

## ATHLETIC TRAINING

The University of Arkansas Sports Medicine staff is committed to provide each Razorback student-athlete with state-of-the-art medical care. The goal of our sports medicine program is to assist every athlete in staying healthy and injury free. The athletic training staff, in conjunction with our team physicians, will coordinate the delivery of professional and comprehensive preventative, treatment, rehabilitation, and counseling services. There are specific guidelines the Athletic Department, team physicians, athletic trainers, coaches, and athletes follow to comply with NCAA, SEC and University rules and regulations. A summary of those guidelines are contained in this handbook. Please familiarize yourself with the following information and do not hesitate to ask questions if you are unsure of how to access appropriate health care.

### Athletic Training Staff

The sports medicine staff is comprised of full-time certified athletic trainers, multiple certified graduate assistants/interns, and numerous student assistants. The athletic teams are covered by the following staff:

Tricia Matysak, Associate Athletic Director of Sports Medicine  
Dave Polanski, Associate Director of Sports Medicine (Football)  
Matt Townsend, Head Athletic Trainer (Men's Basketball/Men's Golf)  
Simone Rush, Head Athletic Trainer (Women's Basketball/Golf)  
Katelin Wollner, Associate Athletic Trainer (Volleyball)  
Deanna Prentice, Associate Athletic Trainer (Cross Country/Track & Field)  
Anthony Alaniz, Associate Athletic Trainer (Women's Cross Country/Track & Field)  
Dawn Didier, Associate Athletic Trainer (Soccer)  
Tamaria Hibbler, Associate Athletic Trainer (Football)  
Jon Melia, Associate Athletic Trainer (Football)  
Corey Wood, Associate Athletic Trainer (Baseball)  
Kaitlyn Hocutt, Assistant Athletic Trainer (Men's and Women's Tennis/Spirit Squads)  
Andrew Kreis, Associate Athletic Trainer (Softball)  
Jenna Allocco, Associate Athletic Trainer (Gymnastics)  
TBD, Assistant Athletic Trainer (Swimming & Diving)  
Chris Coover, Graduate Assistant Athletic Trainer (Football)  
Samantha Starling, Graduate Assistant Athletic Trainer (Football)  
Hailey Chufar, Graduate Assistant Athletic Trainer (Swimming & Diving)  
Joey Carroll, Graduate Assistant Athletic Trainer (Men's Tennis/Spirit Squads)  
Kylie Gainey, Graduate Assistant Athletic Trainer (Cross Country/Track & Field)



**Athletic Training Rooms**

Athletic teams will receive care from the sports medicine staff in the athletic training rooms located in the Fred W. Smith Football Center, Barnhill Arena, Basketball Performance Center, Frank O’Mara Track and Field High Performance Center, and J.B. and Johnelle Hunt Family Baseball Development Center. There are also designated satellite athletic training rooms available pre- and post-practice and during competition. Each main athletic training room provides services the following teams:

Barnhill Arena Athletic Training Room

- Soccer
- Gymnastics
- Softball
- Swimming and Diving
- Volleyball

Fred W. Smith Football Athletic Training Room

- Football

Basketball Performance Center Athletic Training Room

- Tennis
- Men’s & Women’s Basketball
- Men’s & Women’s Golf
- Spirit Squads

Frank O’Mara Track and Field High Performance Center

- Men’s and Women’s Cross Country
- Men’s and Women’s Track and Field

J.B. and Johnelle Hunt Family Baseball Development Center

- Baseball

**Medical Care Providers**

The University of Arkansas recognizes that it takes a TEAM of healthcare professionals across many different disciplines to work together to provide care for their student-athletes. After the athletic training staff evaluates an injured or ill athlete, specific guidelines are followed for medical referrals. *Only athletic trainers may make referrals.*

The staff and physicians of University of Arkansas Medical Science (UAMS) have partnered together with the University of Arkansas Athletic Department to provide outstanding medical care for student-athletes. The following is a brief description of the three tenets of care and their areas of responsibilities:

Primary Care Sports Medicine / Orthopedic Physicians

UAMS’s primary care sports medicine and orthopedic physicians provide the medical services for the Arkansas Razorback Athletic Department. They specialize in sports-related injuries/illnesses and orthopedic surgeries. Specifically, the following primary care sports medicine physicians and orthopedic surgeons serve the student athletes and the University of Arkansas athletic department:

Ramon Ylanan, MD	Primary Care, UAMS
Larry Balle, MD	Primary Care, UAMS
Lauren Poindexter, MD	Primary Care, UAMS
Wes Cox, MD	Orthopedic Surgeon, UAMS
Tyler CarlLee, MD	Orthopedic Surgeon, UAMS
Shae Brannon, MD	Orthopedic Surgeon, UAMS
Brad Reeves, MD	Orthopedic Surgeon, UAMS
Navin Kilambi, MD	Orthopedic Surgeon, UAMS
Chad Songy, MD	Orthopedic Surgeon, UAMS

Additionally, a Mid-level Practitioner, Valerie Whitson, works on campus in the south end zone of Reynolds Razorback Stadium under the supervision of the above-named physicians to provide daily care and coverage.



### Surgical Care

Northwest Physicians Specialty Hospital and Arkansas Children's Hospital are the area's finest free-standing inpatient and outpatient surgical centers providing the UA athletes with superb confidential care.

### Cardiology

UAMS Health Cardiology Clinic and Walker Heart Institute Cardiovascular Clinic offers comprehensive testing services to the Razorback Student Athletes, including on-campus physical exams, EKG interpretation and screening echocardiograms. Specifically, the following cardiologist serves as the cardiology physician for the Athletic Department:

Dr. John Paul Mounsey  
Dr. Scott Chism

UAMS Health Cardiology Clinic  
Walker Heart Institute Cardiovascular Clinic

### **Preseason Physicals**

All entering student-athletes are required to complete several forms and have a physical examination. All student-athletes must pass the physical examination before being allowed to participate. All physicals will consist of: primary care exam (medical history, blood pressure, pulses, auscultations, etc.); vision exam; orthopedic exam; EKG; screening echocardiograms; blood work-up (including sickle cell testing); urinalysis (including possible drug test); SWAY baseline; and impact baseline. Other follow up medical referral and/or auxiliary services or testing may be required as per the medical staff.

