The University of Maine Department of Sports Medicine

Policy and Procedure Manual

April 4, 2017

This Manual is designed to guide the day to day operation of the Athletic Training Room as well as provide information for administration, coaches, parents, and student-athletes on the policies and procedures of the Sports Medicine Department. The hope is to enhance understanding and communication and to provide the University of Maine student-athletes with optimal healthcare and a safe and rewarding Division I collegiate athletic experience.
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# Section 1: Organization/Administration

## A. Athletic Trainer Contact Information

### Head Athletic Trainer

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Assistant Athletic Trainers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
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</thead>
<tbody>
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</tbody>
</table>

### Graduate Assistant Athletic Trainer

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<thead>
<tr>
<th>Name</th>
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<th>Email Address</th>
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<tbody>
<tr>
<td>Bryan Schopieray</td>
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### Director of Hockey Operations / Hockey Athletic Trainer

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<tr>
<th>Name</th>
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<tr>
<td>Paul Culina</td>
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</table>

### Insurance Coordinator / Assistant Athletic Trainer

<table>
<thead>
<tr>
<th>Name</th>
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<th>Email Address</th>
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<tr>
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</tbody>
</table>
**B. Definitions**

Sports Medicine Team

1. **Head Athletic Trainer:** The head athletic trainer will perform the same duties as an assistant athletic trainer. In addition, the head athletic trainer will be the direct supervisor for all assistant athletic trainers employed at the university. He/She will also be kept up to date on all major injuries that occur in any sport.

2. **Assistant Athletic Trainer:** Reports to the Head Athletic Trainer and is supervised and receives medical direction from the team physician. Will provide coverage for scheduled practices and games for teams as assigned by the Head Athletic Trainer. Will make referrals to team physician when necessary and work in conjunction with the team physician to determine the activity status of injured athletes, and provide prevention care and rehabilitation for student athletes.

3. **Team Physicians:** MD or DO responsible for medical services to student athletes. He/she is the recommending authority on determining the mental and physical fitness of the student athlete for participation. He/She will supervise and work in conjunction with the athletic training staff in determining student athlete care and activity status. Will provide coverage at team events based on risk and availability.

**Practices and Activities:**

1. **Traditional Season:** That segment of the NCAA playing season that concludes with the NCAA Championships.

2. **Non-Traditional Season:** The remaining segment of that sport’s NCAA approved playing season (i.e. spring football, fall baseball, etc.)

3. **Off-Season:** Any period of time not included in the two previous categories.

4. **Conditioning Sessions:** Any session which is devoted to strength and conditioning and does not include a team practice of the particular sport (i.e. running or weight lifting).

5. **Special Event:** Any event not included on the official NCAA competitive schedule for a University of Maine intercollegiate team. This may include promotional events, off-season games or tournaments, fund raising activities or schools playing neutral site games at the University of Maine facilities.
Other:

1. **Head Coach:** The head coach is not a member of the sports medicine team and will not be making decisions on playing status as related to injury/illnesses. The coach may be involved in discussion regarding player injury/illnesses and status.

2. **Strength and Conditioning Coach:** Strength and conditioning coaches are not members of the sports medicine staff and will not be making participation decisions in regards to injuries/illnesses. The strength and conditioning staff will be kept up to date on student athlete injuries/illnesses and will work with the athletic training staff to alter training/workouts when necessary.

3. **Student Athlete:** A University of Maine student participating in NCAA athletics.

4. **Walk on (Try Out) Athlete:** Any University of Maine student who is recruited or non-recruited for participation in a sport and is not currently a roster athlete.

5. **Student Athletic Trainer:** A University of Maine student enrolled in the Athletic Training Education Program.
C. Facilities

Mike Kessock Sports Medicine Center

The primary Athletic Training Room is located in Memorial Gymnasium adjacent to the gym and across the hall from the athletic equipment room. It contains the offices of all our Certified Athletic Trainers and is the hub of our sports medicine activities.

Satellite Athletic Training Rooms
Satellite facilities are located on the ground level of the Alfond arena and on the ground floor of the Mahaney Clubhouse.

Student Health Center
Cutler Health Center is available for all students at The University of Maine, however, student-athletes should report to the Athletic Training Staff for referral to the health center or any other medical provider. If it is not possible to see an Athletic Trainer and medical care is necessary, the student-athlete should report directly to Cutler Health Center and inform the provider that they are a student-athlete so that the proper paperwork is filled out and the Athletic Training staff and team physician will be notified of the injury / illness.
D. Hours of Operation

The Mike Kessock Sports Medicine Center will be open from 7am to 12pm and from 1pm to 6:30pm Monday – Friday and as needed for practice and event coverage at other times and during the weekends when school is session. Treatments and rehabilitation should be done in the morning and each Athletic Trainer may assign specific hours in which the players on the team he or she is primarily working with must report acute injuries.

The satellite athletic training rooms will be open only for practice and event coverage in the traditional seasons. These facilities will be open at least 1 hour before teams report for warm ups prior to events and for at least 30 minutes following events.

During the summer, Athletic Training Room hours will be abbreviated. The ATR will be open from 8am to 4pm.

It is each athlete’s responsibility to seek evaluation/treatment in a timely manner!
E. Record Keeping

Student Athlete Medical Files

All medical records generated by the sports medicine team, pertinent to the health and well-being of the student-athlete, are property of the University of Maine Sports Medicine Division of the Department of Athletics. Medical charts should include the student-athlete’s pre-participation health questionnaire, a signed authorizations form, yearly health update forms and any other medical activity including Athletic Training and Team Physician visits and other referrals. Each file is considered confidential and the material will not be shared without a signed release from the student-athlete. Inactive files will be kept for a period of 7 years (in accordance with Maine state law) in a secure storage area.

Electronic Tracking

Daily treatments and injury notes will be entered into an electronic system (Vivature) to track athletes’ injuries and progress. When a particular injury becomes “closed” a copy of the notes and data in the Vivature program will be printed and placed in the student athlete’s medical chart.

Training Room Check-In

A sign in computer (Kiosk) will be next to the entrance of the ATR. Upon entering student athletes must sign in by using the biometric scanner or by using their student ID number, last name, and date of birth. The athletes will sign in; indicate what body part they are getting treated and their primary purpose for coming in. This will allow for better tracking of preventative treatments as well as what times of day the training room is mostly being used along with teams and for what purposes.
**F. Departmental Communication**

**a. Practice and Game Scheduling**

Coaching staffs will supply the medical staff with a practice and game schedule prior to the start of each season. A monthly schedule will be given to the athletic training room staff in advance. However, a complete season schedule (or at minimum a semester schedule) should be given as soon as possible. Any changes to the schedule need to be reported to the Athletic Training room in a timely manner. This means that for alterations in weekday events 24-hour notice is required and for weekend events, 48-hour notice is required. If this rule is not followed, coverage for the rescheduled event will not be guaranteed.

**b. Injury Reports**

Staff Athletic Trainers will provide coaching staff with reports and updates on injuries/illnesses. This will include when new injuries occur, players’ activity status, and rehabilitation updates when appropriate. In some cases, player confidentiality may come into effect and while information regarding player status may be given, details into the injury/illness may not be available to the coaching staff.

The Athletic Trainer and coach should meet prior to the start of each season to determine the mode for injury reports as well as to the frequency of these reports.

**Questions/Concerns Regarding Athletes**

When a coach has a question/concern regarding an athlete’s injury, it should be directed to the Athletic Trainer assigned to that team. Coaches should not be calling team physicians directly. For any inquiries that need to go to the physician the Athletic Trainer will be the one to call the appropriate doctor. If needed a meeting in which the coach, Athletic Trainer and Physician are present will be arranged.
Section 2: Athletic Training Room Policies

A. Opening and Closing Procedures

Opening Procedure

The first ATC to arrive in the morning will make sure the following tasks are done to make the room ready for the day:

1. Prop open both doors to the ATR
2. Turn on the Vivature Kiosk
3. Fill warm whirlpool

Closing Procedure

The last ATC to leave at the end of the day will ensure that the following duties have been done prior to leaving:

1. Drain and clean warm whirlpool
2. Place cover on Cold Whirlpool
3. Check that enough ice cups remain in freezer
4. Tape is placed in drawers and taping stations are tidy
5. Clean each treatment and taping table
6. Change all pillowcases
7. Turn off all modalities
8. Electrode pads are put away
9. Plug in lasers
10. Make sure Pitt door is closed
11. Close and lock doctors’ office doors
12. Turn off music
13. Turn off lights
14. Close and lock office door
B. Athletic Training Room Maintenance

a. Daily Duties
   i. Clean/organize Taping Stations
   ii. Clean/organize Treatment Area
   iii. Clean/Organize Rehabilitation Area
   iv. Clean/Organize Wet area
   v. Clean/Wash Water Coolers & Ice Chests after use
   vi. Clean/Wash Bottles & caps after use
   vii. Clean SASTM tools
   viii. Change Pillow Cases
   ix. Wipe Down Tables: treatment & taping
   x. Fold Towels & put away: wet area, treatment stations
   xi. Make sure E-Stim pads are in packages
   xii. Make sure all modalities are off and returned to proper area
   xiii. Organize Hydrocullator covers on pegs
   xiv. Dry/wash Warm Whirlpool
   xv. Refill warm Whirlpool (if first person) (temperature range 100-107F)
   xvi. Restock Ice Cups (if necessary) Minimum 12
   xvii. Enter Evaluations/Treatments into Vivature

b. Weekly Duties
   i. Restock/Organize Tape Drawers (if necessary)
   ii. Refill Ultrasound Gel (if Necessary)
   iii. Refill Lotion Containers
   iv. Make Heel/Lace Pads
   v. Clean and Refill Cold Tub
   vi. Restock the room with supplies from storage (if Necessary)
   vii. Check AED battery life

C. Athletic Training Room Usage Policies

General Rules of Use

1. Only injured players seeking consultation, treatment, or rehab should enter the Athletic Training Room. The Athletic Training Room is NOT a social space.
2. All injuries/illnesses should immediately be reported to the athletic trainer and coaching staff. Early treatment is a key to recovery.
3. All treatments/rehabilitation should be done and scheduled with your athletic trainer and occur between 8am and 12pm. Acute injuries will be treated as they occur throughout the day.
4. Allow plenty of time to be taped prior to practices and games. The athletic training room will be open 1-1.5 hours prior to practices and 2 hours prior to games.

Dress Code
1. Where appropriate school issued clothing when possible.
2. Where clothing appropriate for the treatment you will be receiving (i.e. if you are coming in to have your knee worked on, wear shorts)
3. No swimsuits. Please

**D. Athletic Training Students (ATS)**

The ATS is an individual that has been accepted to the University of Maine Athletic Training Professional Program and is completing the required educational curriculum. Students who are not yet accepted into the program are then recognized and categorized as observation students.

Specific Expectations:
1. All observation and ATSs must follow the policies and procedures presented in this manual.
2. ATSs are required to participate in annual blood borne pathogen training as well as Professional Rescuer CPR/AED training. Each ATS must also maintain Standard First Aid certification.
3. Students are expected to dress professionally for each clinical experience. This typically means khaki shorts/pants and polo shirt. University of Maine t-shirts may be worn on some practice days, but not to games. Shirts will be tucked in and worn with a belt. Appropriate closed toed shoes will be worn each day as well. Some sports (i.e. basketball) may require alternate dress for events. The certified athletic trainer working with each team will review any sport specific dress code regulations with the student at the beginning of the clinical experience.
4. ATSs are responsible for making sure all skills are completed in a timely manner and are not saved for the final week of the clinical experience.
5. ATSs must bring midterm and final evaluation forms, along with any other assignments that may need review to his/her Preceptor in a timely manner. Assignments that are brought in late may not be returned to the student in time for submittance.
Section 3: Medical and Clinical Policies

A. Medical Coverage

Guidelines for Medical Coverage
Coverage of intercollegiate athletic team practices and competitions by the Athletic Training Staff and contracted physicians will be provided according to the following guidelines:

1. Practice Coverage:
   a. Practices will be covered by the Athletic Training Staff as directed by the Head Athletic Trainer ranked on the following criteria:
      i. Facility used
      ii. Number of participants
      iii. High Risk of activities
      iv. Seasonal priority
      v. Athletic Trainer availability
   b. Facilities are ranked according to priority for practice coverage:
      i. The Mike Kessock Sports Medicine Center
      ii. Football practice field
      iii. Alfond Arena
      iv. Memorial Gym practice fields
      v. Kessock Softball Field
      vi. Mahaney Diamond
      vii. Alfond Stadium
      viii. Fieldhouse
      ix. Wallace Pool
      x. Cross Insurance Center
      xi. Other facilities on or off campus
   c. The following sports will receive on-site Certified Athletic Trainer practice coverage during the traditional season according to the above guidelines:
      i. Football
      ii. Men’s & Women’s Ice Hockey
      iii. Soccer
      iv. Field Hockey
      v. Men’s & Women’s Basketball
      vi. Baseball
      vii. Softball
   d. The only sport that will receive on-site Certified Athletic Training Practice coverage in the non-traditional season is football
   e. Practice coverage by the Athletic Training Staff will begin with the first practice of the traditional season and end with the last intercollegiate contest of that season. Non-traditional season activities may be covered according to seasonal priorities if staff is available.
   f. The sports medicine staff will receive a schedule of events and practices from each coach and will be updated as changes occur. Each coach must notify the
Head Certified Athletic Trainer or Certified Athletic Trainer assigned to their sport of any changes in the schedule at least 2 days (48 hours) prior to the event in question. A coach may forfeit coverage of their practice or event if this procedure is not followed.

g. No practices will begin after 7:30 PM or before 6:00 AM. Exceptions must be approved by the Athletic Director or his/her designee.

h. The Athletic Training Staff will make every effort to provide coverage for practices based on the aforementioned guidelines, however, coverage is not guaranteed. Each coach should check with their assigned Certified Athletic Trainer daily as to the status of practice coverage. In the event their activity will not be covered, coaches may request 2-way radio communication with the athletic training staff. All coaches should be certified in CPR and they will assume responsibility to summons EMS and administer appropriate emergency care to the student athlete should the need arise, if a member of the sports medicine staff is not present.

i. The Athletic Training Staff will make every effort to cover non-traditional season practices according to the following guidelines:
   i. Practices will be held during the hours of 8:00 AM - 5:00 PM, Monday-Friday.
   ii. When facility use is an issue (i.e.: fall sports using the field house, etc.), early morning times may be scheduled and teams will be limited to three practices per week.
   iii. These guidelines were established by a special committee in August 2000.

2. Coverage of Special Events:
   a. If Certified Athletic Training coverage is desired for special events, it will be done at the expense of the sport requesting the coverage. The rate will be $25 per hour per certified athletic trainer.
   b. Due to liability considerations, Student Athletic Trainers will not be available to cover these events.
   c. All arrangements must be made at least 1 week in advance of the activity to be covered.

3. Away Event Coverage:
   a. The following teams will be provided with Athletic Training coverage for traditional season competitions away from campus according to the nature of the event, the nature of the trip, availability of resources provided at the host institution and the availability of the Athletic Training Staff:
      i. Full-Time Certified Athletic Trainer:
         1. Football
         2. Men’s Ice Hockey
         3. Field Hockey
         4. Soccer
         5. Men’s & Women’s Basketball
         6. Women’s Ice Hockey
         7. Baseball
         8. Softball
ii. If there is to be no coverage provided, the Athletic Training Staff will, at the request of the coach:
   1. Provide a first-aid kit with taping supplies and insurance information
   2. Call the host institution to arrange services.
   3. Such requests must be made to the Athletic Training Staff at least 48 hours prior to the team’s departure.

iii. Non-traditional season competition held away from campus and hosted by the opponent will not have an Athletic Trainer.

iv. Non-traditional season competition held away from campus and hosted by the University of Maine may be covered by a Certified Athletic Trainer if one is available.

4. Home Event Coverage:
   a. Traditional Season Coverage:
      i. All intercollegiate teams at the University of Maine will be provided with on-site Athletic Training Coverage according to season priority, the nature of the event and the availability of the sports medicine staff.
      ii. An ATC will be available for treatment at least 1 hour prior to the start of warm ups for the event and available for at least 30 minutes following the event.
   b. Non-Traditional Season Coverage:
      i. The Athletic Training Staff will make every effort to provide event coverage to non-traditional season teams according to the nature of the event and the availability of the sports medicine staff.

5. Physician Event Coverage:
   a. The following teams will be provided with physician coverage in addition to Athletic Training coverage for traditional season events:
      i. Football
      ii. Soccer
      iii. Field Hockey
      iv. Men’s & Women’s Ice Hockey
      v. Men’s & Women’s Basketball
   b. Physicians will be available at the start of each event and for 10 minutes following the conclusion of the contest.
      i. Any injuries requiring a physician need to be reported immediately during or at the end of an event.

Medical Coverage by Sport

1. Football
   a. An ATC will be at each practice throughout the year.
   b. An ATC along with a team physician will be at each game throughout the season.
   c. An ATC will be at or available via two-way radio during each conditioning session throughout the year

2. Soccer
   a. An ATC will be at each practice during preseason and the traditional fall season.
b. An ATC and a physician or resident will be at each home game during the fall season
c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year
d. During the Spring season an ATC will either be at team training sessions and conditioning sessions or accessible via two-way radio communication
e. Training sessions on the weekends may not be covered during the spring season and this should be taken into consideration when scheduling practices.

