td>
<td>Moderate Risk</td>
<td>level increases as event progresses through the day</td>
</tr>
<tr>
<td>73–82°F</td>
<td>High Risk</td>
<td>Everyone should be aware of injury potential; individuals at risk should not compete</td>
</tr>
<tr>
<td>&gt;82°F</td>
<td>Extreme risk</td>
<td>Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert</td>
</tr>
</tbody>
</table>

**PRACTICE/TRAINING SCHEDULE:**
In accordance with NCAA Guideline 1c Emergency care and coverage: “9. 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.”

Avoid scheduling session during the hottest time of day.
Work-to-Rest ratio
Extreme risk 1:1
High risk 2:1
Moderate risk 3:1
Low risk 4:1
Rest breaks should be in the shade if possible, encouraging rehydration during every break.
North Carolina A&T State University Sports Medicine  
Protocol for Athletes with Sickle Cell Trait

All athletes will be screened for hemoglobin S with the sickle cell test, and positive results confirmed with hemoglobin electrophoresis. Any positive results will be managed with the following steps:

- The athlete’s sickle cell status will be communicated to all relevant parties:
  1. The athlete
  2. Parent/guardian if athlete a minor or if athlete desires them notified
  3. Athletic trainers
  4. Team physicians
  5. Coaches

- The athlete will have a counseling session with the team physician regarding the implications of his/her sickle cell status.

- There is no contraindication to participation in sport for the athlete with sickle cell trait.

- Appropriate precautions for athletes with sickle cell trait will require a combined effort involving the athlete, coaches and sports medicine staff.

- The following precautions should be taken for athletes with sickle cell trait:
  1. Conditioning activities should build up gradually from levels easily tolerated to those that are near maximal effort for the individual.
  2. Encourage preseason strength and conditioning programs to enhance the athlete’s preparedness for in-season demands.
  3. If the athlete must perform repetitive high speed sprints or interval training for their sport, they should be allowed extended periods of recovery between repetitions.
  4. Activity should cease if athlete experiences symptoms such as muscle cramping, pain, swelling, weakness, tenderness, inability to catch breath, or fatigue.
  5. Create an environment that encourages athletes to report any symptoms immediately.
  6. Athletes with sickle trait should be allowed to set their own pace if their level of conditioning prevents them from keeping the pace required by team activities.
  7. Adjust work/rest cycles for environmental heat stress.
  8. Maintain adequate hydration beyond demands of thirst.
  9. Athletes with sickle trait should not work out during illness.
  10. Avoid sustained heavy workouts at altitude of 10,000 ft or greater, and if participation at altitude is necessary, allow for gradual acclimatization.

- If a collapse occurs, this will be treated as a medical emergency and the following steps should be taken:
  1. Check vital signs.
  2. Administer high-flow oxygen (15 lpm) via non-rebreather mask.
  3. Cool the athlete if necessary.
4. If athlete obtunded or vital signs declining, call 911, attach AED, start IV and send to hospital.
5. Emergency room physician should be warned to expect explosive rhabdomyolysis and grave metabolic complications.
6. Sports medicine staff should be prepared for potential collapse with appropriate Emergency Action Plan and equipment available for all practices and games.

References:
North Carolina A&T State University Sports Medicine
Checklist for Sickle Cell Screening

- Athlete: ________________
- Sport: ________________
- Sickledex drawn date: __________
- Results received
  - Negative > Stop
  - Positive > Continue
- Notification:
  - Athlete
  - Parent (if applicable)
  - Team Physician
  - Athletic Trainer
  - Coaches
- Counseling session with team physician
  - Scheduled date: ___________
  - Completed date: ___________
Drug Education and Screening Program

Purpose: Illegal drug use is not an acceptable behavior for A&T student-athletes. The drug education program seeks to educate, to prevent unauthorized drug use and to identify student-athletes who may be using unauthorized drugs. The drug-testing program meets standards established by the NCAA.

Knowledge of Use of Banned Drugs (NCAA Bylaw 10.2)
A member institution’s athletics department staff members or others employed by the intercollegiate athletics program who have knowledge of a student-athlete's use at any time of a substance on the list of banned drugs, as set forth in Bylaw 31.2.3.1, shall follow institutional procedures dealing with drug abuse or shall be subject to disciplinary or corrective action as set forth in Bylaw 19.6.2.2. The Aggie Athletic Department strongly condemns the use of any illegal chemical that endangers the student-athletes’ welfare. A drug education program has been established to prevent substance abuse through education, testing and counseling services.

