

Department of Intercollegiate Athletics Policy Manual

V. ATHLETIC TRAINING SERVICES

Introduction

The University of Iowa established the Athletic Training Services Department for the purpose of delivering prevention, evaluation, immediate care, referral, treatment, and reconditioning to student-athletes and other consumers participating in programs administered by the Athletics Department. Service staff conducts routine operations with assistance and guidance from the Athletic Department, the Orthopedic Sports Medicine Services, and Student Health Services. Orthopedic Sports Medicine Services designate team surgeons and team physicians, and these physicians work with the athletic training staff in a core team effort to provide health and medical services to University athletic teams.

As a means of providing guidance to the consumers of athletic health care services, The University of Iowa established the Health Care Advisory Committee (HCAC). This committee determines the need and type of athletic training services provided to athletic teams, recreational events, and other sports events associated with and hosted by the University of Iowa. The HCAC is composed of the Vice president, the Athletics Director, the Orthopaedic Department Chair, the Student Health Services Director, and a physician chairperson.

Medical Management

A. Definition of Key Terms

Medical Expenses Expenses for diagnosis, treatment, diagnostic imaging, medications, surgery, rehabilitation, and custom appliances incident to medical and health care services.

Athletic Participation

University of Iowa participation may fall under two separate categories: supervised and unsupervised.

1. **Supervised Athletic Participation** includes team or individual practice, competition, team travel, or strength and conditioning (voluntary or mandatory) sessions supervised by University of Iowa coaching staff.
2. **Unsupervised Athletic Participation** includes practice or competition that is formally recommended in writing, formally arranged and documented, and/or formally sanctioned by proper forms by the student athlete's head coach.

B. Eligibility

All Student Athletes certified and eligible for participation, regardless of Grant In Aid status, will receive equitable institutional coverage as described below.

C. Institutional Medical Expenses Covered (beyond Private Health Insurance payments)

1. Medical Expenses resulting from **Injury** during **Supervised Athletic Participation**.
2. Medical Expenses resulting from **Injury** during **Unsupervised Athletic Participation**.

Athletic Training Services or UI Sports Medicine Center must be contacted by the student athlete prior to arranging off campus treatment.

Justification: Student athletes are encouraged by their head coaches to invest time during the summer engaging in Off-Campus sport specific competition that will, ideally serve as performance improvement opportunities prior to returning for fall semester.

3. Medical Expenses related to **Short Term Illnesses** (colds, viruses) which influence **Supervised Athletic Participation**.

Justification: Illnesses occur more frequently in persons exposed to persistent and demanding physical activity, stress, sleep deprivation, or less than optimal nutritional behaviors. Student athletes are engaged in continuous traditional and non-traditional sport practices, competitions, individual instructional sessions, mandatory and voluntary strength and conditioning sessions, and varied academic commitments. These demands contribute to their susceptibility to illnesses throughout the year which can influence their academic and athletic performance.

4. Medical Expenses related to **Dental Injury** during **Supervised Athletic Participation**. Athletic Training Services must be contacted by the student athlete prior to arranging off campus Dental Treatment. Propose covering dental disease (cavities, root canal) and wisdom teeth.
5. **Contact Lenses** determined to be necessary for safe and optimal **Supervised Athletic Participation** athletic participation by UI Ophthalmology Consultants. Only provided 6 months of contacts at one time.
6. **Prescription or Over the Counter Medications** recommended by a team physician or referred specialty physician for items C1-C5.
7. **OB/GYN** expenses resulting from referrals by team physicians for athletically related conditions.
8. Investigative medical expenses related to a **Disqualifying Medical Condition** identified during a student athlete's collegiate career at The University of Iowa that is not a result of injury or sport participation. i.e. L.V.H., Cancer.
9. Medical expenses related to a **Non-disqualifying Chronic Medical Condition** identified during a student athlete's collegiate career at The University of Iowa and not a result of injury or sport participation. i.e. Asthma, Diabetes, I.B.S.
10. A **Second Medical Opinion** that is pre-approved by the Head Team Physician/Director of UI Sports Medicine Center.
11. **Emergency Trauma Center** (E.T.C. a.k.a. Emergency Room) care may only be sought at the direction of a member of the UI Sports Medicine Staff. Coverage beyond private health insurance for E.T.C. care will be determined on a case specific basis.

12. **Pre-Participation Physical Examination (P.P.E.)** Medical Expenses related to standard testing for tendered, non-tendered, and Gray Team members.

D. Institutional Medical Expenses Not a Result of Athletic Participation

Such expenses are subject to review by administration for possible consideration for submission to athletics department supplemental insurance program. The following medical expenses will not be applied to the athletics department supplemental insurance program.

1. Dental Expenses unrelated to injury as described in C1 or C2 (i.e. decorative/precious metal appliances, Gold or Platinum caps or bridges. Student Athlete Services special assistance fund may be appropriate.
2. Medical Expenses related to an Injury sustained through recreational or intramural sport participation other than athletic participation.
3. Medical Expenses related to altercations, fights, or other non-sport related conflicts on or off campus.
4. Medical Expenses related to Motor Vehicle Accidents.
5. Medical Expenses related to pregnancy and/or child birth.
6. Routine OB/GYN expenses.
7. Medical Expenses following diagnosis of a Disqualifying Medical Condition identified during a student athlete's career at The University of Iowa. i.e. L.V.H., Cancer

E. Statute of Limitations:

Medical expenses resulting from complications of UI athletic participation-related injuries or conditions will be covered (beyond private health insurance) after the injury or condition has resolved for up to 2 years post-eligibility, post-graduation, or up to the time when a former student athlete signs a professional sports contract, whichever occurs first.

F. Post-Eligibility Care

Post-graduation care may be provided and paid through the Department only under the following circumstances:

- The post-participation medical questionnaire has been completed and the injury is documented as incurred by the student-athlete during participation in intercollegiate athletics;
- The treatment is provided by or recommended and approved by the Director of the University of Iowa Sports Medicine Services;
- The treatment is for a condition for which participation in intercollegiate athletics was directly related to the athletic injury and there have been no intervening events or injuries;
- There is no alternative source of payment for treatment and payment is approved by the Department following review of the extenuating circumstances; and
- The treatment occurs within two years of the last date of participation, or is the result of a noted injury during competition.