CONCORDIA UNIVERSITY WISCONSIN
ATHLETIC TRAINING

MEDICAL PACKET 1:
INTRODUCTION and EDUCATIONAL MATERIALS

CONTENTS OF MEDICAL PACKET 1 ARE READ-ONLY AND MUST BE REVIEWED BY
STUDENT-ATHLETE BEFORE PROCEEDING TO MEDICAL PACKET 2:

• Introductory letter to the Student-Athlete and Parent
• MEMO: Billing for AT Services
• MEMO: Online Medical Form Submission
• MEMO: Medical Health Insurance Requirements
• MEMO: Concussions
  o NCAA Student-Athlete Concussion educational material
• MEMO: Sickle Cell Trait Information
  o NCAA Student-Athlete Sickle Cell Trait educational material
• MEMO: Sudden Cardiac Death and Cardiac Screening
  o NCAA Student-Athlete Sports Heart Health educational material
• MEMO: NCAA Banned Drug Information and Resources
• MEMO: ADHD Medication Reporting Information

Updated 7/3/19
Dear Concordia University Wisconsin Student-Athletes and Parents,

The National Collegiate Athletic Association (NCAA) is continually reviewing and changing its legislation in an effort to put the health and well-being of the student-athlete first. Here at CUW, we strive not only to uphold these standards and mandates, but also to present all of the information to you in an “easy to follow” manner. We also hope to provide additional information in an effort to answer some commonly asked questions. All of the required educational materials and documents have been organized and presented in this packet and on the CUW Athletic website at www.cuwfalcons.com/athletictraining.

We require that you thoroughly review all the mandatory educational information that is located in this packet before you begin medical form submissions. Reviewing this information is essential to providing us with a complete and accurate medical health history in order to provide quality healthcare to you. It is also essential that all student-athletes fully understand the risks of intercollegiate athletic participation.

We require that all medical form submissions are completed on or before August 1st of every year. No intercollegiate athletic participation (including pre-season or off season strength and conditioning sessions) will be permitted until all requirements are fulfilled.

We encourage you to contact us with any questions or concerns after you have reviewed all of the information provided.

Thank you.

Angela Steffen
Director of Sports Medicine
262-243-4537
angela.steffen@cuw.edu

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Director of Athletics
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***Please note that documents contained in this packet and online only fulfill the requirements of the Athletic Department for athletic participation at CUW. All incoming CUW students also need to complete health forms for the Student Health Center. Student-athletes will need to complete the requirements for both departments. More information from the Student Health Center can be accessed on their web page https://www.cuw.edu/departments/healthcenter/index.html

Please read and retain all materials in this packet. Contact Angela Steffen with any questions:
PHONE: (262) 243-4537 | angela.steffen@cuw.edu
MEMO: Billing for AT Services

TO: Concordia University Wisconsin Student-Athletes and Parents
FROM: Concordia University Wisconsin Athletic Department
ACCOMPANYING ONLINE DOCUMENT: “Insurance Acknowledgement and Billing Statement”

The CUW Athletic Training department always strives to provide the best healthcare to our student-athletes, and we would like to thank you for entrusting us to do so. The Athletic Training program, staff, and facilities have always been a prideful component of our Athletic Department. In an effort to continue providing services at the level we do and maintain the resources we have, we will begin billing for Athletic Training services at no cost to you.

With the changes in the US federal healthcare legislation in the recent years, this will not affect your premiums or insurability.

As has always been the requirement, every student-athlete must carry his/her own primary health insurance policy. We will now be billing your insurance policy only for services rendered in the CUW Athletic Training facility by the Athletic Training Staff. Any out of pocket costs that are to be paid by you (deductibles, uncovered claims, etc.) will be paid by CUW on your behalf. Please note, this payment on your behalf will only apply to services rendered by the CUW Athletic Training staff within our facilities. Any outside provider medical costs (x-ray, MRI, surgical, care referral etc.) will continue to be your responsibility as it has always been.

FAQs:

Will this affect me negatively? No. There will be no out of pocket cost to you. We will only be billing your insurance carrier. CUW will rectify any out of pocket cost before your insurance pays on a claim. Your policy (future premiums or insurability) will not be affected by these claims.

