

MEMORANDUM

August 13, 2010

P.O. Box 6222 Indianapolis, Indiana 46206 Telephone: 317/917-6222

Shipping/Overnight Address: 1802 Alonzo Watford Sr. Drive Indianapolis, Indiana 46202

www.ncaa.org

TO: NCAA Division II Directors of Athletics.

FROM: Kathleen Brasfield

Chair, Division II Management Council.

SUBJECT: Legislative Requirement—Concussion Management Plan—

Effective August 16, 2010.

During the August 12 NCAA Division II Presidents Council meeting, the Council used its emergency authority (per Constitution 5.3.1.1.2) to adopt legislation that requires all active Division II member institutions, <u>effective August 16, 2010</u>, to have a concussion management plan for their student-athletes. The exact language of the legislation is below.

The Division I Board of Directors used its emergency authority during its August 12 meeting to require all Division I member institutions, effective immediately, to have a concussion management plan. Further, the Division III Management Council adopted noncontroversial legislation at its July meeting to require all Division III member institutions, effective immediately, to have a concussion management plan. Thus, all three divisions have adopted the legislation.

The legislation is in response to a policy on concussions that was adopted by the NCAA Executive Committee in April. This policy was communicated to the membership at-large, including athletic trainers, via various communications and NCAA news articles following the adoption of the policy by the Executive Committee.

Concussion Management Plan Legislation

- 3.2.4.17 Concussion Management Plan. An active member institution shall have a concussion management plan for its student-athletes. The plan shall include, but is not limited to, the following:
 - (a) An annual process that ensures student-athletes are educated about the signs and symptoms of concussions. Student-athletes must acknowledge that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion related injuries and illnesses to a medical staff member;

- (b) A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities (e.g., competition, practice, conditioning sessions) and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions;
- (c) A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity (e.g., competition, practice, conditioning sessions) for at least the remainder of that calendar day; and
- (d) A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to athletics activity (e.g., competition, practice, conditioning sessions) as determined by a physician (e.g., team physician) or the physician's designee.
- 3.2.4.17.1 Effect of Violation. A violation of Constitution 3.2.4.17 shall be considered an institutional violation per Constitution 2.8.1; however, the violation shall not affect the student-athlete's eligibility.

Rationale for the Legislation

The proposal outlines a consistent Association-wide approach to concussion management as recommended by the Executive Committee and adopted as policy in April 2010. This proposal demonstrates the NCAA's continued commitment to the prevention, identification, evaluation and management of concussions. The development of a concussion management plan at the institutional level, that includes the protocol under the discretion of a physician for responding to possible concussions, is in the best interest of student-athlete well-being and can lessen the chances of further harm to a student-athlete's health. Further, a concussion management plan, in addition to the institution's sports medicine policies for the care of its student-athletes, will assist with the continued evaluation and care for student-athletes who suffer concussions. Determination of appropriate care and treatment of a student-athlete's injuries and illness is best handled through an institutional medical model that has physician oversight and direction. This model should focus on appropriate access to healthcare providers with the unchallengeable authority to determine management and return to play following a concussion. Lastly, requiring each institution to engage student-athletes in understanding their risks and acknowledge that they understand these risks, as well as their responsibility for reporting their injuries and illnesses. including signs and symptoms of concussions, will help to ensure that student-athletes are keenly aware of the potential harmful effects of concussions on their health.

Educational Materials

The NCAA Health and Safety website has educational materials related to concussions that are helpful for administrators, athletic trainers, coaches and student-athletes.

Information specific to concussions, may be found at the following link:

http://www.ncaa.org/wps/portal/ncaahome?WCM_GLOBAL_CONTEXT=/ncaa/ncaa/academics +and+athletes/personal+welfare/health+and+safety/concussion or by logging on to the membership side of ncaa.org and following the links from www.ncaa.org/health-safety.

Information on the concussions educational webpage includes a webinar; videos, information from the NCAA Sports Medicine Handbook; sample plans and forms; educational materials for coaches and student-athletes; sport-specific posters and much more....

Institutions are encouraged to work with all appropriate personnel (e.g., athletics administrators, athletics trainers, team physicians, coaches, legal counsel) to ensure appropriate plans and medical procedures are in place.

KB:rcr

cc NCAA Division II Senior Woman Administrators NCAA Division II Conference Commissioners Selected NCAA Staff Members.