3. Field Hockey
   a. An ATC will be at each practice during preseason and the traditional fall season.
   b. An ATC and a physician or resident will be at each home game during the fall season
   c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year
   d. During the Spring season an ATC will either be at team training sessions and conditioning sessions or accessible via two-way radio communication

4. Cross Country
   a. An ATC will be present at all home meets

5. Swimming/ Diving
   a. An ATC will be present at all home meets

6. Men’s Ice Hockey
   a. An ATC will be at each practice during preseason and the traditional winter season.
   b. An ATC and a physician or resident will be at each home game during the winter season
   c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year

7. Women’s Ice Hockey
   a. An ATC will be at each practice during preseason and the traditional winter season.
   b. An ATC and a physician or resident will be at each home game during the winter season
   c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year

8. Men’s Basketball
   a. An ATC will be at each practice during preseason and the traditional winter season.
   b. An ATC and a physician or resident will be at each home game during the winter season
c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year

9. Women’s Basketball
   a. An ATC will be at each practice during preseason and the traditional winter season.
   b. An ATC and a physician or resident will be at each home game during the winter season.
   c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year.

10. Baseball
    a. An ATC will be at each practice during preseason and the traditional spring season.
    b. An ATC will be at each home and away game during the spring season.
    c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year.

11. Softball
    a. An ATC will be at each practice during preseason and the traditional spring season.
    b. An ATC will be at each home and away game during the spring season.
    c. An ATC will be at or available via two-way radio for conditioning sessions throughout the year.

12. Track and Field
    a. An ATC will be present at all home meets during the indoor and outdoor season.
    b. When availability allows, an ATC will travel during the Spring Track & Field Season.

B. Travel Policy

Staff or Student Athletic Trainers traveling with a team will adhere to the team dress code and any other policies as set forth by the Department of Athletics or team rules. If there is no dress code, the student or staff Athletic Trainer will dress professionally. In the event of an emergency while away from campus, the traveling Athletic Trainer will remain with the injured student-athlete at all times as allowed by hospital personnel. The Head Athletic Trainer should be notified as soon as possible in the event of any emergency.

The Athletic Trainer will pack all medical supplies thought necessary for the trip and carry a copy of emergency contacts/insurance information for the athletes. The Athletic Trainer will be available for treatments while on the road based on the amount of time the travel/practice/game schedule allows. The ATC will set treatment hours and the players are responsible for reporting for treatment within the window set by the ATC.
C. Student Athlete Insurance

All student-athletes at The University of Maine are required to have a health insurance policy that will cover medical expenses in the United States. The policy must also cover athletic injuries that may be incurred while participating in intercollegiate athletics at The University of Maine. A policy that only covers emergencies in the state of Maine is not sufficient. Without such a policy, participation in University sponsored events (practice, games, lifting and conditioning) will be prohibited.

If the student-athlete does not have such a plan on their own (such as through their parents / guardians or individually), they may opt to purchase the student health insurance policy offered through The University of Maine. In some cases, the student-athlete’s scholarship may cover the cost for this plan. Additionally, if the student-athlete qualifies, the opportunity fund may also cover the cost of the school’s health insurance policy. While all student’s reserve the right to waive the University Insurance Policy, international students in particular are encouraged to retain this policy to help defray health care costs.

All student athletes will automatically be enrolled with the University Insurance Policy as a secondary plan for athletic related injuries only. The student athlete incurs no cost for the secondary plan.

The University of Maine’s insurance policy is through Consolidated Health Plans (CHP) and Bob McCloskey Insurance (BMI) an informational packet will be included in the yearly paperwork sent to each student athlete.

If the student-athlete’s insurance plan changes during the school year, the sports medicine staff must be notified immediately. Neither the sports medicine staff nor The University of Maine will be responsible for any payment for medical services to any individual without proper health insurance.

For the full Insurance Information Packet see Appendix N

D. Financial Responsibilities

The athletic department will not be financially responsible for any injury / illness not directly related to the student-athlete’s athletic participation at The University of Maine.

In the event of an athletic related injury or illness, the student-athlete must follow the athletic injury / illness policy and the athletic related referral policy. The student-athlete or the student-athlete’s parent / guardian will be responsible for pre-authorizing services with their insurance company. The student-athlete or the student-athlete’s parent / guardian will also be responsible for any applicable co-pay, co-insurance, or deductible as outlined by his / her insurance policy. It is then the student-athlete’s responsibility to submit any claims to their respective insurance company (or companies). For student athletes with the University of Maine insurance policy the claim forms are available in the Athletic Training Room and must be signed by the student athlete and the Athletic Trainer.
E. Pre-Participation Paperwork and Physicals

Prior to participation in organized practice, conditioning sessions, or competition of intercollegiate athletics, all student-athletes at The University of Maine will undergo a physical exam and provide the appropriate information for the sports medicine staff. The following will apply:

a. First time student athlete

Prior to athletic participation (practice or competition), all first-time student-athletes will complete a medical history questionnaire (See appendix), an emergency information form (See appendix), an insurance information form (See appendix), an authorizations form (See appendix), and provide proof of insurance policy coverage (usually in the form of a photocopy of an insurance card). (See “First Time Student-Athlete Checklist, appendix).

In addition, the first time student-athlete will complete a physical exam with the team physician or his designee and the Athletic Training staff. In the event that athletic participation is requested prior to the scheduled date for the physical exam (i.e.: spring sports practicing in the fall), the student-athlete must provide the Athletic Training staff with a copy of proof of a physical exam from another medical provider within the previous 12 months that states the student-athlete is in satisfactory health for athletic participation. The sports medicine staff reserves the right to deny participation to any individual who has a questionable medical condition.

Lastly, each incoming student athlete is required to have sickle cell testing performed.

b. Walk on/tryout candidate

In the event that an individual is invited to participate in athletic activities, but is not on the official roster through the compliance office (i.e.: a try-out candidate), the individual must complete a medical history questionnaire (See appendix), an emergency information form (See appendix), an insurance information form (See appendix), an authorizations form (See appendix), and provide proof of insurance policy coverage (usually in the form of a photocopy of an insurance card). (See “First Time Student-Athlete Checklist, appendix). The candidate must also provide proof of a physical exam from another medical provider within the previous 12 months that states the individual is in satisfactory health for athletic participation.

In the event that the individual is formally added to the team roster, the student-athlete must then undergo a physical exam with team physician or his designee and the Certified Athletic Training staff before any further participation will be allowed.

c. Returning Athletes

Prior to participation in any athletic practice sessions or other organized physical activity, all returning student-athletes will annually provide the Athletic Training staff with an
emergency information form (See appendix), and insurance information form (See appendix), and provide proof of insurance policy coverage (usually in the form of a photocopy of an insurance card). (See “Returning Student-Athlete Checklist, appendix).

In addition, all returning student-athletes will fill out a yearly health update form (See appendix). Any concerns on the annual health update will be discussed with the Athletic Training staff and appropriate referrals (if necessary) will be made. The sports medicine staff reserves the right to deny participation to any individual who has a questionable medical condition.

**F. Exit Physicals**

When a student athlete’s participation at the University of Maine is completed, for any reason, a final medical review must be done with the Sports Medicine staff. Current and past injuries/illnesses will be reviewed particularly any cases that the student athlete is still affected by. If any referrals, home programs, or follow up care are needed they will be addressed at this time.

Student athletes who are leaving and still have an injury requiring treatment will be referred to physical therapy. If a student athlete has an acute injury or undergoes surgery immediately prior to graduation/medical disqualification, he or she may receive treatment through the summer. Once a new fiscal year begins the athlete will be referred to physical therapy.

**G. Athletic Injuries/Illnesses/Treatment/Rehabilitation**

*a. Injuries and Illnesses*

All athletic related injuries / illnesses should be reported to the appropriate member of the Athletic Training Staff in a timely manner. An athletic related injury or illness is defined as any injury or illness that is incurred as a direct result of, or one that will affect performance in intercollegiate athletic activity. Upon initial evaluation of the injury / illness, the Athletic Trainer will then establish a plan for the student-athlete to follow. This plan may include a treatment or rehabilitation regimen or referral to the team physician or his designee. If the established plan is not understood by the student-athlete or the student-athlete is not comfortable with the plan, he / she should discuss it with the Athletic Trainer at that time.

Acute injuries will initially be treated and managed at the time of occurrence. All illnesses should be reported to the Athletic Training Staff as well. Dependent upon the illness the ATC may refer the student athlete to the team physician or the cutler health center. All Student athletes should report to his/her athletic trainer prior to seeking treatment at Cutler Health Center.

For the full policy on Student Injury Procedures refer to Appendix A.
b. **Treatment and Rehabilitation**

It is the responsibility of the injured student-athlete to follow the plan prescribed by the Certified Athletic Trainer. The Athletic Training Room is open Monday-Friday from 8:00 AM – 11:30AM for treatments and rehabilitation or as scheduled by the staff Athletic Trainer. Treatments and rehabilitation should be performed during the morning hours if at all possible, as the afternoon hours are typically reserved for pre-practice treatment, taping, etc as well as practice and game coverage. If these hours are not conducive with a student athletes’ class/practice schedule alternate times may be scheduled with the Athletic Trainer.

**H. Concussion and Second Impact Syndrome**

All Student athletes will take a computerized concussion baseline test (IMPACT) prior to their first and third season of participation at the University of Maine. If an athlete is suspected to have a concussion, he/she will be removed from participation immediately and will be examined by his/her athletic trainer. The athletic trainer then has the authority to withhold an athlete from participation until he/she is cleared by a medical doctor. The athlete will be required to rest and receive as little brain stimulation as possible. The athlete will take a post injury computerized concussion test (IMPACT), unless it deemed to be detrimental to the athlete’s recovery. The athletic trainer will set up an appointment with a team physician for the earliest time possible. One the athlete is completely symptom free at rest, then a 5-day progression can be started. If the athlete has any symptoms during the progression, he/she must stop immediately. He/she is able to restart the progression once they have become symptom free again (no sooner than the following day). Once he/she has completed the full progression and have been cleared by a **University of Maine team physician** the athlete may return to competition. For all games and competitions that a physician it attending, they will accompany the athletic trainer for apparent head injuries. The physician will be called onto the field of play for a head injury. RWT 10/29/14.

For the full concussion policy and academic support please see Appendix V

I. **Sickle Cell Trait**

In accordance with NCAA, each student athlete at the University of Maine is required to be screened for sickle cell trait as a part of his/her medical examination process unless documented results of a prior test are provided. If a test is positive, the student-athlete will be offered counseling on the implications of sickle cell trait, including health, athletics, and family planning. Precautions for a student-athlete who has the sickle cell
trait are outlined in a 2007 NATA Consensus Statement on Sickle Cell Trait and the Athlete. The student-athlete will be given several informational forms on sickle cell trait and athletic participation.

See Appendix S through V for all sickle cell trait forms.

J. Pregnancy

If a student-athlete becomes pregnant, she will be referred to the counseling center at the University of Maine’s Cutler Health Center to help provide a safe harbor for the athlete and child. The student-athlete will be able to access timely medical and obstetrical care through Eastern Maine Medical Center. The student-athlete should report to the team athletic trainer as soon as possible if she suspects she is pregnant. If the athlete approaches the team athletic trainer in confidence, the sports medicine staff will respect the student-athlete’s request for confidentiality until such a time when there is medical reason to withhold the student-athlete from competition. The student-athlete will be strongly encouraged to contact her parents; however, the Sports Medicine Staff will not require this and will not contact parents directly. As with any special medical condition, the team physician will have the final say as to the participation of the pregnant student-athlete. Any pregnant student-athlete will be required to provide the most current medical documentation to the sports medicine division. The team physician will work with the student-athlete’s personal obstetrician in making decisions regarding her level of participation. Furthermore, pregnant student-athletes will be required to make regular visits to the team physician at the team physician’s discretion. If the student-athlete chooses to compete while pregnant, she will be:

1. Made aware of the potential risks of her sport and exercises in general while pregnant.
2. Encouraged to discontinue exercises when feeling over-exerted or when any warning signs are present.
3. She will follow the recommendations of her obstetrical provider in coordination with the team physician
4. Take care to remain well hydrated and to avoid over-heating.

After delivery or pregnancy termination, medical clearance is required by one of the University of Maine’s team physicians.

For more information on athletic participation by the pregnant student-athlete, refer to the NCAA Sports Medicine Handbook.

K. Blood-Borne Pathogens

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Incidence of these viruses has increased among the general population over the
The last decade, therefore the health care provider and any other person whom may have cause to come into contact with infected blood must be aware of the possibility of infection from direct contact with contaminated blood.

The sports medicine staff will use universal precautions in dealing with the bleeding student-athlete. These precautions include using a barrier (such as latex gloves) and bandaging the wound in a way so it does not put others at risk of contact. Furthermore, instruments and the environment (i.e.: athletic training tables, etc.) must be kept disinfected. All sports medicine staff should also have been vaccinated against HBV.

For more information on blood-borne pathogens in intercollegiate athletics, refer to the NCAA Sports Medicine Handbook.

See Appendix U for the full University of Maine’s Policy on Blood-Borne Pathogens.

L. Eating Disorders

Any athlete who is suspected to have an eating disorder will be immediately referred to the University of Maine’s counseling center. A release of information form will be signed for the head coach or coaching representative, the team athletic trainer, the head athletic trainer, and team physicians, so the counseling center staff may discuss the case with the aforementioned persons.

M. Type 1 Diabetes

1. Each Student-athlete will have a pre-participation exam prior to the start of the season.
2. Student-athletes with Type 1 Diabetes will go over a care plan with their team athletic trainer. The plan will include the following:
   a. Blood glucose monitoring guidelines which will address the frequency of monitoring and pre-exercise exclusion values.
      i. Athletes should measure blood glucose levels before, during, and after exercise.
   b. Athletes who exercise in extreme heat or cold, at high altitude or experience post exercise late-onset hypoglycemia, which may lead to nighttime hypoglycemia, require additional monitoring.
      i. Measure blood glucose levels 2 to 3 times before exercise at 30-minute intervals to determine directional glucose movement.
      ii. Measure glucose levels every 30 minutes during exercise if possible.
      iii. Athletes who experience post-exercise late-onset hypoglycemia should measure glucose levels every 2 hours up to 4 hours post exercise.
      iv. Athletes who experience nighttime hypoglycemia should measure blood glucose values before going to sleep, once during the night, and immediately upon waking.
c. Insulin therapy guidelines which will include the type of insulin used dosages and adjustment strategies for planned activity types, as well as insulin correction dosages for high glucose levels.
d. List of other medications. Include those used to assist with glycemic control and/or to treat other diabetes related conditions.
   i. Hypoglycemia is defined as mild if the athlete is conscious, able to swallow, and follow directions.
   ii. Hypoglycemia is defined as severe if the athlete is unable to swallow, follow directions, eat as directed, or is unconscious.
   iii. Treatment of severe hypoglycemia requires a glucagon injection.
      • The team athletic trainer will be trained in mixing and administering glucagon.
      • The athlete, athlete’s family, or physician can provide appropriate training.
      • See Appendix S for table of treatment guidelines.
f. Guidelines for hyperglycemia recognition and treatment
   i. Athletes with Type 1 Diabetes and athletic trainers are to follow the American Diabetes Association (ADA) guidelines for avoiding exercise during periods of hyperglycemia.
      • See Appendix S for table of treatment guidelines.
   ii. Athletes with type 1 diabetes who experience hyperglycemia during short term, intense, and stressful periods of exercise should consult with their physician concerning an increased basal rate or the use of small insulin boluses to counteract this phenomenon.
   iii. Athletes should drink non-carbohydrate fluids when blood glucose levels exceed the renal glucose threshold (180 mg/dL, or 10 mmol/L), which may lead to increased urination, fluid loss, and dehydration.
g. Supplies for the Athletic Training Kits
   i. Supplies to treat diabetes-related emergencies should be available at all practices and games. The Athlete (or athlete’s parents/guardians, in the case of minors) provides the following items:
      • A copy of the diabetes care plan.
      • Blood glucose monitoring equipment and supplies. The athletic trainer should check the expiration dates of supplies, such as blood glucose testing strips and insulin, on a regular basis. Blood glucose testing strips have a code number located on the outside of the test strip vial. The code number on the blood glucose meter and test strip vial must match.
      • Supplies to treat hypoglycemia, including sugary foods (i.e. glucose tablets, sugar packets) or sugary fluids (i.e., orange juice, non-diet soda) and a glucagon injection kit.
      • Supplies for urine or blood ketone testing.
      • A “sharps” container to ensure proper disposal of syringes and lancets.
• Spare batteries (for blood glucose meter and/or insulin pump) and, if applicable, spare infusion sets and reservoirs for insulin pumps.

N. Asthma

Each student-athlete will have a pre-participation exam which will address any previous diagnosis of asthma. If a student athlete has never been diagnosed, but has had “asthma like” symptoms in the past, a team physician will determine if further pulmonary testing is necessary. If the student-athlete has asthma and uses a short-term asthma control inhaler, the athlete is responsible for taking it at the appropriate times prior to a game, practice, or conditioning session (10-15 minutes before). The student-athlete is required to give their team athletic trainer an extra inhaler. If they do not have an extra one, they are then required to give it to their team athletic trainer prior to all games and are responsible for retrieving it following the event.

If an athlete has an asthma attack, the team athletic trainer will determine the severity of said attack as well as proper treatment. For any student athlete who has a rapid acting inhaler, he/she may begin using the inhaler under the supervision of the Athletic Trainer (up to 3 treatments in 1 hour). If needed the athlete may continue to use the inhaler every 3 to 4 hours for up to 48 hours. For moderate or severe attacks, if a physician is present, he/she may prescribe the use of an oral corticosteroid or inhaled anticholinergic. In severe cases the student athlete will be transported to the hospital. Following any episode, the student athlete should follow up with his/her clinician. For more information see appendices for the NATA’s position statement “Management of Asthma in Athletes”.