All returning student-athletes will also undergo preseason physical examinations each year. They will consist of the primary care exam and any additional testing or services deemed necessary.

All student athletes trying out as a walk-on for a University of Arkansas athletic team must present a passed physical within 6 months of the try-out date and the physical must include sickle cell testing results. The University of Arkansas will not be responsible for any injury that may occur during the try-out period. The student-athlete will be responsible for any related medical bills associated with an injury during their try-out if injury does occur. If a student-athlete is accepted to the team then they must pass a physical exam given by the University of Arkansas Sports Medicine Physicians. If there are medical costs associated with this physical exam, the student-athlete will be responsible for all costs.

### **Injury/Illness Policy**

*Student-athletes must report all injuries or illnesses including those NOT athletically related to the Sports Medicine Staff. If the injury occurred during practice or competition, the athlete should see the team's Athletic Trainer as soon as possible. Student-athletes must be honest and direct with the medical staff caring for them. Costs pertaining to an injury and/or illness not reported in a timely manner may be the responsibility of the student-athlete and/or his/her parent(s) / guardian(s).*

*All student-athletes who are ill or injured should report to the Athletic Training Room each day for treatment at the time designated by the Sports Medicine Staff. This policy will be in effect throughout the academic year, regardless of sport and whether or not that sport is "in season." Athletes should follow the treatment and rehabilitation plan prescribed, advise the athletic trainers if there is any problem or reason why they cannot follow the plan, and report any changes in their condition.*

### Specialists and Second Opinions

In the instance the Team Physician and/or Athletic Training Staff feels that a student-athlete should be referred to a specialist outside of our network of physicians, the Sports Medicine Staff will make the necessary arrangements and assume any fees occurred. **Should the student-athlete decide to see another physician or obtain a second opinion without the prior referral from the Team Physician and/or the appropriate Head Athletic Trainer, the student-athlete is financially responsible for any fees incurred. A**



**coach cannot refer a student-athlete to a physician.** All second opinions and referrals will be handled through the University of Arkansas Sports Medicine Department **ONLY**. In addition, the final decision on whether or not an athlete may participate in either practice or competition will rest solely with the University of Arkansas Sports Medicine Staff.

Consultations between the student-athlete's parents and the attending physician will be arranged upon the parent's request. All decisions regarding medical approval for participation in athletics, however, rest with the Sports Medicine Staff.

Physicians in other specialty areas are also available to our Team Physicians for consultations. A Team Physician and a Staff Athletic Trainer will coordinate all consultation appointments. The consulting physician will evaluate the athlete's injury and prepare a report for our Team Physician who will then determine the appropriate course of action for the injured athlete to follow.

### Pre-Existing Injuries or Conditions

The University of Arkansas Athletic Department **will not** be responsible for medical care related to pre-existing injuries or conditions that occurred prior to joining a University of Arkansas athletic team. The student athlete is financially responsible for any fees incurred during the physical exam process as it relates to the pre-existing injury. Disqualification from participation due to that pre-existing problem is at the discretion of the University of Arkansas Medical Staff. Failure to report and document pre-existing problems releases the University of Arkansas Athletics Department from any liability in the event of aggravation or worsening of the initial injury.

The University of Arkansas Athletic Department will not be financially responsible for medications for long term pre-existing conditions such as asthma, allergies, ADD/ADHD, diabetes and acne unless the condition affects the student-athlete's ability to participate. The sports medicine staff is available to assist the athlete in ordering and coordinating the administration of the medication, but the Athletics Department may not be financially responsible for those medications.

It's especially important for athletes that have been prescribed medication for ADD/ADHD to have proper comprehensive clinical evaluation (referencing DSM-IV criteria). The evaluation should include supporting documentation using the following ADHD rating scale(s) (Connors, ASRS, CAARS). These evaluations are necessary so that student athletes are compliant with NCAA drug testing requirements. (For more information on the ADHD/ADD referral process please consult your athletic trainer).

### Close-Out Screening

Upon graduation, transferring, or otherwise terminating an athletic career at the University of Arkansas, all athletes must meet with their team athletic trainer to review their medical history. Student-athletes that have not fully recovered from an injury sustained while playing must also meet with the team physician. It is the student-athlete's responsibility to request this meeting within 15 days after their participation has been completed. Failure to do so will disallow future bills relating to existing injuries to be paid by the University of Arkansas. The student-athlete and/or athletic trainer may request an examination by a Team Physician to determine the status of the injured student-athlete. If surgery or further treatment of an athletic related injury is required, it must be performed within 6 months of leaving the team. No procedure will be paid for unless coordinated through the University of Arkansas Athletic Training Department. The University of Arkansas will not be financially responsible for an injury or condition that is not documented in the athlete's permanent medical file.

### **Counseling**

The University of Arkansas Athletics Department is committed to providing the most current psychological resources to our student athletes. As such, student athletes may take advantage of sport/performance mental skills enhancement (e.g., imagery training, goal setting) training or counseling services. The Director of Clinical and Sport Psychology provides mental skills training and



counseling services to any student athlete who wishes to use this resource. Meetings regarding either domain can be set up by directly contacting Dr. Chris Bader, Director of Clinical and Sport Psychology (479-409-7216; cbader@uark.edu), or through your Athletic Trainer. Dr. Bader's office is 220 in the Jones Student-Athlete Center. Meetings can be individual, small group, or team-based.

### **Nutritional Counseling**

The Athletic Training Staff, Strength and Conditioning Staff, Performance Nutrition Staff and Director of Clinical and Sport Psychologist jointly manage the nutritional counseling needs of the student-athletes. Please refer to the nutritional guidelines section of the student athlete handbook for further details.