Will this be beneficial to me? Maybe. Depending on services rendered and claim outcomes, your deductible, or portions of, may be met. We will cover any member responsibility of each claim.

What types of services will be billed? Services we are already providing. We are simply now billing for these services in order to recover some of the costs of the resources we invest in - in order to continue providing these services. Examples include but are not limited to injury evaluation, treatment, and rehabilitation.

What can I expect? For each claim you should expect an EOB (Explanation of Benefits) in the mail or online from your carrier. This is NOT a bill. Please send us a copy of the EOB or any other communication you receive from your carrier so that we can prepare to take care of any member responsibility amounts that will be due or rectify any errors or concerns.

What do I need to do? Please forward any notices regarding claims from “CUW Sports Medicine” services to Angela Steffen via e-mail, fax, or mail (contact information below). Some insurance carriers will only send payment(s) to you, the policy holder, and not directly to the provider (us). If this happens, you will be responsible for forwarding the payment(s) to the provider (us).

Angela Steffen
12800 N Lake Shore Dr, Mequon, WI 53097
Office phone: 262-243-4537 | Fax: 262-243-2969 | angela.steffen@cuw.edu
MEMO: ONLINE MEDICAL FOR SUBMISSION
TO: Concordia University Wisconsin Student-Athletes and Parents
FROM: Concordia University Wisconsin Athletic Department

Concordia University Wisconsin Athletic Training utilizes The Athletic Trainer System® (ATS) software for athletic pre-participation medical forms. At the end of this packet you will be re-directed to our website www.cuwfalcons.com/athletictraining where you will find instructions on how to complete all requirements for new student-athletes (freshman and transfers) as well as returning student-athletes.

However, prior to beginning your completion of any documents or requirements, it is mandatory that you review all contents of this packet.

Furthermore, we request that you contact us with any questions or concerns you have at any time regarding educational material or document submission.

Process for NEW student-athletes at Concordia University Wisconsin (Freshman/Transfers):
Medical Packet 1: (this packet) READ
Medical Packet 2: Follow instructions for online medical form submission AND entrance Physical Exam

Process for RETURNING student-athletes:
Medical Packet 1: (this packet) READ
Medical Packet 2: Follow instructions for online medical form review and submission (annual requirement)
MEMO: MEDICAL HEALTH INSURANCE REQUIREMENTS
TO: Concordia University Wisconsin Student-Athletes and Parents
FROM: Concordia University Wisconsin Athletic Department
ACCOMPANING ONLINE DOCUMENT: “Insurance Acknowledgement and Billing Statement”

All Concordia University Wisconsin student-athletes must provide evidence of personal health insurance that includes coverage for athletic-related injuries. This is an NCAA requirement for athletic participation. No student-athlete will be permitted to participate in any way until such evidence of current appropriate insurance coverage is on file with the Concordia University Wisconsin Athletic Training Department. Insurance coverage must have minimum coverage of at least $90,000 and cover athletic-related injuries.

Please note that the NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). This policy does not qualify as the basic coverage required for your participation. This policy carries a significant deductible of $90,000, which is why your personal policy must provide this coverage minimum.

If there is a material change in or expiration of your coverage, you are responsible to notify the Concordia University Wisconsin Athletic Training Department of this development and update the insurance information you have on file.

*HMO (Health Maintenance Organization) Coverage concerns: Many HMO policies only provide in-network benefits for non-emergency needs in a limited geographical area. It is your responsibility to understand the network limitations of your policy. If your policy does not provide in-network benefits in the Southeastern Wisconsin region, it is recommended that you contact your carrier regarding options for additional coverage. In the event that you do not have in-network coverage locally, you may need to return home for any non-emergent medical care or consider utilizing out-of-network benefits, if any are in place.

*International Insurance Product concerns: Many international products, often referred to as “traveler’s insurance” only cover emergency medical needs. While these policies may be sufficient to meet the bare requirements, they often do not provide coverage for non-emergent needs (general medical concerns, x-ray, MRI, surgery, etc.) which are common concerns in the world of intercollegiate athletics.

