ATHLETICS HEALTHCARE ADMINISTRATION
BEST PRACTICES

Independent Medical Care for College Student-Athletes Guidelines

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THE NCAA SPORT SCIENCE INSTITUTE AND LEADING SCIENTIFIC AND SPORTS MEDICINE ORGANIZATIONS, including AOSSM, have developed recommendations for athletics departments and athletics healthcare providers to use in the delivery of care for college athletes. These recommendations serve as an update from 2014 guidance and reflect Division I Independent Medical Care (IMC) legislation that defines the athletics healthcare administrator.

Best Practices
Institutional line of medical authority should be established in the sole interest of student-athlete health and safety. An active member institution should establish an administrative structure that provides independent medical care and affirms the unchallengeable autonomous authority of primary athletics healthcare providers (team physicians and athletic trainers) to determine medical management and return-to-play decisions related to student-athletes.

In addition to an administrative structure that assures such authority of primary athletics healthcare providers, an active institution should designate a director of medical services to oversee the institution’s athletic healthcare administration and delivery.

Note: Upon the suggestion of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, the term ‘Director of Medical Services’ has been changed to ‘Athletics Health Care Administrator’ in the legislative language. This intent of this proposed terminology is to stress the administrative nature of this position, with no change otherwise in the function of this position.

Background
Diagnosis, management, and return-to-play determinations for the college student-athlete are the responsibility of the institution’s primary athletics healthcare providers (team physicians and athletic trainers). Even though some have cited a potential tension between health and safety in athletics, collegiate athletics endeavor to conduct programs in a manner designed to address the physical well-being of college student-athletes (i.e., to balance health and performance). In the interest of the health and welfare of collegiate student-athletes, a student-athlete’s healthcare providers must have clear authority for student-athlete care. The foundational approach for independent medical care is to assume an “athlete-centered care” approach, which is similar to the more general “patient-centered care,” which refers to the delivery of health care services that are focused only on the individual patient’s needs and concerns.

The following 10 guiding principles, listed in the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges, are paraphrased below to provide an example of policies that can be adopted that help to assure independent, objective medical care for college student-athletes:

1. The physical and psychosocial welfare of the individual student-athlete should always be the highest priority of the athletic trainer and the team physician.

2. Any program that delivers athletic training services to student-athletes should always have a designated medical director.
Sports medicine physicians and athletic trainers should always practice in a manner that integrates the best current research evidence within the preferences and values of each student-athlete.

The clinical responsibilities of an athletic trainer should always be performed in a manner that is consistent with the written or verbal instructions of a physician or standing orders and clinical management protocols that have been approved by a program’s designated medical director.

Decisions that affect the current or future health status of a student-athlete who has an injury or illness should only be made by a properly credentialed health professional (e.g., a physician or an athletic trainer who has a physician’s authorization to make the decision).

In every case that a physician has granted an athletic trainer the discretion to make decisions relating to an individual student-athlete’s injury management or sports participation status, all aspects of the care process and changes in the student-athlete’s disposition should be thoroughly documented.

Coaches must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations.

An athletic trainer’s role delineation and employment status should be determined through a formal administrative role for a physician who provides medical direction.

An athletic trainer’s professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack healthcare expertise, particularly in the context of hiring, promotion, and termination decisions.

Member institutions should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of student-athletes.

The unchallengeable, autonomous authority of primary athletics healthcare providers to determine medical management and return-to-play decisions becomes the linchpin for independent medical care of student-athletes. Importantly, this linchpin in college sports is the team effort of both physicians and athletic trainers, with ultimate medical reporting authority being the team physician. The NCAA Sports Medicine Handbook’s Guideline 1B opens with a charge to athletics and institutional leadership to “create an administrative system where athletics healthcare professionals—team physicians and athletic trainers—are able to make medical decisions with only the best interests of student-athletes at the forefront.” Multiple models exist for collegiate sports medicine. Primary athletics healthcare providers may report to the athletics department, student health services, the institution’s medical school, a private medical practice, or a combination thereof. Irrespective of model, the answer for the college student-athlete is established medical decision-making independence for appointed primary athletics healthcare providers.

Athletics healthcare administration is one of the strategic priorities of the NCAA Sport Science Institute. Athletics healthcare administration refers to the manner in which healthcare services are delivered within the athletics department.
of a member institution. Even if there is an extraordinary medical team in place, medical healthcare delivery will suffer if such care does not have an efficient and well-rehearsed delivery system.

To help provide oversight in efficient and well-rehearsed delivery of medical care, member schools should designate a director of medical services. This individual will be generally responsible with administrative oversight of the delivery of student-athlete health care and will ensure an administrative structure that provides independent medical care to student-athletes. This individual should be familiar with healthcare administration but does not need to be a licensed physician. This administrative role may include assuring that schools are compliant with all pertinent NCAA health and safety legislation and with interassociation consensus statements that impact student-athlete health and safety.

Because this position is administrative in nature, it does not reflect the normal medical-legal hierarchy of healthcare practitioners. Healthcare practitioners can have dual roles. For example, athletic trainers deliver healthcare under the direction of a licensed physician; however, an athletic trainer could concomitantly serve as the director of medical services in a purely administrative role.

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**ENDORsing MEDICAL ORGANIZATIONS**

- American Association of Neurological Surgeons
- American College of Sports Medicine
- American Medical Society for Sports Medicine
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy of Sports Medicine
- College Athletic Trainers’ Society
- Collegiate Strength and Conditioning Coaches Association
- Competitive Safeguards and Medical Aspects of Sports
- Congress of Neurological Surgeons
- Korey Stringer Institute
- National Athletic Trainers’ Association
- National Operating Committee on Standards for Athletic Equipment
- National Strength and Conditioning Association
- Sports Neuropsychology Society