### **Dental and Eye Care**

The University of Arkansas Athletic Department is only responsible for dental injuries that occur during organized practice or competition. All of such dental appointments must be made through the Athletic Training Staff.

The University of Arkansas Athletic Department will purchase contacts or sports glasses if they are needed by the student-athlete to participate in sport. Regular glasses cannot be provided. If the student-athlete wants additional features (i.e. contact tinting), the athlete is responsible for the charges.

### **Medical Appointments and Excuses**

The following rules apply regarding medical appointments:

- **Never** be late or miss a class, practice, or meeting because of a medical appointment unless you have been cleared to do so **prior to** such session by the Athletic Trainer for your sport.
- Inform the athletic training staff if a treatment session and/or a physician appointment conflicts with class, weight room, or practice times as soon as possible so adjustments can be arranged.

A medical excuse will only be issued to a student-athlete after the above process has been followed and as the care of the illness or injury dictates. When appropriate, the medical excuse should be obtained from the medical provider from which the medical excuse is needed. In all instances, the student-athlete should notify the athletic training staff of any conflicts with their academic responsibilities. If this cannot be avoided, the student-athlete should notify the appropriate personnel (teachers, academic counselors, weight room staff, etc.) as soon as possible. As per University policy, the acceptance of a medical excuse is at the discretion of the student-athletes instructor.

### **Medical Expenses**

- **Non-Sport Related Injury / Illness Procedures:**

The University of Arkansas Athletic Department may assume financial responsibility for injuries and illnesses that are not directly related to participation in the intercollegiate athletics program at the discretion of the Head Athletic Trainer and/or the Director of Athletics and/or his/her designee. These injuries or procedures may include but are not limited the following elective procedures: General Dentistry, Wisdom Teeth Extraction, Orthodontics, Tonsillectomy, Cosmetic Procedures/Surgeries, Dermatological Issues/Procedures, Obstetrics, Termination of Pregnancy, Glasses if receiving contacts, Refractive Eye Surgery, Septal Deviation, Pre-existing Illnesses and Injuries, Vasectomy, Tubal ligation, Hormone treatment and Breast Procedures. Such injuries and/or illnesses must take place during the student-athlete's primary competitive in-season, non-traditional season, and/or off-season and must be serious enough to preclude the student-athlete's participation in his/her sport.

- **Missed Doctor's Appointment Policy:**



Student-athletes who are late and/or fail to show-up for scheduled appointments with the team physician, medical consultants, and/or diagnostic tests / procedures will be financially responsible for any and all charges resulting from the missed appointment. In addition, the student-athlete may be responsible for rescheduling the appointment and providing his / her own transportation.

- "Out-of-town" Rehabilitation / Illness Procedures:

At times, it may be necessary for a student-athletes to utilize an "out-of-town" physical therapy facility or hospital services. In such situations, permission must be granted from the Head Athletic Trainer and/or his/her designee. Such referrals must come from University of Arkansas Sports Medicine personnel. If a student-athlete decides to utilize rehabilitation / hospital services without authorization from University of Arkansas Sports Medicine personnel, the student-athlete and/or the student athlete's parent(s) / guardian(s) may be financially responsible for any and all medical bills incurred.

#### Changes to Primary Insurance Coverage

With any material change in coverage or expiration of coverage, the parent, guardian, or student-athlete (if self-insured) agrees to notify the University of Arkansas of this development and update the insurance information on file with the University of Arkansas. For any material changes in coverage, expiration, or lack of coverage contact the following:

Carrie Robinson, Insurance Coordinator  
University of Arkansas Sports Medicine  
P.O. Box 7777  
Fayetteville, AR 72702  
Office: (479) 445-6881  
Fax: (479) 575-3334  
E-mail: clrobins@uark.edu

#### **Prescription Medication and Supplements**

Student-athletes must report all medications taken to the Sports Medicine Staff. Your athletic training staff can assist you in filling your prescription medications. However, the University of Arkansas Athletic Department may not be financially responsible for medications prescribed for any pre-existing medical conditions or non-athletically injury or illness unless the condition affects the student athlete's ability to participate.

If you are injured or ill, do not assume that the condition is the same as someone else's. Many athletes have allergies to certain medications. Do not take anything that is not prescribed specifically for you. Medications also may react with other medicines, food, and/or alcohol. Make sure directions are followed exactly. When a medication is prescribed, it will work only if taken regularly and properly as prescribed. All questions regarding your medication should be directed to the Sports Medicine Staff.

The Registered Dietitian, Sports Medicine Staff, and Strength and Conditioning Staff work collectively to monitor Student-athlete's supplement and medication use. Student-athletes must be cautious of using supplements or medications available through commercial outlets as many contain substances banned by the NCAA. The University of Arkansas Registered Dietitian, Sports Medicine Staff and Strength and Conditioning Staff is responsible for any and all supplement recommendations. Student-athletes must not use any supplement or medication that have been purchased or given to them by someone other than the Registered Dietitian, Sports Medicine Staff or Strength and Conditioning Staff without permission from the Registered Dietitian or Sports Medicine Staff. Always report all supplements and medications you are taking to your Registered Dietitian or Sports Medicine Staff. The student-athlete is responsible for knowing what is contained in any supplement that he or she may take.

#### **Privacy Information**





The intent of the University of Arkansas Athletic Department Athletic Training Room (ATR) is to provide appropriate and necessary medical care for each student-athlete as part of our Intercollegiate Athletics Program. In this regard, communication must be open between the athletic training staff and healthcare providers allowing for continuity in the care provided to our student-athletes.

The Family Educational Rights and Privacy Act (FERPA or Buckley Amendment) is a federal law that protects the privacy of student education records. This law applies to the University of Arkansas, including personnel dealing with certain information concerning student-athletes. The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal law designed to protect the privacy of the patient's health information created, received, or maintained by a health care provider. HIPPA may apply to the healthcare providers (including physicians) who independently contract with the University of Arkansas Athletic Department as well as the University Health Center. Each healthcare provider may have separate privacy procedures.