Drug Education and Testing Consent (NCAA Bylaw 14.1.4.1)
At the beginning of each academic year, drug education will be presented to all student-athletes. Each academic year a student-athlete shall sign a form prescribed by the Management Council in which the student consents to be tested for the use of drugs prohibited by NCAA legislation. Failure to complete and sign the consent form prior to practice or competition in sports in which the Association conducts year-round drug testing and prior to competition in all other sports shall result in the student-athlete's ineligibility for participation (i.e., practice and competition) in all intercollegiate athletics. Violations of this bylaw do not affect a student-athlete's eligibility if the violation occurred due to an institutional administrative error or oversight, and the student-athlete subsequently signs the form; however, the violation shall be considered an institutional violation per Constitution 2.8.1. Each student-athlete must provide voluntary consent to submit to urinalysis testing and to release testing information. Student-athletes under the age of 18 must provide parental consent.

Dietary Supplements
The Department of Athletics at North Carolina A&T State University will not distribute or encourage the use of any dietary supplements or ergogenic aids. Many dietary supplements or ergogenic aids contain banned substances. Oftentimes the labeling of dietary supplements is not accurate and is misleading. Terms such as “healthy” or “all natural” does not mean dietary supplements do not contain a banned substance or are safe to take. Using dietary supplements may cause a positive drug test. Student-athletes who are currently taking dietary supplements or intend to take any are required to review the product with the Director of Sports Medicine. We are abiding by bylaw 16.5.2 (g) correctly: “An institution may provide only non muscle-building nutritional supplements to a student-athlete at any time for the purpose of providing additional calories and electrolytes, provided the supplements do not contain any NCAA banned substances. Athletics Staff should not distribute or endorse nutritional or dietary supplements.” Student-athletes are encouraged to contact The National Center for Drug Free Sport at www.drugfreesport.com or the Dietary Supplement Resource Exchange Center (REC) at www.drugfreesport.com/rec for additional information on dietary supplements and other banned substances.
Prohibition on Drug Use
Use of the following drugs, except as prescribed by a qualified physician to treat a medical condition, is expressly prohibited for all student athletes.

Amphetamines        Barbiturates        Benzodiazepines
Cannabinoids (marijuana)  Cocaine            Opiates
Phencyclidine (PCP)       Steroids       NCAA banned drugs
Stimulants            Anabolic agents    Diuretics

NCAA Banned Substances

Use of the following, except as prescribed by a qualified physician to treat an individual medical condition, are prohibited. (Bylaw 31.2.3.1. NCAA)

a. **Stimulants:**
   - amiphenazole
   - amphetamine
   - bemigride
   - benzphetamine
   - caffeine
   - chlorphentermine
   - cocaine
   - cropropamide
   - crothetamide
   - dimethylamphetamine
   - pentetrazol

b. **Anabolic agents:**
   - **Anabolic steroids:**
     - androstenedione
     - boldenone
     - clomestanolone
     - dehydrochloromethyl-testosterone
     - mesterolone
     - methandienone
     - methenolone
     - methylestosterone
   - **Other anabolic agents:**
     - clenbuterol
     - norethandrolone
     - oxandrolone
     - oxymetholone
     - stanozolol
     - testosterone
     - and related compounds

c. **Diuretics:**
   - acetazolamide
   - bendroflumethiazide
   - benzthiazide
   - bumetanide
   - chlorothiazide
   - chlorothalidone
   - ethacrynic acid
   - furosemide
   - hydrochlorothiazide
   - hydroflumethiazide
   - methyclothiazide
   - metolazone
   - polythiazide
   - quinethazone
   - spironolactone
   - triamterene
   - trichlormethiazide
   - and related compounds

d. **Street Drugs:**
   - heroin
   - marijuana
   - THC

**Peptide hormones and analogues:**
- chorionic gonadotrophin (HCG – human chorionic gonadotrophin)
- corticotrophin (ACTH)
- corticotrophin (ACTH)
- growth hormone (HGH, somatotrophin)

All the respective releasing factors of the above-mentioned substances also are banned.

Definition of positive depends on the following:
Drug Screening Program
During the academic year student-athletes will be tested randomly through drug screening.