*If you are interested in securing a policy with coverage in Southeastern Wisconsin, the following resource is available for all full-time CUW students, including international students: http://www.wpshealth.com/waicu/ Click on “Concordia University” so you can view the Voluntary Plan (2 plans available) and application information.

Please understand that Concordia University will assume no responsibility for the payment of, or authorization to pay, medical expenses resulting from injuries or illnesses that occur while participating in intercollegiate athletics at Concordia University Wisconsin. Please understand that you bear the responsibility for the deductible and any balances for medical expenses not covered by your insurance policy.
MEMO: CONCUSSION MANAGEMENT
TO: Concordia University Wisconsin Student-Athletes and Parents
FROM: Concordia University Wisconsin Athletic Department
ACCOMPANYING ONLINE DOCUMENT: “Concussion Statement and Educational Acknowledgement”

Concussion is defined as a “trauma-induced alteration in mental status that may or may not involve loss of consciousness” (NATA Position Statement: Management of Sport Concussion March 2014)

In order to best serve our student-athletes, it is imperative that the CUW Athletic Training Department is aware of all injuries and illness at all times. It is also critical that all student-athletes are educated annually on the signs and symptoms of concussion, the importance of reporting potential concussions, and the proper management of concussion. The purpose of this memo is to outline our requirements and direct you to additional resources and education.

Concussions and traumatic brain injuries continue to be a widely covered topic in the health care field, particularly in the athletic setting. The research surrounding concussions continues to bring new information to light on a regular basis. As with any medical concern, the NCAA and CUW strive to put the student-athletes’ health and well-being first and make certain that our policies are current with validated medical research and literature. It is for this reason that the NCAA and CUW mandate that all student-athletes are educated about concussion, have an opportunity to ask questions and discuss concerns, and agree to report all concussion symptoms.

All CUW Student-Athletes are required to review the following educational resources annually:

- NCAA Concussion Fact Sheet (next 2 pages in this packet)
- NCAA Concussion video “Don’t Hide It, Report It, Take Time to Recover” (www.cuwfalcons.com/athletictraining)
- CUW Concussion Management Plan for Student-Athletes (www.cuwfalcons.com/athletictraining)

The “Concussion Statement and Educational Acknowledgement” online document on ATS will serve as your acknowledgement and verification for completing these requirements.
What is a concussion?
A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.
   You may experience ...
   - Headache or head pressure
   - Nausea
   - Balance problems or dizziness
   - Double or blurry vision
   - Sensitivity to light or noise
   - Feeling sluggish, hazy or foggy
   - Confusion, concentration or memory problems

2. Speak up.
   - If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.
   - Follow your team physician and athletic trainer’s directions during concussion recovery. If left unmanaged, there may be serious consequences.
   - Once you’ve recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.
   You may notice that a teammate ...
   - Appears dazed or stunned
   - Forgets an instruction
   - Is confused about an assignment or position
   - Is unsure of the game, score or opponent
   - Appears less coordinated
   - Answers questions slowly
   - Loses consciousness

2. Encourage teammates to be safe.
   - If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
   - Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

   - If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
   - Being unable to practice or join team activities can be isolating. Make sure your teammates know they’re not alone.

No two concussions are the same. New symptoms can appear hours or days after the initial impact. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.
What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won’t be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don’t fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions may have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We’re learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE

- **Baseline Testing**
  Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.

- **Concussion**
  If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.

- **Recovery**
  Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.

- **Return to Learn**
  Return to school should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.

- **Return to Play**
  Return to play only happens after you have returned to your preconcussion baseline and you’ve gone through a step-by-step progression of increasing activity.

For more information, visit ncaa.org/concussion.

NCAA is a trademark of the National Collegiate Athletic Association.
MEMO: SICKLE CELL TRAIT INFORMATION
TO: NEW Concordia University Wisconsin Student-Athletes and Parents.
FROM: Concordia University Wisconsin Athletic Department
ACCOMPANING DOCUMENT IN MEDICAL PACKET 2 FOR NEW STUDENT-ATHLETES:
“Sickle Cell Trait Information, Testing Declaration, and Waiver”

Note: Returning student-athletes have fulfilled this requirement. You are welcome to skip to the next section.