Under FERPA, you have the right to decline a request for the release of your student education records (including covered medical information), except to the extent that release of your information is required or authorized by law without your consent (See University wide Administrative Memorandum 515.1). Pursuant to your authorization, we may use or disclose your medical information for proper treatment of injury/illness by athletic training staff and healthcare providers (including physicians), for payment of healthcare services (i.e. billing information) and/or for professional development (i.e. comparison studies about injury/illness). Furthermore, with your authorization, we may release and discuss your medical information with parents, academic staff, instructors, coaches, sports information, media, talent scouts, professional and/or amateur sports organization representatives, your primary insurance company, the university's excess insurance company, business office personnel and/or university accounts payable department.

Your rights apply to all medical information acquired while you are enrolled at the University of Arkansas. You may request, in writing, that we may not disclose/release any medical information for certain cases or circumstances. However, FERPA allows the disclosure of medical records, without consent, to university officials with a legitimate educational interest, to other universities to which a student-athlete is transferring and/or to appropriate officials in cases of health and safety emergencies, among other circumstances. You have the right to request access to or a copy of your medical file. If you feel the information in the file is incorrect or incomplete, you have the right to request that we amend the records.

The athletic training staff may require from your healthcare provider certain medical information in order for our staff to continue with appropriate care necessary for any specific incidents for which you have obtained medical treatment or advice. To enable our staff to obtain the appropriate medical information about you, we will provide a Medical Referral Form to sign authorizing the release of medical records and information permitting your physician(s) to release your pertinent medical information to our athletic training staff in compliance with the HIPPA regulations. Upon completion of the medical referral form, we will assume you consent to the release of medical information to the parties indicated for the duration of your association with the Athletic Department at the University of Arkansas or until the revocation of this authorization in writing.

### **Pregnancy Policy**

The University of Arkansas, Department of Athletics is committed to the personal health and development of all Razorback student-athletes and to the educational mission of the University of Arkansas. We strive to provide an environment that respects all pregnancy and parenting decisions and urges all participants to work cooperatively toward degree completion. This policy sets forth the protections that should be provided for pregnant and parenting students, including those with pregnancy related conditions. It also prohibits retaliation against any student or employee who expresses concerns about issues related to the enforcement of this Pregnancy Policy. We want to protect the physical and psychological health of all student-athletes, along with their ability to complete their degree programs.



In the event a student-athlete discloses a pregnancy, the student-athlete will be referred to the University of Arkansas Title IX Coordinator and to the University of Arkansas Sports Medicine Staff. The University of Arkansas Sports Medicine Staff will offer support to the student-athlete and will assist the student-athlete with referrals for further counseling and evaluations pertaining to her pregnancy. The University of Arkansas Team Physician will be responsible for coordinating medical care and determining the participation status for the student-athlete.

University of Arkansas Department of Athletics personnel, including coaches, shall not influence or give personal opinions regarding the choices a pregnant student-athlete may have or may make.

**Athletic Department Contacts and University Resources**

If you have any questions about the Pregnancy Policy and are seeking resources for yourself or a pregnant student-athlete, you may contact the following Razorback Athletics personnel and University of Arkansas campus resources:

**Athletic Department Contacts and University Resources**

If you would like to review the Pregnancy Policy in its entirety, if you have any questions about the Pregnancy Policy, or if you are seeking resources for yourself or a pregnant student-athlete, you may contact the following Razorback Athletics personnel and University of Arkansas campus resources:

- Derita Ratcliffe Deputy Athletic Director S-A Wellness/SWA 479-575-7520
- Tracey Stehlik Associate Athletic Director for Compliance 479-575-6738
- Felecia Saine Associate Athletic Director for Academics 479-575-4026
- Trish Matysak Associate Athletic Director for Sports Medicine 479-575-4809
- Dr. Chris Bader Assistant Athletic Director for Mental Health 479-575-5163
- Pat Walker Health Center 479-575-4451
- Pat Walker Health Center Women’s Health Clinic 479-575-4478
- Melissa Harwood Rom Dean of Students 479-575-5004
- U of A Health Promotion and Education 479-575-4077
- U of A Counseling and Psychological Services (CAPS) 479-575-5276

**Reporting**

- Razorback Athletics will not require any student-athlete to reveal pregnancy or parenting status to coaches or teammates. Our department will work to create an environment which encourages the student-athlete to voluntarily reveal her pregnancy and his or her parenting status, in order for our institution to provide optimal support for physical and mental health with professional health care. The coach's attitude toward pregnancy and parenting can be pivotal in creating such a safe environment.
- No athletics department personnel will publicly release personally identifiable health information about pregnancy without written, timely authorization from the student-athlete.
- Athletics personnel who suspect that a student-athlete is pregnant may report their concerns to the team physician or to a university-designated athletics department representative trained in pregnancy and parenting support options.
- Teammates of pregnant student-athletes may report their concerns to the team physician or to a university-designated athletic department representative trained in pregnancy and parenting support options.





### **Participation While Pregnant**

- Razorback Athletics will only require a pregnant or parenting student-athlete's physician to certify physical and emotional fitness as a condition for participating in athletics when such certification is required of student-athletes who experience other temporary disabilities.
- Razorback Athletics will allow a pregnant or parenting student-athlete to fully participate on the team, including all team-related activities, unless the student-athlete's physician or other medical caregivers, including team physicians certifies that participation is not medically safe.
- Razorback Athletics will allow a pregnant student-athlete to continue to participate in a limited manner on the team, including all team-related activities, unless the student-athlete's physician or other medical caregiver, including a Team Physician, certifies that partial participation is not medically safe.
- Medical decisions regarding the need for and the nature of limitations on sports participation rest with the student-athlete and her medical professionals. Where the opinions or recommendations of these professionals differ from those of the Team Physician or athletic trainers, coaches should defer to the student-athlete's health care providers who are obstetricians or other experts in pregnancy or related conditions.
- Razorback Athletics will help the pregnant or parenting student-athlete plan for his or her continued academic progress, in accord with the university's educational mission.
- Medically necessary absences from team activities due to pregnancy shall be considered excused absences.
- No coach or other athletics department personnel shall suggest to any student-athlete that his or her continued participation on a team will be affected in any way by pregnancy or parental or marital status.