Types of Drug Testing

1. Team
A pre-determined number of student-athletes from each intercollegiate athletic team will be randomly selected to participate in the institutional drug testing program. Random testing will occur a minimum of once during each semester. Additional testing may occur if deemed appropriate by the Director of Athletics or Director of Sports Medicine.

2. Reasonable Suspicion
Any student participating in the intercollegiate athletic program is subject to drug testing upon request if there is reasonable cause to believe that the student may be using banned substances. Circumstances which constitute reasonable cause include, but are not limited to, the following: current or past involvement with the criminal justice system for drug related activities, notification from the Department of Student Affairs of any report that includes the presence of drugs and/or drug paraphernalia, prior treatment for drug problems, admission of a current drug problem, prior positive test for any banned substances, physiological signs of possible impairment from drugs, or a pattern of aberrant behavior.

3. Re-entry Testing
Any student athlete testing positive for an illegal substance will be subject to testing prior to release from administrative sanctions. This test must be negative prior to release.

4. Follow-up Testing
Any athlete testing positive for an illegal substance will be subject to repeated random testing for one year from the time of the positive test.

Procedure:
- Anytime random sampling could occur during practice, after games, and without notice to secure accuracy of testing.
- A urine sample will be collected from the student-athlete under the head trainer’s or designee’s supervision. Each sample will be analyzed by an outside agency.
- Test results will be returned to the Drug Testing Coordinator and positive results will be passed on to the Director of Athletics.
- The Athletics Director will provide results to the student-athlete, the student-athlete’s head coach, the team physician, and other selected university officials.

Notification Process
Usually, but not always, student-athletes will be notified of an impending drug test no earlier than the evening before a morning testing session. However, under this policy, no notice testing is permissible. The athlete will be required to complete a drug testing notification form acknowledging that he/she has been notified of the drug test and verifying the date and time of the test. The student athlete also acknowledges that failure or refusal to appear for the drug test will be considered a positive test and the appropriate
disciplinary action will be taken. In addition, tardiness will not be tolerated and failure to appear within two hours of designated arrival time will be the considered a missed test. Notification of impending tests will be the responsibility of the Drug Testing Coordinator and staff. Student-Athletes will be notified by phone. It is the responsibility of the Student-Athlete to ensure that the Sports Medicine staff has an accurate phone number on file at all times, including the summer, for drug testing purposes. If the Student-Athlete can not be contacted in the case of a NCAA official testing, they will be considered a no show and will have a positive test.

**Athletics Department Response to Positive Test Results**

Should a student-athlete test positive for prohibited or banned substances during an athletics department drug screening, athletic participation will be suspended and the following incremental actions will be taken:

**First Positive:**
- Mandatory meeting between Athletics Director, coach, student-athlete and parent;
- Mandatory counseling;
- Suspension from next contest in the championship season;
- Mandatory and frequent drug testing – schedule determined by administration.
- Renewal of aid to be determined by Athletics Director.

**Second Positive:**
- Suspension from the University;
- Mandatory counseling;
- Mandatory and frequent drug testing;
- Parental/coach notification;
- Renewal of aid to be determined by Athletics Director.

**Student Affairs response to positive test results:**
- Any student who is charged, **as a first offense**, with the use and/or is in possession of marijuana (or any other illegal drug) on campus will **immediately** lose campus housing privileges and will be required to appear before a campus judicial board;
- A second offense will result in **immediate** suspension from the University;
- Felony possession of marijuana (or any other illegal drug) will result in **immediate suspension** from the University.
- Any student convicted of possession or sale of a controlled substance under federal or state law will lose eligibility for Student Financial Aid assistance.

Note: Individual coaches may impose a more restrictive drug policy.

**Refusal/Failure to be tested**

When a student-athlete fails to participate in the test at the specified time or otherwise fails to provide the urine sample when requested, a mandatory meeting with the head coach and the Athletics Director will be held. The student-athlete will be given the opportunity to explain his/her actions. As a result of that meeting, the Athletics Director will determine whether the student-athlete will be charged with a positive test result.

**NCAA DRUG POLICY (NCAA Bylaw 18.4.1.5.1)**

Student-athletes may also be randomly selected for NCAA drug testing. If the NCAA tests you for the banned drugs listed on the following page and you test positive, you will
be **ineligible** to participate in regular-season and postseason competition for one calendar year after your positive drug test, and you will be charged with the loss of a minimum of one season of competition in all sports.