O. Allergies

During the pre-participation exam, the student-athlete is required to list all known allergies. Each team athletic trainer will take special note of the allergies of the student-athletes on his/her assigned teams. Student-athletes with a severe allergy to nuts, bees, or shellfish should carry an epi-pen with them and provide one to the team athletic trainer. Coaches will be notified of any food allergy, so they are aware when arranging pre-game meals. If an athlete is allergic to bees and is not able to provide an extra epi-pen, he/she is then required to give one to the team athletic trainer prior to any outdoor game, practice, or conditioning session. Athletes who are allergic to penicillin or any medication in the same family should wear a medical bracelet at all times in case of an emergency situation where he/she becomes unresponsive. Athletes who are allergic to pain medication should pay special attention if they need to have a surgery throughout the year to make sure they are not prescribed that particular medication or a medication in the same family. Athlete’s who may have a blood clotting defect should be careful to avoid any anti-inflammatory medication, prescription or over the counter.

P. Epilepsy

There is no medical or NCAA guideline that prevents an individual with epilepsy from participating in athletics, however, there is the possibility that exercise could exacerbate
the condition in some individuals. There are a multitude of factors that influence the risks/benefits of athletic participation for those diagnosed with epilepsy. These factors include those related to epilepsy (the types of seizures and medication) as well as those related to the activity (type, duration, contact, collision, and heights).

The athletic trainer, team physician, and when appropriate the individual's primary care physician or neurologist, will work together to assess risk of participation for an individual with epilepsy. Each decision will be made on an individual basis and will be in the best interest of the health and well-being of the student athlete.

**Q. Dehydration & Fluid Replacement**

During the course of pre-season, Student-athletes will weigh-in before and after practice/conditioning sessions in their spandex or underwear. They must wear the same attire for each weigh in session. Prior to the next practice or conditioning session, each athlete must have gained back at least 50% of the weight lost in order to participate. If any student-athlete loses more than 8% of their starting body weight in less than a week, he/she is not allowed to participate until he/she gains back at least 50% of the weight that was lost.

Student athletes and coaches will be educated on the physiological and pathological consequences of dehydration, and proper weight-loss procedures. They are subject to disciplinary action when approved rules are violated. The use of laxatives, emetics, and diuretics will be prohibited. Excessive food and fluid restriction, self-induced vomiting, vapor impermeable suits, hot rooms, hot boxes, and steam rooms are also banned.

Student Athletes will be educated on proper hydration to avoid an imbalance of water and electrolytes. They are encouraged to hydrate in between practices and throughout the day. If a student-athlete becomes dehydrated and is experiencing symptoms that are detrimental to his/her health, the student-athlete will be brought in to a cool shaded area and monitored by a member of the sports medicine team. During this time the student-athlete will try to re-hydrate with a sports drink, water, and electrolytes. If there is a team physician present, then an IV may be used for fluid replacement. If the student-athlete is experiencing severe symptoms he/she may be transported to a local hospital for continued care.

**R. Environmental Concerns**

1. **Lightning**

In order to be prepared for severe weather, weather will be monitored via the National Weather Service (www.weather.gov). The Athletic Trainer at an event will be responsible for warning and clear signals as well as directing student athletes to safer places/shelters. When inclement weather is expected a lightning detector will be brought out to the venue. If a lightning detector is not available, flash to bang will be used to determine storm distance and when play must be
halted. When flash to bang is 30 seconds or less or storm is within 6 miles (or lightning detector alert is at 3-8 miles), play should be halted and players and spectators will report to shelter. Flash to bang will be counted as the number of seconds from when a flash of lightning is seen to the subsequent roll of thunder. Shelter for all outdoor facilities will be memorial gym except for Mahaney Diamond. For anyone on Mahaney Diamond the shelter will be the Club House located on the 3rd base line. All spectators should move to their cars or into memorial gym.

2. Exertional Heat Illness

Weather conditions will be monitored by the Athletic Training Staff. Based on the risk for heat illnesses the Athletic Training staff reserves the right to require alterations in practice duration, breaks during practice, the time practices/games are occurring, or to cancel activity. The following guidelines will be used to assess risk but factors such as the activity and protective equipment that is worn will also be taken into account.

- **WBGT < 65F (18C):** low risk
- **WBGT 65-73F (18-23C):** Moderate risk, risk increases as event progresses through the day
- **WBGT 73-82 (23-28C):** High Risk: everyone should be aware of injury potential, individuals at risk should not compete
- **WBGT >82 (28C):** Extreme/hazardous risk: Consider rescheduling or delaying event until conditions are safer

In the event of heat exhaustion, the athlete will be removed from activity, all protective equipment will be removed and he/she will be transported to a cool, shaded environment. Fluids will be given orally and core temperature and vital signs will be monitored. Further cooling by ice immersion and/or ice towels may be utilized. If a physician is present, he/she will determine if there is a need for IV fluid use. The athlete will not be allowed to return to activity for the remainder of the day.

If exertional hyponatremia is expected, the EAP should be activated. Fluids should not be administered until a physician has been consulted. Vital sign should be monitored and managed until transported by EMS. Prior to returning to activity the athlete must be cleared by a physician.

3. Environmental Cold Injuries

In order to prevent cold exposure injuries all student athletes are encouraged to follow precautions. They should dress in layers with a wicking fabric next to the
skin and warmer layers on top. The head and ears should be covered and socks should be dry. This may mean changing socks in between sessions or during breakages in play. The following guidelines will be used to determine when changes or stoppages in practice or competition need to occur:

- 30°F and below – potential for cold injury
- 30°F and below – potential for cold injury
- 25°F and below – add additional protective clothing, provide facilities and opportunities for re-warming.
- 15°F and below – modify activity/limit exposure. Have more frequent chances to rewarm
- 0°F and below – consider terminating or rescheduling activity

Wind chill must also be taken into consideration. The threshold for potentially dangerous wind chill conditions is -20°F. The wind chill chart found in Appendix X will be used to help determine if activities may occur/continue in cold weather scenarios.

S. Medical Redshirt and Medical Disqualification Policy

The team physician will have the final decision on with-holding or removing an athlete from participation due to injury/illness. Clearance following being medically with-held will also be at the discretion of the team physician or his/her designee.

T. Physicians
   a. Who
      i. DownEast Orthopedic Associates P.A., Cutler Health Center
   b. Clinics
      i. DownEast will be on campus at least half a day M-F weekly for orthopedic evaluations/consultations for student athletes during the academic year.
      ii. The Head Team Physician or designee will be on campus at least half a day M-F weekly for injury/illness evaluations/consultations for student athletes during the academic year.
   c. Referral Process

Any and all referrals for athletic related injuries / illnesses made to a medical provider, including the team physician, will be made through the Athletic Training Staff.
For referral to the team physician, the team orthopedic, or team chiropractor, the Certified Athletic Trainer will schedule the student-athlete on a first-come / first-served basis, however, priority may be given to more medically important cases or to in-season athletes as the need arises. The appointment will be made for a time slot in the regular clinics held on campus, except where extenuating circumstances (i.e.: timing, medical necessity, etc.) require the appointment to be made sooner at the physician’s office.

In the event that the student-athlete needs to be seen by a specialist (i.e.: optometrist, dentist, et.), the Athletic Trainer or team physician’s office will help the student-athlete with scheduling. The student-athlete will then be given a referral form, which must be signed. This form must be presented to the provider during the visit along with any relevant insurance paperwork.

**If a student-athlete does not follow this procedure and sets up his /her own appointments for an athletic related injury / illness without informing the Athletic Training Staff ahead of time, the athletic department WILL NOT be responsible for payment of the incurred expenses.**

**U. Prescription Medications**

The team physician will be responsible for the storage and dispensing of all prescription medication. This duty cannot legally be delegated to any of the Athletic Trainers. The following procedures will be followed for the dispensing and prescribing of prescription medications:

1) A licensed physician, certified physician’s assistant or certified nurse practitioner with an unrestricted license to prescribe medication will be responsible for prescription of all medications.

2) All prescriptions must be logged in the student-athlete’s chart by the prescribing clinician.

3) The clinician will question the student-athlete as to avoid any drug interactions or allergies.

4) The clinician will instruct the student-athlete in the proper administration of the medication.

5) If samples are given the clinician will make a note indicating so in the student-athlete’s chart.

6) If a written prescription is given, it is the student-athlete’s responsibility to have it filled at a licensed pharmacy.


V. X-Ray and Laboratory Analysis Procedures

The team physician or his designee may request that x-rays or laboratory analysis be done in order to provide information for an accurate diagnosis and to prescribe the proper treatment. If seen at The Mike Kessock Sports Medicine Center physician’s office, the student-athlete will be given the proper paperwork and will be sent to Cutler Health Center for the administration of the tests. If other arrangements are requested by the team physician, they will be discussed with the Athletic Trainer and the student-athlete at the time of the appointment.

Section 4: NCAA Regulations

A. Drug Testing

Each year, student-athletes will sign a consent form demonstrating their understanding of the NCAA drug-testing program and their willingness to participate. This consent statement is required of all student-athletes before participation in intercollegiate competition during the year in question. Failure complete and sign the statement annually shall result in the student-athlete’s ineligibility for participation in all intercollegiate competition.

The University of Maine may be selected periodically for random drug testing by the NCAA. If a student-athlete is selected for testing, he / she will be notified as to the site and time to report. Failure to report for testing counts as an automatic positive test and the individual immediately loses NCAA eligibility for a period of one year.

More information on the NCAA Drug testing program is located online at www.NCAA.org.

B. Banned Drugs

Student athletes should make themselves aware of the classes of and specific drugs that are banned by the NCAA. Prior to using any nutritional or dietary supplements, the student athlete is responsible for reviewing the product label and checking with the athletics staff. Many supplements are not well monitored and their use could result in a positive drug test.

The following classes of drugs are banned by the NCAA:

- Stimulants
Anabolic Agents
Alcohol and Beta Blockers
Diuretic or other masking agents
Street Drugs
Peptide Hormones and Analogues
Anti-Estrogens
Beta-2 Agonists

The following drugs and procedures are restricted by the NCAA

Blood Doping
Local Anesthetics (under some conditions)
Manipulation of Urine Samples
Beta-2 Agonists permitted only by prescription and inhalation
Caffeine- concentrations cannot exceed 15 micrograms/mL

More information on banned substances and ingredients in medications and supplements can be obtained at www.drugfreesport.com/rec (password:ncaa1)
Section 5: Emergency Procedures

A. AEDs

An AED is located in the Kessock Sports Medicine Center, one is located in the Alfond Ice Arena, and at the Cross Insurance Center. AED battery life will be checked weekly to ensure each is in working condition. Which practice/event the AED in Kessock will be brought out to will be determined by which sport has the greatest risk. If there is only one team hosting an event that is the facility the AED will be brought to. In the fall, priority will be; football, soccer, field hockey, baseball, softball. There will always be an AED available in Alfond Arena for men’s/women’s ice hockey. There will always be an AED available in the Cross Insurance Center for men’s and women’s basketball games. For basketball games in the Pit, the AED in Kessock will be available. During the Spring, priority will be football, baseball, softball, track and field. If other events are occurring out of season at a conflicting time, risk will be assessed to best determine which event the AED shall be placed at.

B. Emergency Action Plans (EAPs)

a. Alfond Ice Arena
b. Alfond Stadium
c. Cross Country/Track
d. Cross Insurance Center
e. Field Hockey Complex
f. Fieldhouse
g. Football Practice Field
h. Kessock Softball Field
i. Kessock Sports Medicine Center
j. Latti Fitness Center
k. Lengyel Gym
l. Mahaney Diamond
m. Mahaney Dome
n. Memorial Gym
o. Soccer Game
p. Soccer Practice
q. Wallace Pool
r. Intercollegiate Strength and Conditioning Center
University of Maine
Sports Medicine
EMERGENCY PLAN
“ALFOND ARENA”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from Alfond Athletic Training Room, or Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers available.

• **Emergency Communication:** A fixed telephone is located in the Alfond Athletic Training Room (south end of building, located in the Shawn Walsh Hockey Center) and **581-4040** should be dialed. Another fixed telephone is available on the south end of the concourse level in the Alfond Operations Office.

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Alfond athletic training room. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one will be with the UVAC ambulance.

• **Roles of First Responders**
  
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
    ▪ provide name
    ▪ ii. location
    ▪ iii. telephone number
    ▪ iv. number of individuals injured
    ▪ v. condition of injured
    ▪ vi. first aid treatment provided
    ▪ vii. specific directions (follow plan)
    ▪ viii. other info as requested
      • BE THE LAST TO HANG UP
  
  o Emergency equipment retrieval (if necessary).
  
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ South Lower Level doors near Men’s Hockey Locker room
  
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
  
  Follow Long Road past Memorial Gym and take the curve to the left. Proceed down hill towards College Ave. and turn right on access road towards Alfond Arena. Access is through blue doors straight ahead.
University of Maine
Sports Medicine
EMERGENCY PLAN
“ALFOND STADIUM”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

• **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing 581-4040. If a cell phone is not available, use the emergency call box located at the northeast corner of Alfond Arena (to the right of “Bear Necessities”).

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
    - Meet ambulance at gate in southeast corner
  - Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road past the field house and go straight toward Alfond Stadium and enter the gate in the southeast corner of the stadium. A second entrance is located in the northwest corner of the stadium. That entrance is accessible from the commuter parking lot near Alfond Arena.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Cross Country and Track Practice/Meets”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

• **Emergency Communication:** The coach or a student-athlete should use their cell phone to call EMS by dialing 581-4040. If a cell phone is not available, the nearest call box or phone should be found and used to call EMS. Call box located at northeast corner of Alfond Arena.

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
        ▪ BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ Meet ambulance
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
  Follow directions from dispatch.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Cross Insurance Center”

- **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition. A physician will be available at all competitions. EMTs will also be present during competitions; however, an ambulance will not be on site.

- **Emergency Communication:** The Certified Athletic Trainer will carry a cell phone at all times. In case of an emergency, 911 will be dialed.

- **Emergency Equipment:** Vacuum splints and AED will be available on the home sideline. Additional emergency equipment (spine board) is accessible via the EMTs that will be present.

- **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 911, Provide the following information:
      i. provide name
      ii. location
      iii. telephone number
      iv. number of individuals injured
      v. condition of injured
      vi. first aid treatment provided
      vii. specific directions (follow plan)
      viii. other info as requested
    - **BE THE LAST TO HANG UP**
      - Emergency equipment retrieval (if necessary).
      - Designate individual to “flag down” EMS and direct to the scene
        - Meet ambulance
      - Scene Control: limit scene to first aid providers.

- **Direction of EMS to Scene:** Direct the ambulance (from Main Street) to turn onto Buck Street. Ambulance should pull into the loading dock space on the left and enter through those doors. Someone will be designated to meet EMS at the loading dock and bring them onto the court.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Field Hockey Complex”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

• **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing **581-4040**. If a cell phone is not available, use the emergency call box located on the south end of the DOME or behind the softball stadium at the beginning of the bike path.

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
        o BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ Meet ambulance on Gannett Road
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
  Follow Long Road East to Gannett Road. Go left on Gannett and go straight and turn left into field hockey area near the beginning of the bike trail. If field access is needed proceed straight onto the bike path and turn left and enter through gate.
University of Maine
Sports Medicine
EMERGENCY PLAN FOR MEMORIAL GYM
“Field House”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from nearby Kessock Sports Medicine Center. Coaches or strength and conditioning personnel if no athletic trainers available.

• **Emergency Communication:** The Emergency Communication box is located in the Field House on the South Wall adjacent to the entry way from the hall. Press red button and campus dispatch will ask the needed information. A fixed telephone is also available in the hallway between the gym and field house on the north side and 581-4040 should be dialed.

• **Emergency Equipment:** Supplies such as vacuum splints and spine board are located in the nearby Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - Calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
    - Open Garage door on West end of Field House
  - Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road to the West side of the field house where the garage door is located (under the large M).
University of Maine
Sports Medicine
EMERGENCY PLAN
“Football Practice Field”

- **Emergency Personnel**: Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

- **Emergency Communication**: If an athletic trainer is present, their cell phone should be used to call EMS by dialing 581-4040. If a cell phone is not available, use the emergency call box located at the northeast corner of Alfond Arena.

- **Emergency Equipment**: Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

- **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
    - Meet ambulance on Bike Path
  - Scene Control: limit scene to first aid providers.

- **Direction of EMS to Scene**
  Follow Long Road East to Gannett Road. Go left on Gannett and go straight onto bike path past softball field. Turn left onto access road and enter football practice fields on right.
• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

• **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing 581-4040. If a cell phone is not available, use the emergency call box located on the south wall of the fieldhouse by the inside entrance or the campus phone in the hallway between the pit and the fieldhouse.

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
    • provide name
    • ii. location
    • iii. telephone number
    • iv. number of individuals injured
    • v. condition of injured
    • vi. first aid treatment provided
    • vii. specific directions (follow plan)
    • viii. other info as requested
      o BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ Meet ambulance on Gannett Road
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road East to Gannett Road. Go left on Gannett and go straight and turn left into softball field area behind dugouts. If field access is needed proceed straight onto the bike path to the foul pole in right field and turn left and enter through gate.
EMERGENCY PLAN FOR MEMORIAL GYM
“Kessock Sports Medicine Center”

• Emergency Personnel: Certified athletic trainer and student athletic trainer(s) on site for practice and competition. Team Physician if present.

• Emergency Communication: A fixed telephone is available in the Kessock Sports Medicine Center Offices and **581-4040** should be dialed.