### **Medical Care**

Razorback Athletics can provide health benefits for pregnancy, including counseling, physical examinations, medical treatment, medication and rehabilitation expenses, to the same degree that student-athletes who experience other temporary disabilities are provided these benefits.

### **Scholarship and Aid**

- Razorback Athletics will not terminate or reduce a student-athlete's athletics aid because of the student-athlete's pregnancy, marital or parental status during the term of the award.
- Razorback Athletics will renew a pregnant, formerly pregnant, or parenting student-athlete's award, so long as the student-athlete is in good standing academically, remains engaged with our athletics department and meets NCAA eligibility standards. Returning students may be evaluated athletically in the same manner as any other team member to determine their specific position on the team.

### **Federal Laws**

Title IX of the Education Amendments of 1972 bars discrimination on the basis of sex, which includes the guarantee of equal educational opportunity to pregnant and parenting students. This means that our student-athletes cannot be discriminated against because of their parental or marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery there from. In addition, a student's medical information may be protected by other federal laws. Some actions that may be permissible under NCAA rules are impermissible under federal law, and our institution adheres to federal law.



**Eating Disorder/Disordered Eating Policy**

Eating disorders are often an expression of underlying emotional distress. Disordered eating behaviors will likely impair athletic performance, increase the risk of injury and negatively impact one's quality of life. Decreased energy (caloric) intake and fluid and electrolyte imbalance can result in decreased endurance, strength, reaction time, speed, and ability to concentrate. Because the body initially adapts to these changes, a decrease in performance may not be seen for a few months, and athletes may falsely believe disordered eating practices are harmless. Food restriction and purging can result not only in menstrual dysfunction and potentially irreversible bone loss but also in psychological and other medical complications. This can include depression, fluid and electrolyte imbalance, changes in the cardiovascular, endocrine, gastrointestinal, and thermoregulatory systems. Psychological counseling (via the department's Director of Clinical and Sport Psychologist) and nutritional consults (via the department's Director of Sports Nutrition) are available and should be utilized.

**Sexual Harassment/Assault/Misconduct**

The University of Arkansas Athletics Department follows the University of Arkansas' policy on sexual harassment. The full policy may be found at <http://oeoc.uark.edu>. Supervisors, administrators, and staff must report complaints by student-athletes to the University's Title IX Coordinator. Subject to the other provisions of the University's Sexual Harassment Policy and the requirements of law, every possible effort will be made to ensure that any information received as part of the University's resolution and complaint procedures is treated discreetly. All parties to the complaint will be asked to assist in treating the complaint confidentially. The University's obligation to investigate and to prevent claims of sexual harassment/assault/misconduct means that it is not possible to guarantee that complaints of sexual harassment will be handled confidentially. The student-athlete will also have access to medical care and counseling.

**CONCUSSION MANAGEMENT PLAN**

The following policy and procedures addressing neurocognitive baseline testing, identification, evaluation, treatment, education, return-to-play and return-to-learn guidelines for concussion management have been developed in accordance with the NCAA and the University of Arkansas' commitment to providing quality healthcare to each of our student-athletes.

By employing these protocols, the University of Arkansas Athletics Department will meet the following objectives:

- Equitable access to healthcare will be provided for all Razorback student-athletes. The University of Arkansas ensures that student-athletes have appropriate healthcare, including equitable access to athletic healthcare providers for each varsity sport.
- All athletics healthcare providers will understand and follow emergency action plans to provide a safe environment for our student-athletes. The University of Arkansas maintains an annually updated emergency action plan for each athletic venue. All athletic healthcare providers will review the plan annually.
- Appropriate medical personnel will oversee healthcare for student-athletes and will determine time lines for return-to-play and return-to-learn. The Sports Medicine team is clearly empowered to have the unchallengeable authority to determine management and return-to-play and return-to-learn of any ill or injured student-athlete.
- Clear assignment of responsibilities will ensure proper execution of medical protocols. The Sports Medicine Team has clearly defined roles related to concussion management.



- The Sports Medicine Team will practice within the standards of the 2016 Berlin Consensus Guidelines regarding concussion management and return to play.
- Selected staff members will read, understand and follow required educational materials and protocols related to concussions and will actively participate in these protocols. All members of the coaching, strength and conditioning, and athletic training staffs will receive educational materials (e.g., the NCAA Concussion Fact Sheet) to assist in identifying the signs and symptoms of concussion. Team physicians, sport administrators and the director of athletics also will receive these materials and all will acknowledge in writing that they have read and understood the materials. Coaches will be given the concussion management plan, their role within the plan will be identified and they will be required to sign an acknowledgement of their receipt and understanding of concussion education and protocols.
- All student-athletes will read and understand required educational materials related to concussions and will actively participate in these protocols. Further, they will sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions. Student-athletes will be given take-home educational materials (e.g., the NCAA Concussion Fact Sheet) and will acknowledge in writing that they have read and understand the materials.
- All student-athletes will take baseline exams using the SWAY app and ImPact prior to their first practice upon arrival at the university. Each year all student-athletes will perform a new baseline exam on the SWAY app prior to their first preseason practice. Should a student-athlete sustain a concussion, a new ImPact baseline exam will be given only after they are fully recovered and prior to the next season of competition.
- Baseline testing will be appropriately employed and documented as part of the required protocol for all student-athletes. All student-athletes are required to complete baseline testing prior to their first practice and the same assessment tools will be used post-injury at appropriate time intervals. These tests will include--but are not limited to--balance testing, reaction time testing, symptom evaluation via SWAY, and cognitive assessment via computerized neuropsychological screening (ImPact), brain injury and concussion history via questionnaire on preparticipation physical. Team physicians will determine pre-participation clearance and/or the need for additional consultation or testing.
- Appropriate care and professional medical judgement will be employed to provide optimal care to student-athletes who may have suffered concussions. Student-athletes will be removed from practice or competition when they show signs, symptoms or behaviors consistent with a concussion. The student-athletes also will be evaluated by a healthcare provider with experience in the evaluation and management of concussions. Student-athletes will be monitored for deterioration and given written instructions on management of concussions. Final authority on return-to-play and return-to-learn will reside with the head team sports medicine physician.
- Appropriate recovery time will be taken for each student-athlete diagnosed with a concussion. Student-athletes diagnosed with concussions will be withheld from competition, practice and classroom activities for the remainder of the day, at a minimum. Student athletes will be evaluated by a team physician and will follow a medically supervised process for return-to-learn and return-to-play. Once asymptomatic, at or above baseline on neurocognitive baseline tests, after completion of an exertional protocol and after returning-to-learn without reoccurrence of symptoms, student-athletes will be allowed to full return-to-play.