**NCAA Steroid Policy (NCAA Bylaw 32.2.3.1-c.)**
The NCAA conducts random tests for steroid use and imposes serious penalties for positive results. A positive test will result in the loss of eligibility for one calendar year after the positive result. A student-athlete must retest, and eligibility must be restored by the NCAA. A subsequent positive test of any banned drug other than a “street drug” will result in a lifetime ban. A one season penalty shall be assessed for a subsequent positive test of a “street drug”.

**Tobacco Products (NCAA Bylaw 11.1.5)**
The use of tobacco products is prohibited in all sports during practice and competition for all student athletes, coaches and game personnel. A student-athlete who uses tobacco products during practice or competition will be disqualified for the remainder of that practice or competition.

**NC A&T Alcohol Policy**

The Athletics Department believes that self-discipline is a primary educational benefit derived by the student-athlete from athletic competition. A primary concern of coaches in the department of athletics is that student-athletes are in the best possible health and physical condition. For these reasons the following policies have been developed:

NC A&T does not condone illegal or otherwise irresponsible use of alcohol. This includes drinking while under the legal age, and purchasing alcohol for use by a minor. Alcoholism is a progressive disorder with serious consequences.

A student-athlete who consumes alcohol will be held accountable for any alcohol related incident in which he/she is involved. In such cases, the student is subject to university, athletic department or team disciplinary action whether or not there are legal implications.

If a student-athlete is involved in an alcohol related incident involving “NO” legal consequences, the head coach of that team and the athletic administrator supervising that program will determine if the circumstances warrant counseling intervention and/or suspension of the student from practice/game competition.

If a student-athlete is involved in an alcohol related incident which has legal implications, violations of university regulations, violations of local, state, and/or federal laws, the following the occur:

The first time a student-athlete is found guilty of an incident involving alcohol related charges; the alcohol specialist and the relevant athletic department administrator will suspend the individual from practice and competition until he/she has completed a
mandatory alcohol abuse intervention protocol, and the student has received a written release to rejoin the team.

Subsequent proven guilty alcohol offenses during the student-athlete’s four-year eligibility will result in termination from the athletic program. The Athletics Director following appraisal of the situation including any information supplied by the student will determine the appropriate action.

**Alcohol Policy While “On The Road”**

Alcohol is not to be purchased or consumed by any student-athlete, student trainer, or student manager while representing Aggie Athletics’ on the road.

If an individual violates this policy the following will occur:

- The coach will immediately restrict the student from athletic participation.
- The student will either stay with the team (out of uniform), or be sent back to campus.
- Once the student-athlete is back on campus, the case will be handled in a manner consistent with an alcohol related incident.
North Carolina A&T Department of Athletics maintains "athletic-related" insurance on all intercollegiate athletic teams. This type of insurance is considered a secondary or co-insurance policy. This University policy was established to cover injuries sustained while participating in intercollegiate athletics. Additionally, the NCAA holds a catastrophic injury and disability policy on all Student-Athletes.

Like many other universities within the NCAA, the Department of Athletics requires that the parents or guardians of Student-Athletes use their personal insurance as "primary" coverage for medical expenses. It is strongly recommended that parents maintain medical coverage for their son or daughter to cover non-athletically related injuries or illnesses. North Carolina A&T also provides student insurance that can be purchased through the student health department to cover Student-Athletes that are not covered by their parents or guardians insurance. There may be circumstances in which North Carolina A&T State University Department of Athletics is forbidden through the NCAA to provide assistance for medical conditions or accidents.

Parents/Student-Athletes are requested to provide current insurance coverage information. An annual insurance form provided by the Department of Athletics must be completed for every student-athlete before the first practice of the season. No Student-Athlete may participate in any athletic activity until the Department of Athletics has received a completed form and a current copy (front and back) of the Student-Athlete’s insurance card.

Information provided on the form may be subject to periodic review to assure the information on file is current. The Department of Athletics will not be held responsible in the event a Student-Athlete or Parent does not notify or indicate changes within their insurance coverage. Parents/Student-Athletes are requested to submit a photocopy of the insurance card provided by their insurance carrier. This has been requested by our health care providers in order to eliminate confusion in billing and expedite authorization for medical services.