Background: Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin. Specifically, the trait is an inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round discs to quarter-moon crescents, or “sickles”. This change, termed exertional sickling, can pose a grave risk for some athletes, including death. Sickle cell trait is a common condition, found in more than three million Americans. Although it is most prevalent 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. While carrying the sickle cell trait is usually benign, intense and sustained exercise can lead to hypoxia (lack of oxygen) in the muscles which may cause sickling of red blood cells (red blood cells changing from a normal round disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “log jam” blood vessels, leading to decreased blood and oxygen delivery to muscle tissue, including the heart.

The NCAA and the Concordia University Wisconsin Athletic Department mandate that all student-athletes either obtain knowledge of their sickle cell trait status and show proof of a prior test, agree to be tested, or sign a waiver before participation in any intercollegiate athletic events, including strength and conditioning sessions, practices, and competitions:

Proof of Prior SCT Test
Most states in the U.S. began testing newborns after 1984. Documentation regarding sickle cell trait status should be available from your physician or you can contact the state of birth (see “National Newborn Screening & Global Resource Center” link on the website www.cuwfalcons.com/athletictraining under “Supplemental Resources”)

Agree to be Tested
Student-athletes that wish to be tested can do so with their physician (cost incurred) or at the CUW Health Center for no cost. Please call the CUW Health Center at 262-243-4574 to schedule an appointment. This test must be completed prior to intercollegiate athletic participation.

Sickle Cell Trait Opt Out Waiver
If after careful consideration and discussion with your physician you choose to not know and/or disclose your SCT status, you may sign the waiver on the bottom of the SCT form at the end of Medical Packet 2 for NEW Student-Athletes.

On the following page is a publication put together by the NCAA specifically for the student-athlete. Additional resources are also available on the CUW Athletic website at www.cuwfalcons.com/athletictraining.

Please retain this memo for your records. If you have any questions regarding this requirement, please contact us.
What is sickle cell trait?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

Do you know if you have sickle cell trait?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

How can I prevent a collapse?

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.

Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.

The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.

Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

Maintain proper asthma management.

Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.

Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.

Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
In 2016 the NCAA convened a multidisciplinary task force to address cardiovascular care in the collegiate student-athlete. The task force released a consensus statement which can be viewed in full here: "Interassociation Consensus Statement on Cardiovascular Care of College Student Athletes". Developed and endorsed by leading national cardiac and sports medicine organizations, the consensus statement provides best practices for the cardiovascular care of student-athletes. Information below is taken from the consensus statement:

For the purposes of this education, sudden cardiac death (SCD) is defined as an unexpected death due to cardiac causes that occurs in a short time period in a person with or without previously known cardiovascular disease. The most common non-traumatic cause of death among college student-athletes is SCD, and SCD represents approximately 75% of fatalities in college student-athletes during sport and exercise. For over 30 years, 5 to 10 NCAA student-athletes have died per year of SCD.

Although the American Heart Association does not support a mandatory, nationalized ECG screening program for athletes for a multitude of reasons, it has long supported ECG screening programs that are well-designed, prudently implemented, and include adequate cardiology resources and expertise.

While Concordia University Wisconsin does not currently plan to offer or provide pre-participation cardiac screening, it is important to us to educate our student-athletes on not only the risks of SCD, but also on the benefits of seeking out cardiac screening by your personal medical providers, especially if you are identified as being a higher risk individual.

The following 2 pages in this packet contain a publication put together by the NCAA specifically for the student-athlete. Additional resources and education can be found in the Consensus Statement referenced above or at http://www.ncaa.org/sport-science-institute/cardiac-health
Heart Disease in Student-Athletes

Athletes are seen as one of the healthiest segments of our society. Sudden cardiac death in a young athlete is always shocking and profoundly impacts the family, team, school and community in which it occurs. Hypertrophic cardiomyopathy (HCM) in the general population may occur in as many as one in every 500 individuals and is the leading cause of sudden cardiac death in student-athletes. HCM is a disease that affects the heart muscle, causing the muscle to enlarge. Adding other heart conditions known to cause sudden cardiac death, the prevalence of serious underlying heart disorders may approach three in every 1,000 student-athletes.