- Appropriate written records must be maintained. The Sports Medicine Team will be responsible for documentation of the incident, evaluation, continued management and clearance of any and all student-athletes with concussions.
- Student-athlete safety is paramount. As a result, emphasis will be placed on following current sport rules. Purposeful or flagrant head or neck contact in any sport will not be tolerated and current rules of play will be strictly enforced. The department will take a “safety first” approach to sports, including adherence to contact guidelines, gratuitous contact and maintaining educational initiatives as safe play and proper technique protocols are identified in response to future concussion research.

### CONCUSSION MANAGEMENT TEAM

A multi-disciplinary team will be responsible for employing the protocols outlined in this document are assigned respective roles in mild traumatic brain injury/concussion management. All individuals who will serve these roles will participate in education and review sessions at least once per year.

- **Lead Primary Care / Sports Medicine Physician (Dr. Ramon Ylanan)** will have final clearance on all concussions. He will supervise stepwise progression and he will serve as the final authority on a student-athlete’s return-to-learn and return-to-play.
- **Primary Care / Sports Medicine Physicians (PCSMP) (Assigned by Team)** will diagnose and treat mild traumatic brain injuries. They will communicate with Dr. Ylanan regarding final clearance.
- **Orthopedic Medicine Doctors (Assigned by Team)** will diagnose mild traumatic brain injuries and will defer to Dr. Ylanan for final clearance.
- **Physician’s Assistant (Valerie Whitson)** will recognize mild traumatic brain injuries, will refer student-athletes to their respective team physicians if they show symptoms of concussion, and will defer to Dr. Ylanan for final clearance.
- **Athletic Training Staff (Assigned by Team)** will recognize and treat mild traumatic brain injuries, will refer student-athletes to a team physician if they show symptoms of concussion, and will defer to Dr. Ylanan for final clearance.
- **Neuropsychologist (Dr. Sarah Downing)** will consult as a specialist in IMPACT interpretation and concussion rehabilitation.
- **Neurosurgeon (Dr. Larry Armstrong)** will consult as a specialist in brain, spinal cord and peripheral nerves injuries will be involved with complicated mild traumatic brain injuries.
- **Academic Counselor/Learning Specialist (Assigned by Team)** will help navigate return-to-learn activities with student-athletes and will coordinate compliance activities with campus disability services, ensuring ADA compliance.
- **Director of Clinical and Sport Psychology (Dr. Chris Bader)** will help navigate return-to-learn activities and cognitive management.
- **Faculty Athletic Representative (Dr. Gerald Jordan)** will help navigate complex return-to-learn cases, as needed.

### EDUCATION



Participation in sport may result in injury or illness, including concussions. A concussion or Mild Traumatic Brain Injury (MTBI) or *comotio cerebri* is defined as a complex pathophysiologic process affecting the brain’s function. It is induced by traumatic biomechanical forces after impact to the head, face, neck or body that leads to a functional, not structural, disturbance which may or may not involve LOC (Loss of Consciousness).

All student-athletes will read and understand required educational materials related to concussions and will actively participate in these protocols. Further, they will sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions. Student-athletes will be given take-home educational materials (e.g., the NCAA Concussion Fact Sheet) and will acknowledge in writing that they have read and understand the materials.

Student-athletes are responsible for reporting their injuries and illnesses to the medical staff; including signs and symptoms of concussions (MTBI’s). Signs and symptoms include, but are not limited to:

- |             |                      |                          |
|-------------|----------------------|--------------------------|
| Vomiting    | Sensitivity to light | Sadness                  |
| Imbalance   | Sensitivity to noise | Fatigue                  |
| Dizziness   | Numbness/tingling    | Difficulty remembering   |
| Nervousness | Headache             | Difficulty concentrating |
| Nausea      | Drowsiness           | Loss of consciousness    |

Signs and symptoms must be reported to the University of Arkansas Sports Medicine staff immediately upon onset, before the continuation of any activity. Primary care sports medicine physicians will supervise the stepwise progression through the recovery plan. The final decision for return to learn and return to play rests with the lead sports medicine physician, and is unchallengeable.

Selected staff members will read, understand and follow required educational materials and protocols related to concussions and will actively participate in these protocols. All members of the coaching, strength and conditioning, and athletic training staffs will receive educational materials (e.g., the NCAA Concussion Fact Sheet) to assist in identifying the signs and symptoms of concussion. Coaches will be given the concussion management plan, their role within the plan will be identified and they will be required to sign an acknowledgement of their receipt and understanding of concussion education and protocols. Team physicians, athletic trainers, sport administrators and the director of athletics also will receive these materials and all will acknowledge in writing that they have read and understood them.

**PRE-PARTICIPATION ASSESSMENT**

Baseline testing will be appropriately employed and documented as part of the required protocol for all student-athletes on an annual basis. All student-athletes are required to complete baseline testing prior to their first practice and the same assessment tools will be used post-injury at appropriate time intervals. These tests include--but are not limited to--balance testing, SWAY and computerized neuropsychological screening (IMPACT), brain injury and concussion history, cognitive assessment and symptom evaluation. Team physicians will determine pre-participation clearance and/or need for additional consultation or testing. If a student-athlete presents a complicated or multiple-concussion history, additional baseline testing may be conducted mid-year or at another appropriate interval as determined by the team physician.