Some insurance carriers require that payment be made for services and then the subscriber (i.e. parent) will be reimbursed for the money paid by the insurance company. In these cases, the Department of Sports Medicine will pay the medical bill. However, once the reimbursement is received by the subscriber (i.e. parent) the payments must be sent to the Director of Sports Medicine for credit to the student-athlete's account. Providers are able to obtain information regarding payments made to subscribers. Parents should not jeopardize the eligibility of their son/daughter by failing to forward payments to the Department of Sports Medicine. Cases of this nature are considered insurance fraud and will be sent to collection proceedings against the insurance subscriber.

Due to increasing health care costs, many families have opted to change their insurance coverage to a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) involving a specific primary care physician or treatment program. These plans have strict regulations that may directly affect the services allowable to student-athletes from our Team Physician or other medical consultants. In certain events, it may be necessary for the injured student-athlete to seek the advice of the primary care physician.
All medical insurance claims for injuries sustained while participating in North Carolina A&T State University athletic-related events will be filed as follows:

- All athletic injury claims will be initially filed with the Student-Athlete's primary insurance coverage.
- The primary insurance will issue an explanation of benefits (EOB) stating payment or denial of charges.
- Copy of the explanation of benefits and provider's bill should be forwarded to:
  Benicia Cleveland Med, LAT, ATC, Director of Sports Medicine
  North Carolina A&T State University
  Moore Gymnasium
  1601 E Market St.
  Greensboro, NC 27407
- Compliance in sending the EOB's to the North Carolina A&T Sports Medicine Department is necessary before any balance due charges will be paid.
- Occasionally insurance companies will send a letter asking questions about the Student-Athlete’s injury. These letters need to be completed and mailed back to the insurance company so the medical fees can be paid. Many Insurance Companies also allow these forms to be completed online.
- Charges that are not paid by the primary insurance will then be considered by our athletic insurance, which is considered secondary coverage.
- Once North Carolina A&T’s athletic insurance carrier receives all pertinent information, payment will then be processed. This process can take up to 3-4 weeks.

The Athletic Department assumes no financial responsibility for:

- Injuries/illnesses received prior to the matriculation into North Carolina A&T State University (i.e. pre-existing conditions or injuries).
- Injuries/illnesses not incurred in a supervised practice, strength and conditioning session, or during intercollegiate contests (including injuries sustained while playing intramurals, inside the athlete’s dormitory room and campus events, or injuries sustained while not enrolled in the academic semester).
- Any medical expenses for services which you were not referred to by a member of the Sports Medicine staff or Team Physician.
- Required or elective surgery where an injury/illness (received as a student-athlete at this University) is not the direct cause of athletic participation (i.e. appendectomy, bone tumor, wisdom tooth extraction, tonsillectomy, etc.).
- Injuries/illnesses that are not reported as noted above. Retroactive injuries occurring after graduation or early departure from the University will not be considered.
- Any medical bills that have not been brought in to be paid within one year of the date of service.
- We do not cover medical expenses for illness (i.e. Strep throat, bronchitis, etc)
Role and Operation of the Athletic Trainer

Hours of Bryan Fitness and Wellness
- 8am - 12pm  Rehab
- 1pm - 3pm  Practice Preparation (water, taping, ice, pre-practice treatments etc)
- 3pm -6pm  Practice Coverage

Hours of Corbett Sports Center Athletic Training Room
- Open 1 hour prior to practice and ½ hour post practice
- Open 2 hours Prior to games and 1 hour after games

Coverage
  
  Practice
  - An attempt will be made to provide all traditional season teams with on-site coverage by a Certified Athletic Trainer. If circumstances do not allow for a Certified Athletic Trainer to be present on-site during practice, communication by walkie-talkie or cellular phone will be in place. During all in season practice times there will be a Certified Athletic Trainer available to respond within five minutes of all on campus practice facilities. There are occasions where a Certified Athletic Trainer will not be available to cover in season practices outside of normal Athletic Training room hours. In this case the coach will serve as the primary medical provider and will contact a member of the sports medicine staff in the case of injury or emergency once the incident has been managed. Sports that have the highest incidence of injury are afforded the most direct coverage when possible.

  - Non-traditional season practices will not be afforded on-site coverage by a Certified Athletic Trainer with the exception of Football Spring Season and Preseason Men’s and Women’s Basketball conditioning and team workouts due to NATA and NCAA coverage recommendations. Indirect non-traditional season practice coverage will only be extended during the regular athletic training room hours, 8am – 6pm Monday- Friday. Saturday Coverage will depend on availability of a Certified Athletic Trainer. Indirect coverage of non-traditional seasons will not be provided on Sundays. Coaches who choose to practice during off times or Sundays will assume full responsibility for the health and safety of their student-athletes and are expected to follow the established sports medicine policies and procedures.