Sudden Cardiac Death

Sudden death from a heart condition is the leading medical cause of death in NCAA athletes, and represents 75 percent of all sudden death that occurs during exercise, training or competition. The incidence of sudden cardiac death in the NCAA is roughly one in 40,000 student-athletes per year. The first sign of a heart problem may be a life-threatening collapse during exercise, though athletes may have ignored some warning symptoms. The average EMS response time is 8-10 minutes, while the chance of survival decreases 10 percent every minute after collapse.

Report your Warning Signs and Symptoms of a Heart Condition

PUT PRIDE ASIDE: DON’T DIAGNOSE YOURSELF

Consult a physician promptly if you or someone you know has one or more of these signs and/or symptoms:

- Fainting (syncpe) or seizure during or after exercise.
- Fainting (syncope) or seizure resulting from emotional excitement, emotional distress or being startled (e.g. diving into a pool).
- Chest pain during exercise.
- Unexplained fainting or seizures.
- Unusual shortness of breath during exercise.
- Unusual fatigue/tiredness during exercise.
- A racing heartbeat.
- Dizziness/lightheadedness during or after exercise.
Use these questions and the chart below to help answer questions on the history portion of your sports preparticipation medical examination. Consult with a physician if you answer yes to any of the following questions.

» Heart Health Questions

1. Have you ever experienced chest pain or chest discomfort while exercising?
2. Have you ever fainted, been unconscious, or felt like you were going to pass out during or after exercising?
3. Have you ever felt it was difficult to breathe; experienced heavy, labored breathing; or had unusual shortness of breath while exercising?
4. Have you ever felt unusually light-headed during a strenuous workout?
5. Have you ever felt your heart race, beat rapidly, or skip beats when it shouldn’t?
6. Has anyone ever told you that you have high blood pressure, high cholesterol, a heart murmur or a heart infection?
7. Has any family member died suddenly from a heart/cardiac issue before the age of 50?
8. Does any family member or a close relative have a current heart/cardiac condition? Is he or she younger than 50?
9. Does any family member have hypertrophic cardiomyopathy (HCM), Long QT syndrome, Marfan’s syndrome, rapid heartbeat, arrhythmia, ion channelopathy, cardiomyopathy or chest pains?
10. Has a doctor ever ordered a test for your heart (ECG/EKG, Echo/echocardiogram, stress test)?

» My Family Health Tree

Use this tree to discover health conditions, such as heart disease or any heart condition, sudden death before age 50, high cholesterol, diabetes (high blood sugar), Marfan’s syndrome, sickle cell disease, sickle cell trait, or asthma, that may be in your family. With the help of a family member, fill in the boxes with the health conditions of your blood relatives. Be sure to complete both sides of the family. By knowing which health conditions and diseases are in your family, you can make the correct healthy choices to promote life-long wellness and safe sports participation.

ICD Sports Safety Registry

Some athletes elect to continue participating in sport activities with internal cardiac defibrillators (ICD) despite current guidelines that recommend against competitive sports for patients with ICDs. Athletes with ICDs can enroll in a study at icdsports.org to examine the outcomes of their daily lives.

Cardiac 3-Minute Drill

1. Recognize Sudden Cardiac Arrest
   - Collapsed and unresponsive
   - Gasping, gurgling, snorting, moaning or labored breathing
   - Seizure-like activity
2. If you are alone, call 9-1-1 and get an AED (if one is available) before you begin CPR.
3. Immediately begin CPR — chest compressions 100 per minute in the center of the chest (push hard, push fast).
4. Use an AED as soon as possible to shock the heart back into a normal rhythm.
5. Continue CPR and AED use until EMS arrives.
MEMO: NCAA BANNED DRUG INFORMATION AND RESOURCES
TO: Concordia University Wisconsin Student-Athletes and Parents
FROM: Concordia University Wisconsin Athletic Department

Every year the NCAA updates and releases new information regarding their Banned Drug policies. The latest information and resources can be found here [http://www.ncaa.org/2018-19-ncaa-banned-drugs-list](http://www.ncaa.org/2018-19-ncaa-banned-drugs-list). Here is some additional information that every student-athlete should know:

**HOW CAN I LOOK UP MY MEDICATIONS**

Visit the Drug Free Sport website resource center [https://dfsaxis.com/users/login](https://dfsaxis.com/users/login)

Log into AXIS

- organization: NCAA Division III
- password: ncaa3

Search the “Prescription and Over the Counter Medication Database” for immediate response of Rx medications

Search the “Dietary Supplement Inquiry” for an automated e-mail response (within 24 hours) for each inquiry

- Note: response will only provide what “level” risk category each supplement falls under. NO dietary supplement comes WITHOUT risk (see below).

**DIETARY SUPPLEMENTS**

Many student-athletes use nutritional supplements despite the lack of proof of effectiveness. Of greater concern is the lack of regulation and safety in the manufacturing of dietary supplements. Most compounds obtained from specialty nutrition stores are not subject to the strict regulations set by the U.S. Food and Drug Administration (FDA). Therefore, the contents of many of these compounds are not represented accurately on the labeling and may contain impurities or banned substances. Avoiding any compounds that are not regulated by the FDA is the only means to be certain you are not consuming a banned substance.

**MEDICAL EXCEPTIONS PROCESS**

The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for treatment with a banned medication.

If this situation applies to you, you will need to provide the following in order to continue taking the medication:

- Official documentation from the treating physician indicating the diagnosis, medication prescribed and dosage, and reason for treatment indicating that other non-banned medications have been considered

The following drug classes require additional procedures:

- ADHD Medications – see ADHD MEDICATION REPORTING INFORMATION MEMO on next page
- Anabolic Agents or Peptide Hormones – contact us directly to navigate the requirements

There is no NCAA medical exception available for substances in the class of “street drugs”, including marijuana.

Please retain this memo for your records. If you have any questions regarding this requirement, please contact us.
MEMO: ADHD MEDICATION REPORTING INFORMATION
TO: Concordia University Wisconsin Student-Athletes Taking ADHD Medication and Parents
FROM: Concordia University Wisconsin Athletic Department
ACCOMPANING DOCUMENT: “NCAA Medical Exception Documentation Reporting Form (ADHD)”

NOTE: This document is NOT found in ATS or in Medical Packet 2 and is ONLY required for student-athletes who are taking an ADHD medication for any reason, including non ADHD-related reasons. If you are not taking an ADHD medication, you can skip to the next section.

In 2009, the NCAA implemented a new policy that requires student-athletes that are being treated for ADHD or other conditions that require him/her to be on ADHD medication to provide specific information regarding the clinical evaluation and treatment of the disorder or other condition. Because most of these medications will trigger a positive institutional or NCAA drug test, this information is required to be on file PRIOR to participating in intercollegiate athletics. This policy ensures that a comprehensive evaluation has been performed and the student-athlete is being monitored and treated appropriately.

In order to adhere to this policy, the student-athlete must complete the “NCAA Medical Exception Documentation Reporting Form (ADHD)”. This document is NOT located in ATS or in Medical Packet 2 because it does not apply to all student-athletes. It can be accessed on the CUW Athletics website www.cuwfalcons.com/athletictraining under the section “ADD/ADHD Reporting Form and Information”. A detailed explanation of the NCAA’s policy and explanation of what information is required to adhere to the policy can also be found in this section and is titled “NCAA Medical Exceptions Policy Explanation (ADHD)”.

The following information needs to be submitted once as long as care and treatment has not changed:

- NCAA Medical Exception Documentation Reporting Form (ADHD) which can be accessed on the CUW Athletics website www.cuwfalcons.com/athletictraining under the section “ADD/ADHD Reporting Form and Information”
  - Please note, this form requires not only the signature of the treating MD but also securing an extensive amount of medical records. Please read carefully.

The following information needs to be submitted annually:

- Most recent prescription for ADHD medication, including dosage, on official MD document
Thank you for reviewing all of the educational materials in this packet.

You may now proceed to the website where you will find instructions (Medical Packet 2) for online medical form submission using The Athletic Trainer System®.

www.cuwfalcons.com/athletictraining