Utilization of the SWAY tool will evaluate potential signs of concussion, including symptom evaluation, cognitive assessment, reaction time, and balance evaluation. A new SWAY baseline will be recorded each year prior to the competitive season or, if a



student-athlete sustains a concussion during the competitive season, a new baseline will be recorded in the off-season after the student-athlete has fully recovered.

Further, utilization of IMPACT will evaluate potential brain injury and concussion history, symptom evaluation and cognitive assessment. If a student-athlete sustains a concussion, a new ImPact baseline will be recorded in the off-season after they have fully recovered before the next competitive segment of the year

## RECOGNITION AND DIAGNOSIS OF CONCUSSION

To assure appropriate recognition and diagnosis of concussion, medical personnel with training in the diagnosis, treatment, and initial management of acute concussions (athletic trainers and team physicians) will be “present” at all NCAA varsity competitions in the following contact / collision sports available at the University of Arkansas: Men’s and Women’s Basketball, Football, Pole Vault and Women’s Soccer. Athletic trainers and team physicians will be on campus or arena of competition.

Further, medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be “available” at all NCAA varsity practices in the following contact / collision sports available at the University of Arkansas: Men’s and Women’s Basketball, Football, Pole Vault and Women’s Soccer. Athletic trainers will be on-site during the time of practice or will be available via telephone, messaging, email or other immediate communication means. The case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

If a student-athlete has signs, symptoms or behaviors consistent with a concussion, the student-athlete will be removed from competition and evaluated by an athletic trainer or team physician with concussion experience. Initial assessments will include assessment of cervical spine trauma, skull fracture and/or intracranial bleeding. Utilization of the SWAY sideline assessment tool will evaluate potential signs of concussion, including brain injury and concussion history, symptom evaluation, cognitive assessment and balance evaluation (BESS). Once a concussion is suspected or diagnosed, the student-athlete will be further evaluated by a primary care sports medicine physician who is experienced and trained in the management of concussions.

In consultation with the lead sports medicine physician, the athletic training staff and the primary care sports medicine physicians will work together to order additional testing (e.g. imaging, neuropsychiatric testing and referrals) as needed and outline a plan for return-to-learn and return-to-play. The primary care sports medicine physicians will supervise stepwise progression to recovery. The final decision for return-to-learn and return-to-play rests with lead sports medicine physician and is unchallengeable. In certain cases, such as extensive travel, the lead sports medicine physician will be available by phone to assist the athletic training staff with decisions regarding the need for urgent evaluations.

If a student-athlete is diagnosed with a concussion, the student-athlete will be removed from participation and **shall not return** to activity on that day. The University of Arkansas will have a physician with experience in the management of concussion either on-site or on-call for all home athletic events. At all times, a physician with experience in the management of concussions will be available for phone consultation.





Student-athletes diagnosed with a concussion will be given written instructions on management of concussions and monitored for deterioration overnight. This is optimally done by roommates, significant others, family, guardians or anyone expected to be staying with student-athlete overnight.

### **POST-CONCUSSION MANAGEMENT**

The Emergency Action Plan will be activated if the following are present during the initial evaluation of a student-athlete with a suspected head or neck injury: cervical spine injury/trauma, skull fracture, Glasgow Coma Scale < 13, prolonged LOC > 1 minute, focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status or other neurological signs/symptoms.

Evaluation by the athletic trainer and team physician will determine whether or not the student-athlete is safe to go home or should be taken to the hospital. Serial evaluation and monitoring for deterioration following injury will be conducted. Student-athletes diagnosed with a concussion will be given written instructions on management of concussions and monitored for deterioration overnight. Optimally, this will be done by roommates, significant others, family, guardians or anyone expected to be staying with student-athlete overnight.

Student-athletes with prolonged symptoms may require additional diagnosis and best management options. These student-athletes may need additional referral for vestibular therapy, post-concussion syndrome, mood disorders, sleep deprivation, migraines or nutritional disorders. In such instances, team physicians will work with the athletic training staff to set up any necessary referrals and conduct follow-up evaluations to consider additional treatment and management options.

### **RETURN-TO-PLAY FOLLOWING A CONCUSSION**

The timetable for a return-to-play and return-to-learn will be individualized and dependent on numerous factors. For a student-athlete to return-to-play, he or she must at a minimum, meet the following progressive standards:

- The student-athlete must have full resolution of symptoms.
- The student-athlete must be at or above his or her previous baseline testing.
- The student-athlete has undergone an appropriate step-by-step return to activity plan and has tolerated a graded exertional protocol without symptoms returning, including the following:
  - Light aerobic exercise without resistance training
  - Sport-specific exercise and activity without head impact
  - Non-contact practice with progressive resistance training
  - Unrestricted training
  - Return-to-competition



Finally, clearance for return-to-play resides solely with lead sports medicine physician, in consultation with the other primary sports medicine physicians that will supervise the stepwise progression through the plan. As with all conditions, no one clinical factor can be used to either diagnose concussions or determine when return to activities is safe after concussion. Symptoms, clinical evaluation, diagnostic studies and testing such as neuropsychological tests all will be weighed in the decision.

**RETURN-TO-LEARN FOLLOWING A CONCUSSION**

Concussion or Mild Traumatic Brain Injury (MTBI) or *comotio cerebri* is defined as a complex pathophysiologic process affecting the brain’s function. It is induced by traumatic biomechanical forces after impact to the head, face, neck or body that leads to a functional, not structural, disturbance which may or may not involve LOC (Loss of Consciousness). 80-90% of concussions resolve spontaneously within 7-10 days, follow a sequential course towards resolution, however, some concussions take a protracted course towards resolution.