  - In the event of an emergency during a traditional or non-traditional season practice, when a Certified Athletic Trainer is not present on-site, the supervising coach should act in accordance with the North Carolina A&T Emergency Action Plan (EAP).

  - It is the head coach’s responsibility to provide the Director of Sports Medicine with a tentative practice schedule 30 days prior to the start of each season, traditional or nontraditional.

  - It is expected that the Supervising Athletic Trainer will be notified of any change in the practice schedule 48 hours prior to that change. The sports medicine staff will not cover practices that are scheduled or re-scheduled without adequate
notification. In this case, the coach will become responsible for the safety of their athletes. Exceptions to this rule include inclement weather and unforeseeable circumstances.

- All practices held on North Carolina A&T State Universities’ campus will be provided with water and ice. For sports that are not covered by a Certified Athletic Trainer, a medical kit will be provided for emergency use. When an Assigned Athletic Trainer is present they will carry their own medical kit that will be stocked with numerous supplies to aid them in the care of the injured athlete.

**Competition**

- On-site coverage by a Certified Athletic Trainer will be provided for all traditional season competitions by North Carolina A&T State University.

- An attempt will be made to provide on-site coverage for all non-traditional season events hosted by North Carolina A&T State University based on the demands of the home traditional season athletic schedule. During all competition times there will be a Certified Athletic Trainer available to respond within five minutes of all on campus competition sites.

- A Certified Athletic Trainer will provide coverage for all away traditional season competitions unless a home athletic event takes priority, with the exception of the following sports:
  - Women’s Tennis
  - Women’s Swimming
  - Bowling
  - Cross Country
  - Cheerleading

- Non-traditional season away competitions will not be afforded coverage by a Certified Athletic Trainer.

- The host institution will be contacted before each competition for which a North Carolina A&T Certified Athletic Trainer will be unable to provide on-site coverage, traditional or non-traditional season. The North Carolina A&T Sports Medicine Staff will notify the host institution of any Student-Athletes in need taping or treatments prior to competition. An adequately stocked medical kit will be provided to any team traveling without an athletic trainer. The host institution will be responsible for providing any on-site care needed.

- The Head Coach of sports that will have an athletic trainer traveling with them are responsible for communicating departure times to their Assigned Athletic Trainer. If correct departure times are not communicated, away on-site coverage may not be provided. The Head Coach is also responsible for making sure that the traveling Athletic Trainer is provided meals and lodging.

- On occasion an Athletic Trainer may have to meet the team at the event or may need to travel without the team but still provide coverage. If this situation must occur, then the Head Coach will be notified and insurance documents will be left with the Head Coach in case of emergency.
If a Student-Athlete is injured or becomes ill during away competitions, the traveling Athletic Trainer will contact the host Athletic Trainer, if available, and decide on the best route for evaluation and treatment. The Assigned Athletic Trainer will meet with their Head Coach to decide who will accompany the injured Student-Athlete in the event a game or practice is occurring when the Student-Athlete is injured. At times it may be beneficial to send an Assistant Coach with the Student-Athlete for advanced medical care when other appropriate medical care will not be available for the rest of the team in case another emergency occurs.

For teams traveling without an Athletic Trainer, the coach should contact the host Athletic Trainer upon arrival at the event to be advised on the best route for evaluation and treatment. If a Student-Athlete is sent to any emergency room or is hospitalized while on an away trip, it is the responsibility of the coach to contact the Director of Sports Medicine so the coordination of medical care and billing can be properly handled. As with all injuries and/or illnesses, the Student-Athlete’s insurance will be utilized first and the university’s insurance will be secondary. North Carolina Department of Sports Medicine is responsible for bills incurred on the road as a direct result of practice or competition. The Student-Athlete must report to the Athletic Training Room within 48 hours from the competition.

Care for visiting teams

North Carolina A&T State University Sports Medicine Staff will provide basic care for all visiting teams on game days only. Care will be provided upon a written request, either by a written note that accompanies the team or by an email sent to a member of the Sports Medicine staff from the visiting team’s Athletic Training Staff. This note must include all protocols for all athletes needing treatments, including parameters, time, etc. All supplies needed must be provided by the visiting team. Modalities will be limited to ice, heat, E-stim and Ultrasound. Whirlpools will only be used in the case of heat emergency and at the discretion of the Staff Athletic Trainer providing coverage for the event. In the event a visiting Student-Athlete is injured during a game, a member of the A&T Sports Medicine staff will examine the Student-Athlete and proceed with proper injury care protocol.