• Emergency Equipment: Supplies such as vacuum splints and spine board are located in The Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• Roles of First Responders
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
        o ii. location
        o iii. telephone number
        o iv. number of individuals injured
        o v. condition of injured
        o vi. first aid treatment provided
        o vii. specific directions (follow plan)
        o viii. other info as requested
          ▪ BE THE LAST TO HANG UP
          ▪ Emergency equipment retrieval (if necessary).
          ▪ Designate individual to “flag down” EMS and direct to the scene.
          ▪ Front Entrance (South)
  o Scene Control: limit scene to first aid providers.

• Direction of EMS to Scene
  o Enter the facility on Gym Drive on the South Side of Memorial Gym. Use the front(South) doors to enter the building and go left through the double doors, then right and center is on the right.
EMERGENCY PLAN FOR MEMORIAL GYM
“Latti Fitness Center”

• **Emergency Personnel:** Latti fitness center employees and coaches. Additional sports medicine staff available from nearby Kessock Sports Medicine Center.

• **Emergency Communication:** A fixed telephone is located at the check-in desk in the fitness center and 581-4040 should be dialed.

• **Emergency Equipment:** Supplies such as vacuum splints and spine board are located in the nearby Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ Calm and reassure the victim
    ▪ Have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
        o BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene.
    ▪ Outside entrance doors to fitness center
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
  Follow Long Road past the field house and turn right into parking area between Baseball Stadium and Field House. Proceed all the way to the end and turn right. Fitness center is accessed through blue doors straight ahead.
• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

• **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing **581-4040**. If a cell phone is not available, use the emergency call box located on the east side of the building, or inside the building in the KPE office if open????

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
        o BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ Meet ambulance on Munson Road
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road West to Munson Road. Go left on Munson and follow through campus. After it curves to the left, Lengyel Gym is located on the left just prior to College Ave.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Mahaney Diamond”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches are available if no athletic trainers available.

• **Emergency Communication:** A fixed telephone is located in the Mahaney athletic training room (lower level of Mahaney Clubhouse) and 581-4040 should be dialed. Another fixed telephone is available on the second floor of Mahaney Clubhouse in the baseball office.

• **Emergency Equipment:** Supplies such as splints and spine board are located in the Mahaney athletic training room. Additional emergency equipment is accessible from Kessock Sports Medicine Center or the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
    - Meet ambulance outside Mahaney Clubhouse
  - Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road past the field house and turn right into parking area between Baseball Stadium and Field House. Proceed to Mahaney Clubhouse for further directions. Access may be gained either through the clubhouse or by driving behind the visitors’ dugout where the gate to the field is located is driving onto the diamond is necessary.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Mahaney Dome”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from nearby Kessock Sports Medicine Center. Coaches or strength and conditioning personnel if no athletic trainers available.

• **Emergency Communication:** The closest emergency communication source is located in the media relations trailer outside the dome or in Latti Fitness Center. “After hours” the closest emergency communication source is the emergency call box outside of Cutler Health Center (near the front doors).

• **Emergency Equipment:** Supplies such as vacuum splints and spine board are located in the nearby Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
    ▪ BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
  o Designate individual to “flag down” EMS and direct to the scene
    ▪ Open Garage door on West end of Field House
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
The Mahaney dome is located directly behind the Cutler Health Center. Use the airlock garage doors at the south entrance (facing Cutler Health Center).
University of Maine
Sports Medicine
EMERGENCY PLAN
“Memorial Gym ‘PIT’”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from adjacent Kessock Sports Medicine Center.

• **Emergency Communication:** A fixed telephone is available in the Kessock Sports Medicine Center Offices and 581-4040 should be dialed. Additionally, a campus phone is located in the hallway between the pit and the fieldhouse.

• **Emergency Equipment:** Supplies such as vacuum splints and spine board are located in the adjacent Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene.
  - Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Enter the facility on Gym Drive on the South Side of Memorial Gym. Use the front (South) doors to enter the building and follow straight through the lobby to the Gymnasium.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Soccer Game Field”

- **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

- **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing 581-4040. If a cell phone is not available, use the emergency call box located at the northeast corner of Alfond Arena.

- **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

- **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
  - Meet ambulance at gate in southeast corner
  - Scene Control: limit scene to first aid providers.

- **Direction of EMS to Scene**
  Follow Long Road past the field house and go straight toward Alfond Stadium and enter the access road in the southeast corner of the stadium. Follow the access road behind the east bleachers and take the curve to the right. Take an immediate left after the bushes and enter the soccer game field.
University of Maine
Sports Medicine
EMERGENCY PLAN
“Soccer Practice Field”

- **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from the Kessock Sports Medicine Center in Memorial Gym. Coaches or strength and conditioning personnel may be available if no athletic trainers are present.

- **Emergency Communication:** If an athletic trainer is present, their cell phone should be used to call EMS by dialing **581-4040**. If a cell phone is not available, use the emergency call box located at the northeast corner of Alfond Arena.

- **Emergency Equipment:** Supplies such as splints and spine board are located in the Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) may be on site with the athletic training staff. If no AED is on site, one is located in the hallway between the fieldhouse and the pit.

- **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 581-4040
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene
    - Meet ambulance at gate in southeast corner
  - Scene Control: limit scene to first aid providers.

- **Direction of EMS to Scene**
  Follow Long Road past the field house and go straight toward Alfond Stadium and enter the access road in the southeast corner of the stadium. Follow the access road behind the east bleachers and take the curve to the right. Take an immediate left after the bushes and enter the soccer practice field.
University of Maine
Sports Medicine
EMERGENCY PLAN FOR MEMORIAL GYM
“Wallace Pool”

• **Emergency Personnel:** Certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from nearby Kessock Sports Medicine Center.

• **Emergency Communication:** A fixed telephone is located on the south wall of the pool deck and 581-4040 should be dialed.

• **Emergency Equipment:** Aquatic rescue supplies are located on the pool deck. Supplies such as vacuum splints and spine board are located in the adjacent Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  - Immediate care of injured or ill student-athlete.
    - calm and reassure the victim
    - have one person stay with victim if possible
  - Activation of the emergency medical system (EMS)
    - Call 911
      - provide name
      - ii. location
      - iii. telephone number
      - iv. number of individuals injured
      - v. condition of injured
      - vi. first aid treatment provided
      - vii. specific directions (follow plan)
      - viii. other info as requested
        - o BE THE LAST TO HANG UP
  - Emergency equipment retrieval (if necessary).
  - Designate individual to “flag down” EMS and direct to the scene.
    - Front Entrance (South)
  - Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
  Enter the facility on Gym Drive on the South Side of Memorial Gym. Use the front (South) doors to enter the building and go right to the dead end and enter the blue doors on the left.
University of Maine
Sports Medicine
EMERGENCY PLAN FOR MEMORIAL GYM
“Intercollegiate Strength and Conditioning Center”

• **Emergency Personnel:** The Sports medicine staff is accessible from nearby Kessock Sports Medicine Center. Coaches or strength and conditioning personnel should be present if no athletic trainers are available.

• **Emergency Communication:** A fixed telephone is located inside the strength and conditioning center on the north end and 911 should be dialed.

• **Emergency Equipment:** Supplies such as vacuum splints and spine board are located in the adjacent Kessock Sports Medicine Center. Additional emergency equipment is accessible from the UVAC ambulance. An Automated External Defibrillator (AED) is located in the hallway between the fieldhouse and the pit.

• **Roles of First Responders**
  o Immediate care of injured or ill student-athlete.
    ▪ calm and reassure the victim
    ▪ have one person stay with victim if possible
  o Activation of the emergency medical system (EMS)
    ▪ Call 581-4040
      • provide name
      • ii. location
      • iii. telephone number
      • iv. number of individuals injured
      • v. condition of injured
      • vi. first aid treatment provided
      • vii. specific directions (follow plan)
      • viii. other info as requested
        o BE THE LAST TO HANG UP
  o Emergency equipment retrieval (if necessary).
    o Designate individual to “flag down” EMS and direct to the scene.
      ▪ set of blue doors near batting cage
  o Scene Control: limit scene to first aid providers.

• **Direction of EMS to Scene**
Follow Long Road past the field house and turn right into parking area between Baseball Stadium and Field House. Proceed to the last set of blue doors to the field house on the right. The strength and conditioning center is located on the east end of the track accessible only by the blue door inside the field house.
**C. Chain of Command**

In the event of an emergency/serious injury, members of the sports medicine staff and athletics administration must be contacted and informed. The following chain of command will be utilized:

- Asst. Athletic Trainer
- Team Physician
- Head Athletic Trainer
- Athletic Director

**D. Acute on Field Injury**

In the event of an acute on field injury, the athletic trainer will make the decision on if an ambulance is necessary or if the athlete can be safely removed from the field. Athletic training students will follow any instructions given by the Athletic Trainer but will not be performing the initial on field evaluation. If a physician is present, the athletic trainer will wave him/her onto the playing surface when appropriate. The Athletic Trainer will initiate the EAP and assign tasks as necessary. In the event the athlete must be transported, the ATC, ATC or coach may accompany the student athlete if the injury occurred at the University of Maine. When at an away event the ATC will accompany the student athlete as long as the home team has an ATC remaining at the facility.

**E. Spinal Injury**

1. The sports medicine team will plan in advance venue specific emergency action plans.
   a. For football, helmet removal devices will be assigned to a person each practice. All individuals responsible for care and treatment of football athletes will know who is assigned the helmet removal devices and will be given a working 2-way radio.
2. For all emergency situations, call (207) 581-4040 to activate EMS (if a paramedic is needed call 911).
3. The sports medicine staff will be involved in annual rehearsals of the emergency action plan, as well as training and practice in the special skills inherent to managing a cervical spine injury.

4. If a student-athlete is suspected to have a spinal injury, manual cervical spine stabilization will be applied immediately.
   a. Once a person is stabilizing the head and neck, her or she is the one in charge of the scene, regardless if a more qualified medical professional arrives.
   b. Rescuers should not apply traction to the cervical spine.
   c. If the spine is not in a neutral position, rescuers should realign the cervical spine to minimize secondary injury to the spinal cord and to allow for optimal airway management, unless one or more of the following are present:
      i. The movement causes increased pain
      ii. Neurologic symptoms
      iii. Muscle spasm
      iv. Airway is compromised
      v. It is physically difficult to reposition the spine
      vi. Resistance is encountered during the attempt at realignment
      vii. The patient expresses apprehension

5. Rescuers should immediately attempt to expose the airway, removing any existing barriers (ie. Protective face masks).
   a. If a rescue breathing becomes necessary, the individual with the most training and experience should establish an airway and commence rescue breathing using the safest technique.
      i. Jaw-thrust maneuver is recommended over the head-tilt technique.
      ii. Advanced airway management techniques (ie. Laryngoscope, endotracheal tube) are recommended in the presence of appropriately trained and certified rescuers.

6. A rigid cervical immobilization collar should be placed on the athlete before transfer to a spine board.

7. Once EMS has arrived to the scene, a long spine board or other full-body immobilization device will be used to transport the injured athlete.
   a. Based on the individuals assisting with the transportation process, the appropriate method for spine boarding will then be determined.
   b. For a prone athlete, the log roll method for transferring to an immobilization device should be used.
   c. All movements will be on the command of the person stabilizing the head.
   d. The head should be the last part of the body secured to the spine board.
   e. Removal of athletic equipment such as helmet and shoulder pads should be deferred until the athlete has been transported to an emergency medical facility unless under specifically appropriate circumstance.
i. If the helmet is not properly fitted to prevent movement of the head independent of the helmet.
ii. If the equipment prevents neutral alignment of the cervical spine or airway access.
iii. Independent removal of helmet or shoulder pads in hockey or football is not recommended, if one needs to be removed, remove both.

8. When possible the team physician or certified athletic trainer should accompany the athlete to the hospital.

**F. NATA Protocols**

http://www.nata.org/news-publications/pressroom/statements

a. Position Statements
   i. Lightning Protocol
   ii. Dietary Supplements
   iii. Anabolic-Androgenic Steroids
   iv. Preventing Sudden Death
   v. Weight Loss
   vi. Pediatric Overuse Injuries
   vii. Disordered Eating
   viii. Type 1 Diabetes
   ix. Concussion
   x. Asthma
   xi. Fluid Replacement
   xii. Exertional heat Illnesses
   xiii. Environmental Cold Injuries

b. Consensus Statements
   i. Preventing Sudden Death
   ii. Heat Acclimation
   iii. Managing Prescription and Non-Prescription Medication
   iv. Sudden Cardiac Arrest
   v. Exertional Heat Illnesses
   vi. Spine Injuries
   vii. Acute Management of Cervical Spine
   viii. Sickle cell
AMENDMENT

Mike Kessock Sports Medicine Center

Standard 71: "The program must establish and ensure compliance with a written safety policy(ies) for all clinical sites regarding therapeutic equipment. The policy(ies) must include, at minimum, the manufacturer's recommendation of federal state, or local ordinance regarding specific equipment calibrations and maintenance."
Appendix A: Student Injury Procedures

University of Maine
Student Injury Procedures
Practice, S&C, Away, or Home Games

When a University of Maine student-athlete is seen for an athletic related injury, the following procedure should be followed:

Report injury to the athletic trainer immediately- Sports Medicine Team

1. The Athletic Trainer along with the athlete will begin an evaluation or the injury or illness that will determine the course of treatment which may include a physician appointment along with potential removal from activity.

2. When a referral is made to a medical provider, we will try to always have it at campus when or if possible.

3. Physician appointments are not to be missed. The provider of the services is setting time aside to care and treat you. If you miss an appointment for any reason it will be reported to the coaching staff and another appointment will be made for you.

4. The physician will make the decision on both short and long term status. The athletic trainer will communicate with the doctor and the athlete is always able to talk with a doctor about their status. Any change or tampering with medical decisions or documentation from our team doctors can result in suspension from your sport. The coaching staffs and players may always ask to be updated in a timely fashion on results on medical testing or procedures.

5. It is each athlete’s responsibility to seek evaluation/treatment in a timely manner!

6. The Athletic Trainer will report the injury to coaches and inform them on playing status.

7. The risk of playing sport.
   The athletic department will not be financially responsible for any injury / illness that the student athlete encounters while at the University of Maine.

   In the event of an athletic related injury or illness, the student-athlete must follow the athletic injury / illness policy and the athletic related referral policy. The student-athlete’s parent / guardian will be responsible for pre-authorizing services with their insurance company. The student-athlete or the student-athlete’s parent / guardian will also be responsible for any applicable co-pay, co-insurance, or deductible as outlined by his/her insurance policy. It is then the student-athlete’s responsibility to submit any claims to their respective insurance company (or companies). For student athletes with the
University of Maine insurance policy the claim forms are available in the Athletic Training room and must be signed by the student-athlete and Athletic Trainer.

8. **When you have questions on procedures or need any assistance contact the sport athletic trainer that works directly with the athlete.** For insurance/billing questions, you can contact the Insurance Coordinator, Michelle Bowers at 581-4015. The Head Athletic Trainer, Ryan Taylor is happy to assist as well.
## Appendix B: Medical Chart Filing Format

### Medical Chart Filing Format

<table>
<thead>
<tr>
<th>Left Side</th>
<th>Right Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Authorizations/Consent Form</td>
<td>• All injury notes</td>
</tr>
<tr>
<td>• ADHD Form</td>
<td>• Rehabilitation notes/forms</td>
</tr>
<tr>
<td>• Medical history Form</td>
<td>• Physician Notes</td>
</tr>
<tr>
<td>• Incoming Physical Form</td>
<td>• Imaging Results</td>
</tr>
<tr>
<td>• UMO Physician Exam Form</td>
<td>• IMPACT testing (baseline &amp; post concussive results)</td>
</tr>
<tr>
<td>• Sickle Cell Form (For those with the condition)</td>
<td>• Claim Forms</td>
</tr>
<tr>
<td>• Cutler Consent Form</td>
<td>• Medical Bills</td>
</tr>
<tr>
<td>• Health Update Forms</td>
<td></td>
</tr>
<tr>
<td>• Insurance Information Form</td>
<td></td>
</tr>
<tr>
<td>• Insurance Card Copies</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: First Year Student-Athlete Check List

University of Maine
Sports Medicine
First Year Student-Athlete Check List
(Please send back all of the completed forms)

1. Health History Questionnaire
2. Physical Examination completed on form included (within last 6 months) (note: this includes an NCAA mandated sickle cell test)
3. Insurance Information Form
4. Copy of Insurance Card (front and back)
5. Emergency Information Form
6. Authorization, Acknowledgement, and Consent Statements
7. Provider Checklist
8. ADD/ADHD Medication Information Form (if applicable)

Please send by July 1st to:
Kessock Sports Medicine Center
Insurance Information- (indicate sport)
5747 Memorial Gym
University of Maine
Orono, ME 04469
Appendix D: Returning Student-Athlete Check List

University of Maine
Sports Medicine
Returning Student-Athlete
Check List
(Please send back all of the completed forms)

1. Insurance Information Form
2. Copy of Insurance Card (front and back)
3. Emergency Information Form
4. Authorization, Acknowledgement, and Consent Statements
5. Provider Checklist
6. ADD/ADHD Medication Information Form (if applicable)

Please send by **July 1st** to:
Kessock Sports Medicine Center
Insurance Information- (indicate sport)
5747 Memorial Gym
University of Maine
Orono, ME 04469
Appendix E: Pre-Participation Health History Questionnaire

University of Maine Sports Medicine
Pre-participation Health History Questionnaire

Date: __________________

Please print clearly—Use pen or Type

<table>
<thead>
<tr>
<th>Name:</th>
<th>SS#:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

Sport: _____________________ Position: _____________________ Year: O 1st O 2nd O 3rd O 4th O 5th

Home Address: __________________________________________ Home Phone: __________________________

City, State

In case of emergency please contact:

Name: __________________________________________ Relationship to student: ______________________

Address: __________________________________________

Home Phone: ______________________________________ Work Phone: __________________________

---

Do you have a personal physician?  O Yes  O No

Name: __________________________________________

Address: ______________________________________ Phone: __________________________

---

Immunization Status: Shots up to date and 2 MMR verified.  O Yes  O No

---

Height __________

---

Allergy History:

Allergic to:

(Next to “reaction” please indicate rash, anaphylaxis, etc.)