Student-athletes are responsible for reporting their injuries and illnesses to the medical staff; including signs and symptoms of concussions (MTBI’s). Signs and symptoms include, but are not limited to:

- |             |                      |                          |
|-------------|----------------------|--------------------------|
| Vomiting    | Sensitivity to light | Sadness                  |
| Imbalance   | Sensitivity to noise | Fatigue                  |
| Dizziness   | Numbness/tingling    | Difficulty remembering   |
| Nervousness | Headache             | Difficulty concentrating |
| Nausea      | Drowsiness           | Loss of consciousness    |

After suffering a concussion, there is a brain energy crisis. Due to this crisis, cognitive rest is necessary to enhance the recovery process. A student-athlete’s academic schedule may need some modification in the first one to two weeks following a concussion. In such cases, the athletic trainer and academic counselor often will be able to handle academic modifications through recovery. An individualized plan will be documented that may include remaining at home until light cognitive activity can be tolerated, along with gradual return to the classroom. More complex cases of prolonged return-to-learn will be managed by a multi-disciplinary concussion management team. If cases are prolonged, campus resources will be identified by the learning specialist and accommodations will be made in compliance with ADAAA through the Office of Disabilities Services as needed.

The academic services staff will communicate with faculty to make them aware of injuries and the related symptoms that student-athletes may experience. Student-athletes will refrain from all classroom activity the same day as a concussion. Possible modification to classroom activity to allow cognitive rest, providing adequate time for recovery, while allowing the student-athlete to participate in some classroom activity, also may be necessary. When the student-athlete resumes class, faculty will be aware that their academic performance may suffer during the recovery process and that student-athletes should progress to the classroom and studying activities as tolerated.

Final authority to return-to-learn will reside with the lead sports medicine physician, who will continue re-evaluation of the student-athlete until symptoms resolve. If symptoms are persistent after a 14-day period, further modifications will be recommended by the multidisciplinary team.

**STEPS TO REDUCE EXPOSURE TO HEAD INJURIES**



The University of Arkansas Department of Athletics will continue to emphasize ways to minimize head trauma exposure and will expand its efforts as additional research is conducted to identify best practices for prevention and treatment of concussions.

Following are examples of current efforts:

- Adherence to the Inter-Association Consensus: Year-Round Practice Contact Guideline
  - **Preseason:** Two-a-day practices should not occur. A second session of activity can include walk-throughs or meetings. In any given seven days following the five-day acclimation period:
    - Up to three days of practice may be live contact (tackling or thud).
    - There must be three non-contact/minimal contact practices in a given week.
    - A non-contact/minimal contact practice also follow a scrimmage.
    - One day must be no football practice.
  - **Inseason:** Inseason is defined as the period between six days prior to the first regular-season game and the final regular-season game or conference championship game (for participating institutions).
    - In a given seven days following the five-day acclimation period:
      - Three days of practice should be non-contact/minimal contact.
      - One day of live contact/tackling should be allowed.
      - One day of live contact/thud should be allowed.
  - **Postseason:** NCAA Championships (Football Championship Subdivision), bowl (Football Bowl Subdivision)
    - If there is a two-week or less period of time between the final regular-season game or conference championship game (for participating institutions) and the next bowl or postseason game, then inseason practice recommendations should remain in place.
    - If there is greater than two weeks between the final regular-season game or conference championship game (for participating institutions) and the next bowl or postseason game, then:
      - Up to three days may be live-contact (two of which should be live contact/thud).
      - There must be three non-contact/minimal contact practices in a given week.
      - The day preceding and following live contact/tackling should be non-contact/minimal contact or no football practice.
      - One day must be no football practice.
  - **Spring practice:** Of the 15 allowable sessions that may occur during the spring practice season, eight practices may involve live contact (tackling or thud); three of these live contact practices may include greater than 50 percent live contact (scrimmages). Live contact practices should be limited to two in a given week and should not occur on consecutive days. The day following live scrimmage should be non-contact / minimal contact.

### Definitions

**Live contact/thud:** Any practice in which players are taken to the ground, “thud” sessions or drills that involve “wrapping up” irrespective of uniform worn.

- Drill is run at competitive speed through the moment of contact with no predetermined winner. Contact remains above the waist, players stay on their feet and a quick whistle ends the drill. This definition provides a foundation for differentiating the increased concussion risk in live contact/tackling versus live contact practice that does not include tackling to the ground.

**Live contact/tackling:** Any practice that involves tackling to the ground.



- Drill is run in game like conditions and is the only time that players are taken to the ground. This definition provides a foundation for allowances of live contact/tackling practice during the season, and differentiates live contact/tackling (which carries a higher concussion risk) from other types of contact practice.

Live contact practices are to be conducted in a manner consistent with existing rules that prohibit targeting to the head or neck area with the helmet, forearm, elbow, or shoulder, or the initiation of contact with the helmet.

Full pad practice, shell practice and helmet only practice all carry a risk of concussion. No helmet and no shoulder pad practice is the only evidence-based non-contact practice with negligible concussion risk.

- Education of football student-athletes on proper tackling techniques and practicing good sportsmanship. (Appendix J).
- Continued emphasis of student-athlete safety as a priority, including an annual meeting of the sports medicine staff and the Athletic Director, during which the unchallengeable authority of the team physicians will be clearly articulated. During this meeting, the Athletic Director and staff will discuss the culture and environment of surrounding student-athlete care and support for their well-being.
- Provide educational materials to student-athletes, coaches, athletic trainers and athletic administration to certify that they have carefully read, fully understand, and aware of the signs/symptoms of concussions.

### **Sickle Cell Trait Policy**

The sickle cell trait is defined as follows:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells
- Sickle cell trait is a common condition (more than three million Americans)
- Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood
- Likely sickling settings include timed runs, all-out exertion of any type for 2 – 3 continuous minutes without a rest period, intense drills and other spurts of exercise after prolonged conditioning exercises, and other extreme conditioning sessions
- Common signs and symptoms of a sickle cell emergency include, but are not limited to increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; and/or immediate symptoms with no early warning signs

### **Sickle Cell Trait Testing**

The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc. The University of Arkansas Athletics Department offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process. Testing will be conducted and reported to a University of Arkansas Team Physician at a designated laboratory facility.