A visiting Certified Athletic Trainer will have access to the same modalities listed above and to the Athletic Training Room or medical facility that is being used for the athletic event on game days only.

All visiting team practices will have water, ice and cups provided for their practices. A member of the A&T Sports Medicine staff will not be available for practices unless the event is a part of a Championship event. If an injury occurs, requiring medical attention that is not life threatening, the visiting team athletic trainer or coach will notify A&T Sports Medicine Staff so they may be directed to the proper medical facility. If a life threatening injury occurs, the visiting team’s athletic trainer or coach should contact campus police.
Athletic Training Room Rules

While in any North Carolina A&T Athletic Training Room strict rules must abided by to maintain the safety of everyone. Failure to follow these rules will result in immediate removal from the athletic training room and further discipline as needed by Head Coaches and Administration.

Athletic Training Room Rules
The use of all athletic training facilities and the conduct of the athletic training staff, athletic training students, and student-athletes will be governed by the athletic training room rules as set forth by the Director of Sports Medicine and their staff. Strict rules must be abided by to maintain the safety of everyone.

These rules shall include the following:

(a) No rough-housing or horse-play. The Athletic Training Room is not a hang out.
(b) No abusive language or cursing.
(c) No eating or drinking in the Athletic Training Room.
(d) No cleats or muddy shoes in the Athletic Training Room.
(e) Do not bring athletic equipment into the Athletic Training Room.
(f) In order to receive post-practice treatment all student-athletes must first shower and change out of practice clothes.
(g) Student-athletes should be sure that they are completely dry when entering the athletic training room for treatments or whirlpools.
(h) Do not treat yourself. An athletic trainer will assist you.
(i) Return loaned items to the Athletic Training Room. If items are not returned, the student-athletes registration may be held until the item is returned. If the item is not returned the athletic training department may be reimbursed directly from the student-athletes scholarship funds.
(j) No student-athletes are permitted to be in the storage area or in the athletic training offices without permission.
(k) Athletic training room telephones, fax machines, and computers are off-limits for all student-athletes.
(l) Treatments are given only upon doctor's or athletic trainer's approval. The medical staff will decide what care each injury will receive.
(m) Treatments are to be continued until the medical staff indicates that treatments may be terminated.
(n) No supplies are to be removed from the athletic training room without the permission of a staff athletic trainer.
(o) Never touch the modality equipment. It is dangerous and can cause harm to student-athletes should they be used improperly.
(p) Ice is for athletic training room use only. Contamination of ice machines by hands or items other than ice scoops is prohibited.
(q) Student-Athletes are expected to report on time for all treatments and rehabilitations. Student-athletes need to allow ample time to received treatment or rehabilitation prior to classes, practices and games.
(r) All athletes must dress out for each practice even though injured and unable to participate.
(s) Student-Athletes must dress appropriately for their treatment or rehabilitation.
Failure to follow these rules will result in immediate removal from the athletic training room and further discipline as needed by coaches and administration.

Student-Athletes Athletic Training Responsibility

(A) Keep appointments! Be on time!
(B) Report all injuries and illnesses immediately. Failure to do so may cause the student-athlete to be responsible for all bills incurred as a result of that injury or illness.
(C) Follow the treatment and rehabilitation plan set up for the student-athlete. It is the responsibility of the student-athlete to advise the athletic trainers if there is any problem or reason why the student-athlete cannot follow the treatment.
(D) Report to the athletic training room daily for treatment until cleared by the athletic training medical staff.
(E) Report any change in condition to the athletic trainer.
(F) Be honest and direct with the athletic trainers. Student-athletes should tell the athletic trainers exactly how they feel about the things happening to them.
(G) Understand his/her health problem and the treatment program to his/her satisfaction. If the student-athlete does not understand any part of this program, he/she should ask the Athletic Trainer Physician.

Record Keeping Procedures

1. Student-Athletes and Coaches will be required to sign-in before any treatment, evaluation, or rehabilitation will be done.