<table>
<thead>
<tr>
<th>Medications:</th>
<th>Environmental:</th>
<th>Reaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reaction:</th>
<th>Reaction:</th>
</tr>
</thead>
</table>

Insect Bites: __________________________

Foods: __________________________

Other: __________________________

---

Do you take any medications for allergies?  O Yes  O No  If yes, please list:

Allergist: ______________________________________

Address: ______________________________________ Phone: __________________________
### Family History:

Has any blood relative ever had any of the following?

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Yes</th>
<th>No</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden death (before age 55)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood disease (Hemophilia, sickle cell, leukemia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfans Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol or drug dependency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical History:

Have you EVER had any of the following medical conditions?

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Disorder</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td>Trouble with circulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td>Kidney disease/stones/injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruptured organ</td>
<td></td>
<td></td>
<td></td>
<td>Blood in urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td>Frequent urinary infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis/coughed up blood</td>
<td></td>
<td></td>
<td></td>
<td>Hearing defect/loss/hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amnesia</td>
<td></td>
<td></td>
<td></td>
<td>Muscular Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine headaches</td>
<td></td>
<td></td>
<td></td>
<td>Birth Defects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td></td>
<td></td>
<td></td>
<td>Eating Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid Disease</td>
<td></td>
<td></td>
<td></td>
<td>Stomach Ulcer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Disease</td>
<td></td>
<td></td>
<td></td>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td>Emotional problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Anemia or Carrier</td>
<td></td>
<td></td>
<td></td>
<td>Steroid Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
<td></td>
<td>Drug dependency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal bleeding/easy bruising</td>
<td></td>
<td></td>
<td></td>
<td>Travel sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disease/Blood clot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** *Provide as much additional information as possible to explain “yes” answers (reports if available)*

________________________________________________________________________________________

________________________________________________________________________________________

### Dental History:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a dental cap?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a tooth knocked out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever fractured a tooth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wear orthodontic appliances or other dental appliance?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you see a dentist on a regular basis?

Date of last dental exam: ____________________

Comments: Provide as much additional information as possible to explain “yes” answers (reports if available)

Nutritional History:

What is your highest weight in the past 6 months? __________

What is your lowest weight in the past 6 months? __________

What do you feel is your ideal weight? __________

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently, or have you in the past year, followed a particular diet?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any dietary restrictions due to health or religious beliefs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any food allergies or sensitivities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone recommended that you change your weight or eating habits?</td>
<td></td>
<td></td>
<td>If yes, please specify (coach, parent, friend etc)</td>
</tr>
<tr>
<td>Do you gain or lose weight regularly to meet the demands of your sport?</td>
<td></td>
<td></td>
<td>If yes please elaborate</td>
</tr>
<tr>
<td>Do you feel that your caloric intake is adequate for the energy you expend for your sport?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel well educated on the nutritional requirements for your sport?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone ever set a target weight for you or subjected you to routine weigh-ins?</td>
<td></td>
<td></td>
<td>If yes please elaborate</td>
</tr>
<tr>
<td>Do you ever limit food intake to control weight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you regularly exercise outside of your normal practice schedule?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many meals do you eat during the day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many snacks?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever tried to lose weight by using the following?</td>
<td></td>
<td></td>
<td>Vomiting / Laxatives / diuretics / diet pills / exercise / Other</td>
</tr>
<tr>
<td>Please circle if yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been diagnosed with an eating disorder?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a concern that you have an eating disorder?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been referred to a psychological or nutrition professional for evaluation/treatment of an eating disorder?</td>
<td></td>
<td></td>
<td>If yes please elaborate</td>
</tr>
</tbody>
</table>
**Comments:** Provide as much additional information as possible to explain “yes” answers (reports if available)

---

**Vision History:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Optometrist or Ophthalmologist:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you wear glasses?</strong>  RX:  R____  L____  O Reading only  O Distance only  O All the time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do you wear contact lenses?</strong>  RX:  R____  L____  O Soft lenses  O Hard lenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do you use protective eyewear for sports?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is your color vision normal?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Have you ever had an eye injury?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Injury</strong></td>
<td></td>
<td></td>
<td><strong>Diagnosis:</strong></td>
</tr>
</tbody>
</table>

**Comments:** Provide as much additional information as possible to explain “yes” answers (reports if available)

---

**Internal:**

Were you born with a complete and functional set of:

<table>
<thead>
<tr>
<th>Paired Organs</th>
<th>Yes</th>
<th>No</th>
<th>If no, explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidneys</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had loss of or surgery to remove any body organ?

If yes, please identify:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Date</th>
<th>Removed</th>
<th>Repaired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surgeon:**

**Phone:**

**Address:**
**Cardiac History:**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever felt dizzy, light-headed or passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had chest pain while exercising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had irregular heart beats or heart palpitations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been told you have a heart murmur? ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been seen by a heart specialist (cardiologist)? ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an echo-cardiogram? ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a stress (heart) test? ***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** COPIES OF ALL REPORTS REQUIRED ***

If you have a cardiologist, please fill out the following:

Cardiologist Name: ____________________________________  Phone:________________________
Address: __________________________________________________________________________

Comments: Provide as much additional information as possible to explain “yes” answers (reports are required)
________________________________________________________________________________________
________________________________________________________________________________________

**Respiratory History:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a history of asthma or exercise induced asthma?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a history of bronchitis or frequent respiratory infections?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a history of pneumonia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a history of nasal congestion?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a history of allergies?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a family history of asthma?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a croupy or barking cough?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you cough with exercise or exposure to cold temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have shortness of breath or chest tightness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have shortness of breath with exercise or exposure to cold temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wheeze?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wheeze with exercise or exposure to cold temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been to an emergency room because of difficulty breathing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever used an inhaler (puffer) or had a nebulizer treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently use an inhaler (puffer) and/or asthma medications?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician: ____________________________________  Phone:________________________
Address: __________________________________________________________________________
### For Female Athletes: Women’s Health History

Personal or confidential information is not released unless authorized in writing by student athlete.

<table>
<thead>
<tr>
<th>History</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of menstrual period?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular periods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interval between periods:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of periods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy bleeding ever a problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you spot or have bleeding between periods?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your menstrual cycle change with the intensity,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequency or duration of training?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you experience any unusual discharge?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a sexually transmitted disease?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are cramps a frequent problem during your period?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use a birth control device?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you do breast self examination?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a gynecological exam?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a pap smear?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are both ovaries complete and functional?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a pregnancy, live birth or abortion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been treated for anemia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a family history of osteoporosis or osteopenia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecologist:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
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</table>

Comments: Provide as much additional information as possible to explain “yes” answers (reports are required)

________________________________________________________________________________________
________________________________________________________________________________________

### For Male Athletes Only: Men’s Health History

Personal or confidential information is not released unless authorized in writing by the student athlete.

<table>
<thead>
<tr>
<th>History</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a genitourinary infection?</td>
<td></td>
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<tr>
<td>Sexually transmitted disease?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had discharge from your penis?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have a history of testicular torsion?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had painful urination?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are both of your testicles present?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you perform regular testicular self-exams?</td>
<td></td>
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</tbody>
</table>
Drug, Food Supplements and Miscellaneous agents. Please indicate frequency of use.

<table>
<thead>
<tr>
<th>Agent</th>
<th>What type and how frequently?</th>
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</thead>
<tbody>
<tr>
<td>Vitamins</td>
<td></td>
</tr>
<tr>
<td>Iron supplements</td>
<td></td>
</tr>
<tr>
<td>Diet Pills</td>
<td></td>
</tr>
<tr>
<td>Sleeping Pills</td>
<td></td>
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<tr>
<td>Laxatives</td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td></td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td></td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td></td>
</tr>
<tr>
<td>Nutritional supplements Liquid/Powder</td>
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<tr>
<td>Caffeine</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td></td>
</tr>
<tr>
<td>Tobacco (cigarettes, chew, etc.)</td>
<td></td>
</tr>
<tr>
<td>Special diet (Specify):</td>
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</tr>
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</table>

Heat/Cold:

<table>
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<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Trouble with dehydration?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed out in the heat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat Cramps (due to fluid loss because of excessive heat)?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments:
**Please provide as much additional information as possible to explain “yes” answers (reports if available).**

________________________________________________________________________________________
_____________________________________________________________________________________

Conditioning Status: (What have you done to stay in shape)
________________________________________________________________________________________
_____________________________________________________________________________________

Orthopedic History:
***INCLUDE COPIES OF ALL MEDICAL REPORTS FOR ANY ITEMS CHECKED YES***
### Participation may be disallowed without proper documentation. If no documentation is available, please make note. ###

Have you ever injured or consulted with a physician about any of the following:

<table>
<thead>
<tr>
<th>Head</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Comment</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury Type</td>
<td>Yes</td>
<td>No</td>
<td>Date</td>
<td>Comment</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----</td>
<td>----</td>
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</tr>
<tr>
<td>Unconscious/knocked out/blacked out</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Dazed/Dizzy</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Fractures</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>X-rays, CT, MRI, ImPACT</td>
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<td></td>
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<tr>
<td>Hospitalized/Surgery</td>
<td></td>
<td></td>
<td></td>
<td>Reports required</td>
</tr>
<tr>
<td>Other</td>
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<table>
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<tr>
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<th>Date</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Neck</td>
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<tr>
<td>Sprain/strain</td>
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</tr>
<tr>
<td>Burners/Stingers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disk injury</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dislocations/Fractures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays, CT, MRI</td>
<td></td>
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<td>Reports required</td>
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<tr>
<td>Hospitalized/Surgery</td>
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<td>Reports required</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th>Body Part</th>
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<th>Date</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Chest Wall</td>
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<tr>
<td>Fracture collar bone</td>
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<td></td>
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<tr>
<td>Fracture rib, sternum</td>
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<td></td>
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</tr>
<tr>
<td>X-rays, CT, MRI</td>
<td></td>
<td></td>
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<tr>
<td>Hospitalized/Surgery</td>
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<td>Reports required</td>
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<tr>
<td>Other</td>
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<table>
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<th>Date</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Lower Back</td>
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</tr>
<tr>
<td>Sprain/Strain</td>
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<td></td>
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<tr>
<td>Scoliosis</td>
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<tr>
<td>Disk injury</td>
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<td></td>
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<tr>
<td>Pain or burning down leg</td>
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<tr>
<td>Weakness or numbness in leg</td>
<td></td>
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<td></td>
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<tr>
<td>Pains</td>
<td></td>
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</tr>
<tr>
<td>Fractures</td>
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<td></td>
</tr>
<tr>
<td>X-rays, CT, MRI</td>
<td></td>
<td></td>
<td></td>
<td>Reports required</td>
</tr>
<tr>
<td>Hospitalized/Surgery</td>
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<td></td>
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<td>Reports required</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Shoulders (Indicate right or left)</td>
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</tr>
<tr>
<td>Sprain/Strain</td>
<td></td>
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<td></td>
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<tr>
<td>A-C separation</td>
<td></td>
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<tr>
<td>Tendonitis/Bursitis</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Fractures</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dislocations/slips out of place</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stinger/Burner/Dead arm</td>
<td></td>
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</tr>
<tr>
<td>Pains</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Injections</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Elbows

- **Elbows (Indicate right or left)**
  - Yes
  - No
  - Date
  - Comment

  - **Sprain/Strain**
  - **Bursitis/Tendonitis**
  - **Dislocations/Fractures**
  - **X-rays, CT, MRI**
  - **Hospitalized/Surgery**
  - **Other**

### Wrist

- **Wrist (Indicate right or left)**
  - Yes
  - No
  - Date
  - Comment

  - **Sprain/Strain/Tendonitis**
  - **Dislocations/Fractures**
  - **X-rays, CT, MRI**
  - **Hospitalized/Surgery**
  - **Other**

### Hands/Fingers

- **Hands/Fingers (Indicate right or left)**
  - Yes
  - No
  - Date
  - Comment

  - **Sprain/Strain**
  - **Dislocations/Fractures**
  - **X-rays, CT, MRI**
  - **Hospitalized/Surgery**
  - **Other**

### Pelvis/Hips/Groin

- **Pelvis/Hips/Groin (Indicate right or left)**
  - Yes
  - No
  - Date

  - **Sprain/Strain/Muscle pull**
  - **Tendonitis/Bursitis**
  - **Dislocations/Fractures**
  - **X-rays, CT, MRI**
  - **Hospitalized/Surgery**
  - **Other**

### Thighs

- **Thighs (Indicate right or left)**
  - Yes
  - No
  - Date
  - Comment

  - **Quad/ Hamstring strain**
  - **Calcium deposits in muscle**
  - **Fractures**
  - **X-rays, CT, MRI**
  - **Hospitalized/Surgery**
  - **Other**
<table>
<thead>
<tr>
<th><strong>Knees</strong> (Indicate right or left)</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain/Sprain/Torn ligament</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Torn cartilage</td>
<td></td>
<td></td>
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<tr>
<td>Knee cap dislocation/Fracture</td>
<td></td>
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</tr>
<tr>
<td>Chondromalacia</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Osgood Schlatter’s</td>
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</tr>
<tr>
<td>Bursitis/Tendonitis</td>
<td></td>
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<tr>
<td>Swelling/Grinding</td>
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<tr>
<td>Locking/Giving away</td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>Jumper’s knee</td>
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<tr>
<td>Wear braces</td>
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<tr>
<td>X-rays, CT, MRI</td>
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<tr>
<td>Hospitalized/Surgery</td>
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<tr>
<td>Other</td>
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<table>
<thead>
<tr>
<th><strong>Lower Legs</strong> (Indicate right or left)</th>
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<th>No</th>
<th>Date</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Sprain/Strain/Torn muscle</td>
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<tr>
<td>Shin splints</td>
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<tr>
<td>Stress fracture/Fracture</td>
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<tr>
<td>Painful tight calf with activity</td>
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<tr>
<td>X-rays, CT, MRI, bone scan</td>
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<td></td>
<td>Reports required</td>
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<tr>
<td>Hospitalized/Surgery</td>
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<td>Reports required</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th><strong>Ankles</strong> (Indicate right or left)</th>
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<th>No</th>
<th>Date</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Sprain/Strain</td>
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<td></td>
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</tr>
<tr>
<td>Dislocations/Fractures</td>
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</tr>
<tr>
<td>Instability/Giving out</td>
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<tr>
<td>X-rays, CT, MRI</td>
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<td>Hospitalized/Surgery</td>
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<tr>
<td>Other</td>
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<tr>
<th><strong>Feet/Toes</strong> (Indicate right or left)</th>
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<tr>
<td>Turf toe</td>
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<tr>
<td>Dislocations/Fractures</td>
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<td>X-rays, CT, MRI</td>
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<tr>
<td>Hospitalized/Surgery</td>
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<td></td>
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<td>Reports required</td>
</tr>
<tr>
<td>Shoe inserts/orthotics</td>
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<tr>
<td>Other</td>
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</table>

Do you have any pins, wires, or staples in any part of your body?  

Yes  No

If yes, please describe __________________________________________________________
Have you ever been evaluated by a Sport Podiatrist/Podiatrist?  Yes  No

If yes,  Name: ______________________ Phone: ______________________
Address: ________________________________________________________

<table>
<thead>
<tr>
<th>Final Review</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
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<tbody>
<tr>
<td>Have you had or do you have now any other medical</td>
<td></td>
<td></td>
<td>problems or injuries not listed on this form?</td>
</tr>
<tr>
<td>problems or injuries not listed on this form?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Have you been advised to have any surgical procedure?</td>
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<tr>
<td>Are there any additional health problems you would</td>
<td></td>
<td></td>
<td>prefer to discuss privately with our health providers?</td>
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<tr>
<td>prefer to discuss privately with our health providers?</td>
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</tr>
<tr>
<td>Is there any special protective equipment that you</td>
<td></td>
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<td>require or would like to have provided?</td>
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<tr>
<td>require or would like to have provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any reason that you are not able to</td>
<td></td>
<td></td>
<td>participate in athletics?</td>
</tr>
<tr>
<td>participate in athletics?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been diagnosed with and are you taking</td>
<td></td>
<td></td>
<td>medication for Attention Deficit and/or Hyperactivity Disorder?</td>
</tr>
<tr>
<td>medication for Attention Deficit and/or Hyperactivity</td>
<td></td>
<td></td>
<td>Disorder?</td>
</tr>
<tr>
<td>Disorder?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes- ADD/ADHD information sheet and documentation MUST be provided.

I hereby certify that the answers to the above questions are true and correct and I authorize the release of the above information to University of Maine Sports Medicine Staff.