2. Upon evaluation the Assigned Athletic Trainer (or available Staff Athletic Trainer) will fill out an injury evaluation form or use the computer based injury system to enter the Student-Athlete’s injury evaluation as soon as possible.

3. Treatments for the Student-Athlete will be logged in the check-in book and in the Student-Athlete’s computer based injury system file.

4. The rehabilitation exercises will be kept in paper form so they can be easily accessed and updated daily. Once the Student-Athlete has completed their rehabilitation, all sheets will be entered into the Student-Athlete’s paper file folder.

5. Daily injury reports will be created and sent Monday through Friday to coaches when the team is in town. When a team is out of town, the Assigned Athletic Trainer will meet with the Head Coach and give a verbal report. Reports will be sent daily between 12:00 and 1:00pm. For teams with unique practice schedules, an appropriate time to send the injury report will be agreed upon between the Head Coach and the Assigned Athletic Trainer. Student-Athletes who do not report for their rehabilitation as scheduled will go on the injury report as being delinquent from rehabilitation.

6. All paper files and computer files will be kept for seven years from the day the Student-Athlete completes their final athletic competition, practice, or treatment/rehabilitation at North Carolina A&T State University. After seven years the Student-Athletes files will be destroyed.

Transportation to Medical Facility
Transportation to and from medical facilities (e.g., MD appointment, MRI, x-ray, etc.) for services related to participation in intercollegiate athletics is the responsibility of each student-athlete. In the event the student-athlete does not have his/her own transportation or is physically unable to drive himself/herself (cast, surgery, post-operative appointment), it is the student-athlete's responsibility to make arrangements for transportation with a member of the North Carolina A&T Sports Medicine staff at least two days prior to the appointment. A member of the Sports Medicine Staff will make every effort to accompany Student-Athletes to their appointments when staff is available.

In the case of a Student-Athlete medical emergency, Sports Medicine staff will make sure the Student-Athlete is taken to the proper medical facility and returned from that facility.

**ATHLETIC TRAINING STAFF / COACHING STAFF RELATIONSHIP**

(a) Injuries take variable amounts of time to heal properly. Understand that the team physician and the Sports Medicine staff will return a Student-Athlete to participation when the time is appropriate and safe for the Student-Athlete.

(b) Purchase or distribution of any nutritional supplements and/or ergogenic aids by coaches is strictly prohibited by the NCAA and the North Carolina A&T Athletics Department. If a Student-Athlete is taking supplements and/or ergogenic aids, they must disclose this information in the pre-participation physical exam. The Sports medicine staff will then research these substances to ensure the student-athletes safety and compliance with NCAA standards.

(c) It is the expectation of the Sports Medicine staff that Coaches will not attempt to evaluates, treat, or rehabilitate athletic injuries. Coaches also must not give medical advice or refer Student-Athletes to physicians. Medication distribution is also prohibited. All medications must be cleared by the Sports Medicine staff.

(d) In the event of injury or illness the Head Coach or the Coach in charge of a specific group will be given the Student-Athlete’s status as soon as possible.

(e) If a coach is not satisfied with the care being rendered to his/her Student-Athletes by a certified athletic trainer, he/she should direct his or her concerns to the Director of Sports Medicine, then the Director of Athletics, in that order.

(f) Athletic training students are under the direct supervision of a certified athletic trainer. If a coach has concerns regarding an athletic training student he/she should notify the supervising certified athletic trainer.

(g) In the event a certified athletic trainer is tending to other student-athletes or momentarily unavailable the athletic training student will act as a first-responder.

(h) Athletes should have ample time between practices/competitions and meeting/meals to receive treatment and care for any injuries or illness they may have.

(i) It is the responsibility of the Head Coach to submit a practice, game and travel schedule one month prior to the start of any season.

(j) Rosters should be turned in one month prior to the start of the first practice so physicals can be scheduled.

(k) Head Coach is responsible for reprimanding Student-Athletes for inappropriate behavior in the Athletic Training room, missing scheduled rehabilitation and treatments, missing physician appointments, and disrespectful behavior to any member of the Sports Medicine Staff.

(l) No member of the Sports Medicine staff will supervise any activity that is an NCAA violation.

(m) All Coaches are expected to abide by any and all limitations put on Student-
Athletes by the Sports Medicine staff and A&T Team Physicians. Failure to follow these medically advised limitations will be reported immediately to the Director of Athletics, and any additional injury that may occur will financially be the responsibility of the Coach.