________________________________________
Signature of student athlete

__________________________
Date

________________________________________
Signature of parent or guardian (if athlete is less than 18 years)

__________________________
Date

Sports Medicine Staff Use Only

Date: _______________

Reviewed by:        Notes:               

Team Physician. _________

ATC _________________

Clinician ____________
Appendix F: Pre-Participation Physical Examination Form

University of Maine Athletic Pre-Participation Physical Examination Form
(To be completed by the examining physician)

Examination Date: _______________

Student Information

Student’s Name: _______________________________________________  Sport: ____________________________
Sex: M  F (Circle one)  Age: _______  Date of Birth: _______________
Address: ______________________________________________________
City/State/Zip: ________________________________________________  Home Phone: _______________
Parent/Guardian’s Full Name: ____________________________________

Physician Information

Name: ___________________________________________________________  Phone: ______________________  Fax: _______________
Address: ____________________________________________  City/State/Zip: ____________________________

Physician or Provider Information – Please Complete Both Pages

Height: _______  Weight: ______________  Blood Pressure: _______/_______  Pulse: _______
Vision: R 20/_____  L 20/_____  Corrected: Y / N  Contacts: Y / N  Glasses: Y / N

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Normal? (Circle One)</th>
<th>Abnormal Findings/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/Neck</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Eyes/Sclera/Pupils</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Ears</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Nose/Mouth/Throat</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Heart: Murmurs/Rhythms</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Lungs: Auscultation/Percussion</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Chest Contour</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Skin</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Abdomen: Assessment (incl. liver, spleen)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Tanner Stage: Testes/Onset of Menses</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Neck/Back/Spine: Range of Motion</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Lower Extremity</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Neurological: Balance &amp; Coordination</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Romberg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heel Walk</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Tandem Walk</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Nose Touch</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hernia? (if yes/possible, please explain)</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
Most recent immunizations/Dates:

Medications currently being used:

Additional Observations:

General Diagnosis: ________________________________________________________________
Recommendations: ________________________________________________________________

Clearances

In my opinion, this student athlete may participate in his / her sport with:

_____ No Restrictions  _____ Partial Restrictions (see plan)  _____ Complete Restriction

Plan: __________________________________________________________

________________________________________________________________________

Please specify any condition requiring clearance before participation.

_____________________________________________________________________

The NCAA REQUIRES sickle cell testing is done on all student-athletes if their sickle cell trait status is unknown.
Please have a sickle cell trait test done as part of this physical examination and provide us with the documentation.

EXAMINED BY:
Family Physician/Provider: ________________________________
Please Print

Physician's/Providers Signature: ____________________________  Date: __________________

Any questions can be directed to:  Kessock Sports Medicine Center
Insurance Information- (indicate sport)
5747 Memorial Gym
University of Maine
Orono, ME 04469
(207) 581-1072 (tel.)
(207) 581-4474 (fax)
Appendix G: Annual Health Update

University of Maine
Sports Medicine
Annual Health Update

Name: ________________________________  Sport:__________________  Date: _______________
School ID#:__________  DOB: _____/_____/______  Cell Phone:________________
Blood Pressure:_____/_____  Pulse:_______  Height:________  Weight:________

Since May of this year, have you had any of the following symptoms?

1. Dizziness, lightheadedness or passed out during or after exercise?  Yes  No
2. Chest pain while exercising?  Yes  No
3. Irregular heartbeat or palpitations?  Yes  No
4. Shortness of breath, cough, or trouble breathing?  Yes  No
5. Head injury or concussion?  Yes  No
6. Muscle, bone or joint injury?  Yes  No
7. Have you had any surgeries over the summer?  Yes  No
8. Have you developed any new medical problems?  Yes  No
9. Do you have any existing medical problems?
   (ie: asthma, diabetes, allergies)
   Yes  No

If you checked yes to any of the above, please note the number and provide a brief explanation.

10. Please list any prescription and/or over-the-counter medications you are currently taking.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***PLEASE COMPLETE REVERSE SIDE ***

<table>
<thead>
<tr>
<th>Date: ________________</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed by:</td>
<td></td>
</tr>
<tr>
<td>Team Physician __________</td>
<td></td>
</tr>
<tr>
<td>ATC __________</td>
<td></td>
</tr>
<tr>
<td>Clinician _____________</td>
<td></td>
</tr>
<tr>
<td>Other _________________</td>
<td></td>
</tr>
</tbody>
</table>
Appendix H: Postseason Injury Evaluation

University of Maine
Kessock Sports Medicine Center
Postseason Injury Evaluation

STUDENT ATHLETE____________________________________
SPORT_______________________ DOB_____________________

We are doing a medical follow-up to your participation this past season. The Certified Athletic Trainer/’s will review your injuries/illnesses so far incurred. Any problems you have sustained should be addressed and formal treatment identified. This annual form must be completed following each season of participation. Any findings may be referred to the Team Physician or consulting physician for review and further treatment as indicated.

1. Have you had any injury (including cerebral concussion) that
   Has limited your participation during this past season?       YES NO
2. Are you currently ill in any way?                           YES NO
3. Are you taking any medication on a regular continuing basis? YES NO
4. Are you currently taking any short course medication?       YES NO
5. Do you currently have any incompletely healed injury?       YES NO
6. Have you seen a physician for any reason during the season? YES NO
7. Do you know of, or do you believe there is any health issue
   That you will no longer participate in this University of Maine
   Intercollegiate athletic program?                          YES NO
8. Since this preseason, have you experienced any chest pain, dizziness,
   Fainting, or seizures with exercise or decreases in exercise capacity? YES NO
9. Would you like to discuss you current health with a physician? YES NO
10. If yes to any question, please list and explain below:

Please list all injuries and illnesses suffered since your preseason physical or medical update and circle the numbers still bothering you. Please do not write below the Double line.

1 ___________________________________________________________________
2 ___________________________________________________________________
3 ___________________________________________________________________
4 ___________________________________________________________________
5 ___________________________________________________________________
6 ___________________________________________________________________

Other Medical Concerns that you may have at this time please list.

1 ___________________________________________________________________
2 ___________________________________________________________________
3 ___________________________________________________________________
4 ___________________________________________________________________

______________________________________________________________________

______________________________________________________________________
If Necessary:
I, ___________________________ have completed my athletic eligibility or have elected to
discontinue my intercollegiate athletic participation and certify that I am currently free of injury.
Athlete ___________________________ Date ______________________
Witness ___________________________ Date ______________________
Appendix I: ADHD Medication Exemption Information Form

University of Maine Sports Medicine Department
Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information

Primary Care Physician/Health Care Provider:

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at our institution. Our institution is governed by the rules and regulations of the NCAA. New legislation beginning August 1, 2009, involves the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. In order to show compliance with this new legislation, we are asking our student-athletes to take this letter to their primary care physician/health care provider to fill out and to provide the following information in order to continue/begin their NCAA participation while also continuing to take their ADHD/ADD medication. Please return this form to the student-athlete or to the following address or fax number:

Examples of the NCAA Banned-Drug Class: Stimulants include: amphetamine, atomoxetine, dexamethasone, dextroamphetamine, methylamphetamine, and methylphenidate. For more information, please visit www.ncaa.org/health-safety.

University of Maine
c/o Ryan Taylor, Head Athletic Trainer
5747 Memorial Gymnasium
Orono, ME 04469-5747
Phone (207) 581-1072
Fax (207) 581-4474

Student-Athlete’s Name: ___________________________ Date of Birth: _______________________

Date of initial evaluation: _________________________ Date of most-recent follow-up: ____________

Blood Pressure: _________________________ Pulse: _________________________ Sport: ____________

Physician’s Diagnosis: ____________________________

Medication Prescribed/Follow-up Orders: ____________________________

✓ Please attach a brief summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) including what testing was done to arrive at the diagnosis.

✓ Please attach note-worthy alternative non-banned medications that have been tried or considered and why they were not utilized. Also provide a copy of the most recent prescription.

✓ Please provide a synopsis of the history of treatment and any supporting documentation.

Name of Physician/Provider: ____________________________
Address: ____________________________
Specialty: ____________________________
Signature: ____________________________ Date: ____________
Appendix J: Authorization, Acknowledgement and Consent Statements

University of Maine Sports Medicine
Authorization, Acknowledgement and Consent Statements

Name: __________________________  Address: __________________________
Telephone: __________________________  ID#: __________________________  DOB: __________________________

Instructions: Both State and Federal Law require all of the following sections of this form to be completed. Please note, incomplete or inaccurately completed forms will not be honored by the Sportsmedicine division of the Athletic Department.

I hereby give permission for the Sportsmedicine staff of the University of Maine Athletics Department (Releaser) to give information about my health care and condition to the following person(s) for the purpose of treatment and diagnosis of my injuries or illnesses: (Please check)

□ Team Physician: □ Team Physician  □ Team Orthopedic Surgeons
DownEast Orthopedics  Center of Family Medicine  DownEast Orthopedics
Cameron Trubey, MD  Emily Redding, DO  Dr. T. McGuire, Dr. Kenneth Morse
404 State St.  895 Union St.  404 State St.
Bangor, ME 04401  Bangor, ME 04401  Bangor, ME 04401

□ Family (List names only): □ Other (List names only): □ Family Physician:
________________________________________  __________________________________________
________________________________________  __________________________________________
________________________________________  __________________________________________

I understand that my medical record contains information relating to my diagnosis and treatment and authorize the release of all such information except as otherwise noted below. I further understand that I may review my records and refuse authorization to disclose all or some of the healthcare information, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance or other adverse consequences. Partial or incomplete records will be labeled as such.

This authorization expires 30 months from the date hereof and subsequent disclosures by Releaser are permitted until expiration. However, I understand that I can revoke this Authorization at any time by notifying the Sportsmedicine staff of the University of Maine Athletics Department of the revocation. Such revocation must be in writing, signed and dated and shall be effective when received, subject to the rights of any such person who acted in reliance on the Authorization prior to receiving notice of revocation. I understand that revocation may be the basis of denial of health benefits or other insurance coverage or benefits, and that I would be responsible for payment for services received.

If I have been diagnosed or treated for any of the following, I understand that the Sportsmedicine staff of the University of Maine Athletics Department needs my specific consent to disclose related information. Please answer questions by circling (Do) or (Do Not) indicating to the Releaser to authorize or not to authorize release/disclosure of said sensitive information. I may cross out any of the following which do not apply. Such information may not be redisclosed by the recipient without my specific written consent.

I (Do / Do not) authorize disclosure of information which refers to treatment or diagnosis of drug or alcohol abuse.

I (Do / Do not) authorize disclosure of information which refers to treatment or diagnosis of psychiatric illness.

I (Do / Do not) authorize disclosure of information which refers to treatment or diagnosis of HIV infection, ARC or AIDS.

I understand I am entitled to a copy of this authorization form. Re-release of information by the recipient is strictly forbidden unless authorized by the patient.

Patient Signature: __________________________  Date: __________________________
Parent/Guardian if under 18: __________________________  Date: __________________________
Witness: __________________________  Date: __________________________

Please read each statement carefully and sign each statement.

(If you are under 18 years of age, your parent or guardian must also sign)
This document covers you for a period of 30 months from the date of the authorization.

Shared information with Academic Support Staff
In the cases of sharing the injury timeline, missing of classes or pharmaceutical information involved with ADHD, EID, personality disorders, surgery’s, concussion or any other type of medical information to be shared with academic support staff so as to help the student academic demands. The student athlete may miss time because of injury. We understand the private nature of sharing information however we need to work with academic support to get information to the university professors on the status or needs of the injured S-A.

I have read and understand the private nature of sharing only needed information with academic support and the sports medicine staff to insure a complete transfer to help academic needs with medical concerns.

________________________________________________                        __________________________
Signature of Student Athlete                                             Date

________________________________________________                        __________________________
Signature of Parent/guardian (if under age 18years)                      Date

Shared Responsibility for Sport Safety
Participation in a sport requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of a sport have taken reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Periodic analysis of injury patterns lead to refinements in the rules and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to enforce compliance with the rule book is as inefficient as to rely on warning labels to produce compliance with safety guidelines. “Compliance” means respect on everyone’s part for the intent and purpose of a rule or guideline.

I have read and understand the Shared Responsibility for Sport Safety Statement

________________________________________________                        __________________________
Signature of Student Athlete                                             Date

Signature of parent or guardian (if athlete is less than 18 years)        Date

Student Athlete Medical Statement
The undersigned, herewith:

a. Understands that he or she must refrain from practice while ill or injured, whether or not receiving medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.

b. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.

________________________________________________                        __________________________
Signature of Student Athlete                                             Date

________________________________________________                        __________________________
Signature of parent or guardian (if athlete is less than 18 years)        Date

Medical Consent
I hereby grant permission to the University of Maine Sports Medicine Staff to render to (son, daughter, self) any treatment or procedure under the scope of the individual’s training and education that they deem reasonably necessary to the health and well being of the student athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

________________________________________________                        __________________________
Signature of Student Athlete                                             Date

________________________________________________                        __________________________
Signature of parent or guardian (if athlete is less than 18 years)        Date
Appendix K: Provider Checklist

Provider Check List

Name: ________________________________

Sport: ________________________________

Please Check One:

YES, this provider IS covered under my insurance plan

NO, this provider IS NOT covered under my insurance plan

Primary Care:
Eastern Maine Medical Center Family Medicine
895 Union Street
Bangor, ME 04401
207-973-7979

And...

Norumbega Medical Specialist, LLC
5721 Cutler Health Center
University of Maine, Orono, ME 04469
207-581-4000 (p)/207-581-9513 (f)

Orthopedic Surgeon:
Drs. Thompson McGuire, Ken Morse, John Pyne
DownEast Orthopedics
78 Ridgewood Drive
Bangor, ME 04401
207-973-8381

Hospitals:
St. Joseph's Hospital
360 Broadway
Bangor, ME 04401
207-262-1000

Easter Maine Medical Center
489 State Street
Bangor, ME 04401
207-973-7000

MRI:
FirstMRI
489 State Street
Bangor, ME 04401
207-945-4680
Emergency Information Form

**Please print clearly--Use Pen or Type**

Date: ________________________________  International Student:  □ Yes  □ No

Name: ________________________________  SS#_________________  D.O.B: __________

Last  First  MI

Home Address: ________________________________  City:__________________  State:______  Zip:_________

Home Phone: (          ) ___________________

In case of emergency, please contact:

Name: _____________________________________  Relationship: _______________________

Address: ________________________________  City:__________________  State:______  Zip:_________

Home Phone: (          ) ______________  Work Phone (         ) ______________

Personal physician:_____________________________  Phone:(         ) _______________

Address:__________________________________  City:__________________  State:_____  Zip:______

1. **Do you have or have you ever had any of the following?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle cell trait</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burner/Stinger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tetanus shot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please list)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Are you currently taking any prescription drugs or over the counter medications? Please list:**

<table>
<thead>
<tr>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3. **Do you have any allergies to medications? (please list):**

<table>
<thead>
<tr>
<th>Allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

4. **Other allergies?:**

5. **Have you been advised to carry an emergency kit (Epi-pen)?**  □ Yes  □ No

6. **Do you wear glasses or contacts?**  □ Yes  □ No

7. **Dental:**  □ Cap  □ Bridge  □ Orthodontic appliance

I hereby certify that the answers to the above questions are true and correct.

___________________________________________  _____________________________
Signature of student athlete                        Date

___________________________________________  _____________________________
Signature of parent or guardian (if athlete is less than 18 years)  Date

Sports Medicine Staff Use Only

Reviewed by:  ___________________________  Date:__________________________
Team Physician  ___________  ___________

Reviewed by:  ___________________________  Date:__________________________
Clinician  ___________  ___________

Reviewed by:  ___________________________  Date:__________________________
ATC  ___________  ___________

Reviewed by:  ___________________________  Date:__________________________
Other  ___________  ___________

Notes:______________________________________________________________
Appendix M: Insurance Information Form

University of Maine Sports Medicine

Date: _______________ Please print clearly -- Use Pen or Type

International Student: □ Yes □ No

Name: __________________________ SS#: ____________________ D.O.B: ____________

Last First M i

Home Address: __________________________ City: ____________ State: ______ Zip: ______

Home Phone: ( ) ________________ Year: 1st 2nd 3rd 4th 5th

Do You Plan To Purchase The University Student Health Insurance Policy? □ YES □ NO

(International students are STRONGLY urged to take the school insurance it may be covered under your scholarship)

***PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD***

Primary Insurance:

Insurance Company: __________________________ Phone: ( ) ________________

Address: __________________________ City: __________________ State: ______ Zip: ______

Policy #: __________________ Group#: ______________ Effective Date: ____________ Deductible: ____________

Primary Care Physician: __________________________ Phone: ( ) ________________

Address: __________________________ City: __________________ State: ______ Zip: ______

Policy Holder: Parent Guardian Self

Name: __________________________________________ SS#: ____________________ D.O.B: ____________

Home Phone ( ) ________________ Work: ( ) ________________

Address: __________________________ City: __________________ State: ______ Zip: ______

Policy Holder Employer Information:

Name (Co.): __________________________ Phone: ( ) ________________

Address: __________________________ City: __________________ State: ______ Zip: ______

PLEASE CALL YOUR INSURANCE COMPANY TO CONFIRM ENROLLMENT AND HAVE THEM ANSWER THE FOLLOWING QUESTIONS FOR YOU:

YES NO

1. Does your policy cover injuries caused by athletic competition in the State of Maine? □ Yes □ No
   (Your plan must cover injuries caused by athletic competition in the State of Maine)

2. Is your policy a health maintenance organization (HMO) or preferred provider plan (PPO)?
   □ HMO □ PPO

3. Does your policy require that you use a physician or specialist that is a member of the plan?
   □ Yes □ No

4. Does your policy require Pre-authorization for specialists, surgical and other procedures?
   □ Yes □ No

   *Policy Pre-authorization Phone Number: ( ) ________________

I certify that the above information is accurate and correct. My signature on this form shall be considered verification of enrollment. I understand that it is my responsibility to notify the Sports Medicine Staff of any changes that may occur. I authorize the Sports Medicine Staff at the University of Maine to release the above insurance information to healthcare providers.

__________________________________________  _________________________
Policy Holder Signature Date
Secondary Insurance: (if applicable)

| Insurance Company: ________________________________ | Phone: (              ) __________________ |
| Address: ________________________________________ | City:_________________ State:______ Zip:________ |

Policy #: ____________________ Group#:______________ Effective Date:______________ Deductible:______________

Primary Care Physician: ______________________________ | Phone: (              ) __________________ |
Address: ________________________________________ | City:_________________ State:______ Zip:________ |

Policy Holder: Parent Guardian Self
Name: ____________________________________________
SS#: _______________ D.O.B:______________ Home Phone (              ) _____________ Work: (              ) _____________
Address: ________________________________________

Policy Holder Employer Information:
Name (Co.): ________________________________________ Phone: (              ) __________________
Address: ________________________________________ | City:_________________ State:______ Zip:________ |

PLEASE CALL YOUR INSURANCE COMPANY TO CONFIRM ENROLLMENT AND HAVE THEM ANSWER THE FOLLOWING QUESTIONS FOR YOU:

1. Does your policy cover injuries caused by athletic competition in the State of Maine? □ YES □ NO
   (Your plan must cover injuries caused by athletic competition in the State of Maine)
2. Is your policy a health maintenance organization (HMO) or preferred provider plan (PPO)? HMO PPO
3. Does your policy require that you use a physician or specialist that is a member of the plan? □ YES □ NO
4. Does your policy require Pre-authorization for specialists, surgical and other procedures? □ YES □ NO
   \*Policy Pre-authorization Phone Number: (              ) __________________

I certify that the above information is accurate and correct. My signature on this form shall be considered verification of enrollment. I understand that it is my responsibility to notify the Sports Medicine Staff of any changes that may occur. I authorize the Sports Medicine Staff at the University of Maine to release the above insurance information to healthcare providers.

______________________________________________________________
Policy Holder Signature

__________________________
Date
Appendix N: Insurance Information Packet

Sports Medicine
Insurance Information Packet

Welcome
Welcome to the University of Maine Black Bear family. We hope this information will assist you during your time representing the Black Bears in athletic competition. Our goal is to provide the best possible care for our student-athletes. Your cooperation in adhering to the policies and procedures outlined in this pamphlet will ensure minimal medical expenses.

General policy
The University of Maine Athletic Department requires all student-athletes to possess a current insurance policy that covers intercollegiate athletic participation in the State of Maine. Proof must be provided on a yearly basis prior to any practice or competition. A comprehensive health insurance plan is available through the University of Maine.

IF A STUDENT-ATHLETE’S INSURANCE COVERAGE IS DISCONTINUED FOR ANY REASON, THE UNIVERSITY OF MAINE WILL NOT BE RESPONSIBLE FOR PAYMENT OF ANY MEDICAL CLAIMS AND THE STUDENT ATHLETE WILL BE WITHHELD FROM PARTICIPATION IN ATHLETICS.

Requirements
1. Insured student-athletes must provide the athletic training staff with the required information on the provided form and a copy of both sides of your insurance card.

2. Uninsured student-athletes must enroll in the University of Maine Student Health Insurance plan/Accident (sport) Insurance plan or a comparable plan. Information on the Health Insurance plan can be found at: http://www2.crossagency.com/ and information on the Sport Insurance plan can be found at the end of this packet (the $10,000 AME, $250 deductible).

3. International student-athletes are required by the University to enroll in the International Student Health Insurance Plan, a comparable plan, or provide an official letter from your social healthcare program stating that your medical benefits are extended to you while in the United States. We urge all international student-athletes to use this plan. DO NOT WAIVE THE PLAN.

Billing Procedure
If a student-athlete sustains an athletic related injury while practicing or participating in a sanctioned University of Maine athletic activity, he/she must report this to the athletic training staff immediately.

1. A referral must be obtained from the athletic training staff prior to making an appointment with a health care provider, except in case of emergency.

2. If a student-athlete obtains care without a referral, they will be responsible for all costs. No liability on the part of the University of Maine exists or may be assumed to exist for off-campus medical treatment or hospitalization of any kind without prior referral by the athletic training staff or team physician.

3. If you are a member of an HMO, you must gain pre-authorization from your primary care provider prior to making an appointment with a health care provider. If you do not gain pre-authorization, the University will not be responsible for payment of denied claims.

NOTE: If an HMO does not approve an authorization request, you must complete the test or procedure at the facility of their choice. The University will not be responsible for failure to follow your HMO policies.

PLEASE CHECK WITH YOUR INSURANCE COMPANY IF THEY COVER PHYSICIAN VISITS OR SPECIAL TESTS / ELEVTIVE SURGERIES IN THE STATE OF MAINE.

Athletic Related Injuries
The policyholder is responsible for payment of his/her required insurance policy deductible and/or co-pay. The provider of medical services or the policy holder is also responsible for submitting initial claims to the primary insurance carrier. The athletic department or the provider of medical services will then process payments for the remaining balance with the department’s secondary sports plan after primary insurance payment of the athletic related claim has been completed.
1. Medical services involving an injury sustained in an athletic department related activity that takes place away from the University must be coordinated by the athletic training staff so that medical records and expenses will be properly handled.

2. The athletic department will consider athletic related medical claims for second opinion consultations when the services are coordinated by the athletic training staff and pre-authorization is obtained from your primary insurance carrier.

Non-Athletic Related Injuries

Student-athletes involved in non-athletic department activities must realize the potential for injury. These activities are choice options for the student-athlete.

The athletic department will not process payments for medical claims related to an injury which occurs while participating in a non-athletic department related activity. (i.e.: intramurals, club sports or pick up games)

Responsibility

The student-athlete must take responsibility for all insurance matters. You must communicate with the athletic training staff, insurance companies, primary care and team physicians to ensure all procedures are followed correctly. You are ultimately financially responsible for all charges for the care of an athletic injury and the resolution of all claims. The athletic department does not automatically assume responsibility for your medical bills. If you have questions – please ask!

Student Health Center Fees

The University of Maine Student Health Center is an affiliate of Eastern Maine Healthcare and is used as an adjunct facility in the care of student athletes. They perform X-rays and lab tests as ordered by the team physician. The fees for these tests will be submitted through the student-athlete’s insurance policy.

Claim Procedure

If the provider of medical services has not already done so, submit a copy of your insurance company’s Explanation of Benefits (EOB) along with an itemized bill showing the remaining balance within 30 days of receipt. Mail to:

Michelle Bowers
Department of Athletics
5747 Memorial Gym
University of Maine
Orono, ME 04469
207-581-4474 FAX

If you have questions regarding an athletic related claim, please call the athletic training staff at 207-581-1072 or 207-581-4015.

University Insurance

The University of Maine offers a health insurance policy for all students. If you wish to obtain more information or enroll, please visit http://www2.crossagency.com/. This policy does not cover intercollegiate sports. A secondary accident policy must also be purchased through Bob McCloskey Insurance. Additional information on this plan is attached at the end of this packet. To enroll in this plan, contact Michelle Bowers, Insurance Coordinator. These plans cover the student for an entire calendar year and ensures proper coverage in the State of Maine.

Questions???

If you have any questions regarding these policies and procedures, please contact:

Michelle Bowers, LATC
Insurance Coordinator
207-581-4015
207-581-4474 FAX
Michelle.Bowers@maine.edu
Please Notify the Athletic Training Staff if you have a change in your insurance policy.

Keep this packet and refer to it if you have any questions regarding University of Maine student-athlete insurance policies. Feel free to contact us, we will be happy to assist you in any way to make your days as a Black Bear the best they can be.

**Primary Health Insurance Plan**

If your son / daughter will be covered under your plan and you have not already done so, please contact your insurance carrier as soon as possible to confirm their coverage of injuries or illness in the State of Maine.

Please check specifically to see if the providers on the next page are approved providers for your insurance company, and send the checklist back to us, along with the Insurance Information Forms and a photocopy (front & back) of your insurance cards.

Cutler Health Center will bill your insurance for visits with the team physician. We suggest you contact your insurance company to inform them that you will be attending UMaine and may require services from the health center/athletics team physician. *Depending on your insurance type a referral from your primary care physician may be required.* Your insurance company can review this with you. **If a referral is required, we suggest asking your primary care physician to authorize 10 visits before you arrive on campus.** You may be responsible for your insurance co-payment. *For questions relating to this process please contact our referrals coordinator (207-581-4006).*

Thank you and if we can be of further assistance, please do not hesitate to contact any of the Athletic Training Staff or our physicians at the numbers listed.
ARE INJURIES TO UNINSURED ATHLETES CAUSING YOUR INSURANCE PREMIUM TO SKYROCKET?

An innovative primary accident insurance plan for College Uninsured Athletes from Bob McCloskey Insurance could be your solution to reducing accident medical insurance premiums for your intercollegiate athletic program. The plan will cover ALL uninsured athletes (including foreign students) for accidental injuries, 24 hours a day. Features of the plan are as follows:

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expense Benefit</td>
<td>$5,000 or $10,000</td>
</tr>
<tr>
<td>Benefit Period</td>
<td>52 weeks from date of accident</td>
</tr>
<tr>
<td>AD&amp;D Benefit</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medical Evacuation/Repatriation Benefit</td>
<td>$5,000</td>
</tr>
<tr>
<td>Outpatient Surgery Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Emergency Room Visit Maximum</td>
<td>$500</td>
</tr>
<tr>
<td>X-Ray/Lab Maximum (including MRI &amp; CT Scans)</td>
<td>$750</td>
</tr>
</tbody>
</table>

2016-2017 Rates per athlete: (all uninsured athletes must be covered; name lists including date of birth, social security number and participating sport required)

- $5,000 AME, $250 deductible: $1,450/Class 1 sport athlete, $900/Class 2 sport athlete.
- $5,000 AME, $500 deductible: $1,175/Class 1 sport athlete, $750/Class 2 sport athlete.
- $10,000 AME, $250 deductible: $1,800/Class 1 sport athlete, $1,200/Class 2 sport athlete.
- $10,000 AME, $500 deductible: $1,425/Class 1 sport athlete, $1,050/Class 2 sport athlete.

Note: Class 1 Sports Include: Football, Field Hockey, Ice Hockey, Lacrosse, Rugby and Wrestling.

Class 2 Sports Include: All Others.

Schools in the following states should add 15% to the above rates: CA, FL, LA, NY and TX.

If you have questions or need more information, please give us a call at 1-800-445-3126 and we’ll be happy to provide you with the information you need.

Bob McCloskey Insurance has been underwriting and administering College and K-12 accident plans since 1975 and is a leader and innovator in the coverage of Intercollegiate Athletes. We currently insure over 450 colleges and universities nationwide, many of them with our unique Self Insured Retention Plan. We look forward to working with your school.
Dear Student Athlete, Parent and/or Guardians,

Here at the University of Maine we take the physical well-being of our athletes very seriously. Our sports medicine team is composed of highly trained and experienced professionals that are capable of caring for our athletes both very effectively and efficiently. Our athletic trainers are supported by team physicians, chiropractors, physical therapists, strength and conditioning coaches, as well as various other allied health professionals.

It is very important that the athlete’s health insurance cover athletic related injuries. You may find it wise to purchase the University’s health insurance plan if your policy does not cover athletic related injuries or if you have an out of state plan that does not cross state lines. The University of Maine does have a secondary insurance policy for athletic related injuries while participating in intercollegiate athletics. This plan currently has a $10,000.00 deductible.

Many times athletic injuries will require evaluation, diagnostic services and ongoing treatment that will be covered by these insurance policies. Depending on the specific terms of the athlete’s personal policy, some of these costs may be passed on to the consumer by the insurance company in the form of copays, coinsurances or deductibles. If you have questions about your insurance policy we encourage you to contact customer service or review the terms of your policy for clarification.

We look forward to caring for you here in Black Bear Nation!

Go Black Bears!

UMaine Sports Medicine Team
Appendix P: Parent Vivature Letter

February, 2017

Parents and Student-Athletes,

We look forward to seeing you soon and for the first-year players we welcome you to the Black Bear Family! The purpose for the letter is to inform you of policy and procedural changes within our department and how it will directly involve the student-athlete.

The sports medicine office will be billing the student insurance policy for therapeutic and rehabilitation services thru the insurance company that provides coverage for you or your child. **YOU WILL NOT BE BILLED DIRECTLY AND WILL INCUR NO COSTS.** If your insurance has copay we will have you meet with the insurance coordinator (Michelle Bowers). The services such as preventative care, taping, bracing, appointment setup, emergency care, use of cold and hot tubes, ice bags, etc. will be as always gratis. The personal premiums, coverage costs and changes will not bring undo stress or financial strain to the individual.

We hope to see you all soon and please contact us if you have any questions.

Go Black bears!

Ryan Taylor

Head Athletic Trainer
Appendix Q: Health Insurance Power Point Presentation

Slide 1

2014 UMS Student Health Insurance Transition
The Effect on Student Athlete Health Care Insurance Coverage

Slide 2

Health Insurance
All Student-athletes must have appropriate local health insurance coverage prior to being cleared to participate in any activities for your sport.

Slide 3

2014 General Medical Student Health Insurance

- The Affordable Health Care Act “Obamacare”
- The University System was required to develop a low-cost health plan for all students to cover the health needs of college age population. The goal is to ensure all UMS students have adequate health insurance to minimize the financial impact of an injury or illness. The plan design was to accommodate the seven campus at a price point below $1,000.00

Slide 4

U Maine Policy for Students
United Healthcare-Harvard Pilgrim Proposal at a Glance

Unlimited Maximum Benefit

<table>
<thead>
<tr>
<th>Preventative Care</th>
<th>Prescription Drugs</th>
<th>Injury and Sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% In-Network</td>
<td>$20, $30, $60</td>
<td>First 80% to $1,700 or $2,500 Aggregate Benefit</td>
</tr>
<tr>
<td>No Deductible</td>
<td>No Deductible</td>
<td>Then $4,500 Deductible</td>
</tr>
<tr>
<td>Immunizations Included</td>
<td>Unlimited Maximum</td>
<td>Then 100% thereafter Harvard Pilgrim in-Network Provider</td>
</tr>
<tr>
<td>Wellness Benefit Details</td>
<td>United Healthcare Pharmacy</td>
<td>$6,350 OOP Max Including co-insurance, deductible, and copays</td>
</tr>
</tbody>
</table>

$2,500 threshold Plan. Annual Premium $942
How do students opt out/Decline Coverage?

In response to the new federal health insurance requirements for the college-age population, the University of Maine, in collaboration with the University of Maine System, is pleased to offer an affordable Student Health Insurance Plan (SHIP) for 2014. The insurance plan has an annual premium of $942, a tremendous value compared to the current student health insurance plan of $2,990.

All eligible University of Maine System students are required to provide proof of adequate health insurance as a condition of enrollment, via the online process described below.

Eligible students are:

- Undergraduates enrolled in 9 credits or more
- Graduate students enrolled in 6 credits or more

Insurance Plan Cost and Billing:

- All eligible students in the 2014 fall semester will be billed the full plan cost of $942 on their student account. Beginning in early June, you will need to visit the website listed below to opt out by filing a waiver or to confirm enrollment.

To opt out of the Plan:

- If you already have adequate health insurance and prefer to continue with your current plan, opt out of SHIP by filing an online waiver, removing the $942 annual premium from your student account.

To Remain Enrolled in the Plan:

- If you are in need of adequate health insurance coverage, remain enrolled by confirming through the online enrollment process.

- Complete eligibility and enrollment criteria, and the SHIP benefit summary, as well as the opt out waiver, enrollment process beginning in June, are available online: [http://crossagency.com/umaineinsurance](http://crossagency.com/umaineinsurance)

If you have questions concerning the new University of Maine System SHIP requirements, student account billing or the opt out online waiver process, please contact the UMaine Bursar’s Office, umbursar@maine.edu; 207.581.1521.

Richard Young, M.Ed.,CMPE
UMaine Auxiliary Operations Director
UMS Student Insurance Task Force Member
2014 International Students

The University of Maine International Students insurance program has been renewed with Consolidated Health Plans. With this renewal, the $10,000 coverage for intercollegiate sports injuries remains in the policy. The benefit includes a policy year $250 deductible waived for Cutler Health Services, and an 80% benefit for intercollegiate sports injury expenses, up to the $10,000 benefit limit.

As you know, the University Domestic student health insurance plan DOES NOT cover intercollegiate sports injuries.

Hopefully this is helpful information as you consider the intercollegiate sports renewal options.

July Bursar Office Billing

- All Domestic Students will be billed the $942 for General Medical insurance premium. The student must either enroll or waive out of the plan.
- The student must go to the website listed below
- Complete the waiver (Opt Out) or enrollment (Opt In) criteria, selected from the list on the web page: http://www.crossagency.com/umaineinsurance

Domestic Athlete Rider Insurance Plan (BMI)

- This sports policy is only a supplement to any student athlete’s health insurance plan that does not provide coverage for intercollegiate sports.
- This will include those athletes who have insurance (primary through parent’s family policy) which does not extend coverage in the state of Maine under the policy for other than urgent and emergency care.
- This will include those who do not have any form of coverage from home.

Domestic Cont.

- Intercollegiate Sports Coverage is no longer covered under the University of Maine System General Student Health insurance plan. (Previous was $10,000 worth of coverage for intercollegiate sports for $2,990)
- The intercollegiate benefit impacted USM and UMaine campuses.
- The inclusion of the intercollegiate benefit significantly increases the premium for all UMS student
**Slide 11**

### Intercollegiate Sports BMI Policy Summary

<table>
<thead>
<tr>
<th>Collision Sports</th>
<th>Contact Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $1800</td>
<td>• $1200</td>
</tr>
<tr>
<td>• September 15th bill will appear or be delivered to the athlete.</td>
<td>• September 15th bill will appear or be delivered to the athlete.</td>
</tr>
<tr>
<td>• September 30th bill is due.</td>
<td>• September 30th bill is due.</td>
</tr>
</tbody>
</table>
| • The athletes paying this amount are  
  - Football  
  - Field Hockey  
  - Ice Hockey | • The athletes paying this amount are  
  - All others at U Maine |

**To Enroll in the BMI Sports Coverage plan, Contact your team athletic trainer**

**Slide 12**

### By October 1, 2014

<table>
<thead>
<tr>
<th>Opt Out of SHIP</th>
<th>Enrolled into SHIP Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Student athlete will have until 10.1.2014 to opt out.</td>
<td>• Payment is due by 10.1.2014</td>
</tr>
<tr>
<td>• This Student health plan insurance meets all required federal and state ACA standards.</td>
<td>• $942 all at one time</td>
</tr>
<tr>
<td>• If they take no action on the website by 10-1-2014? The $942 charger will be activated on their account.</td>
<td>• Annual coverage.</td>
</tr>
<tr>
<td></td>
<td>• Student will have medical coverage for majority of health needs with exception of intercollegiate sports.</td>
</tr>
</tbody>
</table>

**Slide 13**

### How does this affect US?

**Positive**

- Cost less than last year with this new plan.
- Works well with the $10,000 secondary insurance system.
- Allows us to act fast medically without generating huge costs to student-athletes

**Negative**

- We now have two plans as compared to the past in which general and sports injury were all one plan.
- Double billing and claim forms the athletes will have to be sure are turned in.
### Final Thoughts

- The landscape of health care has changed in the past 5 years with swings in all directions. We are trying to be ahead of an industry that is not sure itself how to navigate.

- The costs of medical care are rising. Costs have increased around 25% for most general procedures in the past 2 years.

- The patient is expected to pay more for the care they receive as compared to 5 years ago.

### Help?!

The Sports Medicine office athletic trainers and team physicians do all we can do, but we do not control the healthcare industry and the changes they make in policy and procedures.

We do what we can. We are here for the student-athletes. We are no way ever involved in the billing or cost an athlete has to pay to see a doctor or to have a procedure done.
Appendix R: Cutler Health Center (Eastern Maine HealthCare Systems) Consent to Treatment Form
CONSENT TO CARE

I voluntarily consent to such routine diagnostic procedures; medical and/or surgical care; and/or hospital care as determined by my provider and/or his/her designee to be necessary and desirable based on his/her exercise of professional judgment.

I understand that if under Maine law I am a surrogate caretaker for a minor, then I am required by law to make a reasonable good faith attempt to inform the minor's parent/guardian of the need for healthcare and that the care was received. I certify that I have complied or will comply with these requirements.

Since the hospital is a teaching hospital, students in medicine, nursing and other healthcare professions (under appropriate supervision) may be involved in my care.

My treatment or physical condition may be photographed or electronically recorded in order to provide, coordinate or manage my care. A photograph of me may be included in my record for identification purposes.

I understand that my doctor will explain to me the purpose of the benefits and the usual and most frequent risks and hazards involved in the diagnosis and treatment of any illness or injury as well as alternative courses of treatment. I further understand that I have the right to refuse any suggested examinations, tests or treatment.

I have been offered the opportunity to make an Advance Directive and to place it in my medical record to give instructions about my care if I become unable to do so.

I am aware that, if my heart or lungs should suddenly and unexpectedly stop working, cardio-pulmonary resuscitation (CPR) will be performed on me except in certain limited circumstances. CPR involves electric shock to the heart, mechanical breathing assistance through a tube inserted by mouth, drugs and other therapies. I can discuss my care, Advance Directive and CPR with my provider.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of examinations, tests or treatment.

If I am receiving care at Blue Hill Memorial Hospital, C.A. Dean Memorial Hospital, Sebasticook Valley Health or Mercy Hospital's Fore River campus, I understand that a physician may not be present in the hospital during all hours services are furnished to me. At those times when a physician is not in the hospital there will be a Nurse Practitioner or Physician Assistant available with back-up by an on-call physician.

GUARANTEE OF PAYMENT AND ASSIGNMENT OF BENEFITS

I authorize and direct payment to the hospital and/or my provider by any applicable insurer or other payor of hospital and medical benefits and other sums otherwise payable to me, but not to exceed the regular charges for the care provided to me. I am financially responsible to the hospital and to my providers for any charges not paid by other payors (including deductibles, co-payments, non-covered services, services not authorized by my provider and penalties assessed by my health plan).

I understand that the hospital and my providers will not knowingly charge or accept payment for care that has caused me serious harm resulting from preventable mistakes and adverse events as defined by state law.

If I wish to pay out of pocket and not have my insurance company billed, I will notify hospital staff. If I do not wish my insurance company to be billed, I will be expected to pay the estimated charges at the time of service with payment in full within 30 days. If I do not make payment in full within 30 days, my insurance company will be billed.

I understand that I will be billed separately for certain diagnostic services and professional services provided by radiologists, pathologists and certain other physicians not employed by the hospital.

I understand that I am solely responsible for my personal property (including any valuables, such as jewelry and electronics) unless I have deposited it with the hospital or my provider for safe-keeping during my visit or admission. I understand and agree that if I choose to keep my personal property in my possession while a patient, neither the hospital nor my provider or other hospital staff is liable for any related personal injury or property loss or damage.
PROTECTED HEALTH INFORMATION

To the extent permitted by law, my health information (including my behavioral health information) will be shared with other healthcare practitioners and healthcare facilities, and with payers or persons engaged in the payment for healthcare, for the purposes of managing or coordinating my care.

If I object to the hospital or my provider using or disclosing my protected health information as described below, I will CROSS OUT any item to which I object. If I do not cross out an item, it will mean I agree:

a. My location within the hospital (room number or department) will be disclosed to people who ask for me by name.
b. Clergy will be given access to a patient list that includes my name and religious affiliation.
c. Members of the clergy, media and law enforcement will be told my general condition if they ask about me by name.
d. My health status, treatment, billing and scheduling will be discussed with other individuals involved in my care or payment for my care. If I want this information discussed with any additional individuals (regardless of their level of involvement), I will list them here:

e. I authorize the hospital/my provider (or any other person or entity acting on their behalf) to call and/or text any contact numbers I provide at registration, including my cell phone number (and leave voice messages if I am unavailable) for the purposes of treatment, appointment reminders or resolution of my medical claim. These calls may be automated.
f. My protected health information will be used in an emergency, if necessary, to identify, locate and notify my family or other responsible persons of my presence in the hospital and my general condition.
g. In the event I am the victim of a disaster my protected health information will be used, if necessary, to assist relief organizations in identifying, locating and notifying my family or other responsible persons of my presence in the hospital and my general condition.

I understand the hospital/my provider will not condition treatment on whether or not I participate in the statewide health information exchange (HealthInfoNet). The hospital/my provider will not deny me treatment if I do not participate. (If you need information on how to opt out of HealthInfoNet, please ask.)

I will consult the EMHS Notice of Privacy Practices if I want to learn about the other ways the hospital and my providers will use and disclose my protected health information.

SIGNATURE

I have read this form, or it has been read to me, and I understand it. I understand that I may have a copy on request.

Signed: ___________________________ Date: _______ Time: _______
(Patient*)

Signed: ___________________________ Relationship: __________ Date: _______ Time: _______
(Patient Representative*)

I have received or declined a copy of the a) EMHS Notice of Privacy Practices, b) Patient’s Rights and Responsibilities and c) information on the health information exchange including an opportunity to opt out.

Signed: ___________________________ Date: _______ Time: _______
(Patient*)

Signed: ___________________________ Relationship: __________ Date: _______ Time: _______
(Patient Representative*)

* A parent/guardian or surrogate caretaker is generally required to sign for a patient under the age of 18. Patients aged 14 to 17 should sign in addition to their parent or patient representative. See EMHS System Policy 21-003. If an adult is unable to make or communicate medical decisions, then the following may sign in the priority given: agent under healthcare power of attorney, guardian, spouse, domestic partner, next of kin. See EMHS System Policy 21-002. Indicate capacity of representative.
Appendix S: Sickle Cell Trait Testing Information Form

Sickle Cell Trait Testing

Sickle Cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During periods of intense exercise the sickle cell trait can change the shape of the red blood cells from round to quarter-moon. When this occurs, these sickled red blood cells can accumulate in the bloodstream. The accumulation of sickled red blood cells can cause ischemic (cell death) rhabdomyolysis, the rapid breakdown of muscle cells. Sickling can occur in 2-3 minutes of intense all-out exercise. Heat, dehydration, altitude, asthma and other medical conditions may increase the risk. In some cases, particularly with exertional rhabomyolysis, sickle cell disease can be fatal.

Facts:

- Those at high risk are, ancestors from Africa, South or Central America, Caribbean, Mediterranean countries, India, and Saudi Arabia.
- Sickle Cell Trait occurs in 8% of U.S. African Americans and 1 in 2,000 to 10,000 Caucasians
- Most dangerous risk is exertional rhabdomyolysis.
- Dehydration worsens exertional sickling.
- Sickled cells logjam blood vessels.
- The harder and faster the athlete goes, the faster the onset.
- Training and rest should be modified.
- A sickling collapse is a medical emergency.

The NCAA REQUIRES sickle cell testing be done on ALL student-athletes if their sickle cell trait status is unknown.

Please have a sickle cell trait test done BEFORE you arrive on campus and provide us with the results. This is a simple blood test that can be done at most primary care physicians’ offices.
Appendix T: Positive Sickle Cell Test Notification Form

Department of Athletics
Sports Medicine

I, ___________________________________ affirm that I have been informed by the University of Maine Sports Medicine personnel on _____________ that I have tested positive for the following condition:

Date

Sickle Cell Trait Positive Initial: _____________

About Sickle Cell Trait-

• Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
• Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscle 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 setting 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 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.

I, the undersigned, do hereby affirm that I have been informed that I am sickle cell trait positive. I further attest that the physical findings and recommendations have been discussed with me by a member of the University of Maine Sports Medicine Department; and that I fully understand the recommendations and have had any and all questions answered to my satisfaction. I have been told to notify my private physician ads soon as that I am sickle cell trait positive, and I agree to do so. I also have been advised to share this information with my parent or guardian. I further attest that I will notify a member of the University of Maine Sports Medicine Department immediately should I begin to feel weakness, cramping sensations, difficulty breathing and/or catching my breath, and/or any other signs or symptoms of distress during or after exercise without fear of repercussion.

_________________________________________________________
Student-Athlete Signature (If under 18, include patent/guardian signature) Date

_________________________________________________________
Examining Physician Signature Date

_________________________________________________________
Examining Physician Print Name

_________________________________________________________
Athletic Trainer Signature Date

_________________________________________________________
Athletic Trainer Print Name
Appendix U: Coach’s Sickle Cell Trait Notification Form

Coach’s name: ____________________________ Team: ____________________________ Date: _____ / _____ / _____

Introduction:
Sickle Cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During periods of intense exercise the sickle cell trait can change the shape of the red blood cells from round to quarter-moon. When this occurs, these sickled red blood cells can accumulate in the bloodstream. The accumulation of sickled red blood cells can cause ischemic rhabdomyolysis, the rapid breakdown of muscle cells possibly causing death if not treated. Sickling can occur in 2-3 minutes of intense all –out exercise. Heat, dehydration, altitude, asthma, and other medical conditions may increase the risk.

Telltale features of Sickling Collapse:
• Sickling collapse has been mistaken for cardiac collapse or heat collapse. But unlike sickling collapse, cardiac collapse tends to be “instantaneous” has no “cramping” with it, and the athlete (with Ventricular fibrillation) who hits the ground no longer talks. Unlike heat collapse, sickling collapse often occurs with-in the first half hour on field, as during wind sprints. (NATA Consensus)
  o Sickling does not have muscle twinges as compared to cramps;
  o Heat cramping pain is more severe then sickling;
  o Heat cramps lock up the athlete, sickling players slump to the ground in muscle weakness;
  o Heat crampers yell in pain with muscle contractions, sicklers lie fairly still, not yelling with normal tension in the muscles;
  o Sickling players caught early and treated can recover and do recover faster than athletes with dehydration and muscle cramping.

Precautions and Treatment:
• Build up in training slowly with paced progressions, allow for longer rest and recovery periods. Athletes should be involved in year round and preseason strength and conditioning to enhance preparedness of athletes.
• Athletes with sickle cell trait should be excluded from participation in performance test such as mile runs, serial sprints, etc.
• Cessation of activity with onset of systems (muscle “cramping”, pain, swelling, weakness, tenderness; inability to “catch breath”, fatigue. The athletic trainer will have the ability to pull a sickle cell trait athlete out of activity if needed.
• Allow sickle cell trait athletes to set their pace.
• Athletes with sickle cell trait that perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions.
• Allow athletes to seek evaluation once signs and symptoms arise. These athletes also should not be harassed for sitting out.
• Encourage proper hydration.
• Asthma, heat illness, and altitude can increase the likelihood of sickling.
• Sickle cell trait athletes should not participate when they are ill.
• Educate the student-athlete about the signs and symptoms and encourage them to report these symptoms.
• Coach should contact ATC or EMS is sickling is suspected.
• By signing below I am stating that I have been notified of the listed student-athletes’ positive sickle cell trait status by The University of Maine Sports Medicine Department, that I have received education on sickle cell trait, and that I have also been instructed on the proper precautions and treatment of sickle cell trait. The University of Maine Sports Medicine Staff has also answered any questions that I may have had pertaining to my athletes’ sickle cell trait.

Student-athletes that are sickle cell trait positive from the ___________________________ team:

_________________________________________  ______________________________________

_________________________________________  ______________________________________

_________________________________________  ______________________________________

_________________________________________  ______________________________________

_________________________________________  ______________________________________

Coach’s Signature: ________________________________  Date:________________________

Head Athletic Trainer’s Signature: ___________________________  Date:__________________
Appendix V: Sickle Cell Testing Waiver

Sickle Cell Testing Waiver

Student Athlete,

Sickle Cell Trait (SCT) is the inheritance of an abnormal gene which can cause deformation (“sickling”) of the red blood cell. Approximately one in every 12 African-Americans has sickle cell trait, (compared to ~ one in 2,000 to 12,000 white Americans). The gene for sickle cell trait is also present in individuals of Mediterranean, Middle Eastern, Indian, Caribbean and South / Central American ancestry. All newborns in the US are required to be screened for sickle cell.

SCT has been associated with exertional rhabdomyolysis, renal failure, as well as death, and complicating factors include extreme exertion, increased heat, altitude, & dehydration. Over a seven year span, nine athletes participating in NCAA sports died as a complication of sickle cell trait. It is because of this that the NCAA now mandates testing or proof of testing prior to any practice, competition or conditioning.

Effective for the 2010-2011 academic year, all athletes participating in NCAA Division I sports must have sickle cell testing performed, show proof of sickle cell testing, or sign a waiver demonstrating that they understand the importance of testing for sickle cell, decline testing, and thereby release their institution from any liability related to declining testing.

Why get tested? This test (a blood test) is relatively easy to perform, and can provide educational information that can be helpful to you both on and off the field. It is helpful to know your sickle cell status and can allow health care professionals to take better care of you. If you were born in the U.S., your testing results may be available in your medical record.

What happens if I test positive? Athletes that are sickle cell trait positive are able to participate in sports, often with no modifications whatsoever. Individuals that test positive for sickle cell trait will have a confirmatory test performed, and if positive, will be counseled on what can be done to avoid complications.

Who will know that I test positive? The medical staff needs to be aware of your sickle cell status in order to provide optimal care of you during practice, competition and conditioning. Outside of this, you will be asked if and who this information can be released to.

Is it mandatory that I have the sickle cell trait test? The recommendation of the University of Maine Sports Medicine staff (UMSM) is that every student athlete be tested or show proof of prior testing for sickle cell trait. This testing should be obtained at home prior to the school year. Testing will be available on campus or in the Bangor area. Testing is not mandatory. Please sign below, and if choosing to waive testing, this confirms that you understand the importance of testing, have declined, and release the University of Maine from any liability related to declining testing. If you are under 18 yrs old, a parent or guardian must sign & write their name.

Name of Student Athlete: ___________________________ Sport: ___________________________ Class: ___________________________

☐ I agree to testing (please include copy of testing results, or ask for additional information)
Signature ___________________________________________ Date __________

☐ I do not wish to have sickle cell testing performed, understanding the information provided above as well as the recommendation from UMSM that testing be performed.
Signature ___________________________________________ Date __________

Signature/Name of parent or guardian (if SA < 18 yrs old) ___________________________ Date __________
Appendix W: Treatment Guidelines for Mild and Severe Hypoglycemia

### Treatment Guidelines for Mild and Severe Hypoglycemia

<table>
<thead>
<tr>
<th>Mild Hypoglycemia (Athlete is conscious and able to follow directions and swallow.)</th>
<th>Severe Hypoglycemia (Athlete is unconscious or unable to follow directions or swallow.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administer 10 g to 15 g of fast-acting carbohydrate: eg, 4 to 8 glucose tablets, 2 T honey.</td>
<td>1. Activate emergency medical system.</td>
</tr>
<tr>
<td>2. Measure blood glucose level.</td>
<td>2. Prepare glucagon for injection following directions in glucagon kit.</td>
</tr>
<tr>
<td>3. Wait approximately 15 min and re-measure blood glucose.</td>
<td>The glucagon kit has either</td>
</tr>
<tr>
<td>4. If blood glucose level remains low, administer another 10 g to 15 g of fast-acting carbohydrate.</td>
<td>(1) a fluid-filled syringe and a vial of glucagon powder, or</td>
</tr>
<tr>
<td>5. Recheck blood glucose level in approximately 15 min.</td>
<td>(2) a syringe, 1 vial of glucagon powder, and 1 vial of fluid.</td>
</tr>
<tr>
<td>6. If blood glucose level does not return to the normal range after second dosage of carbohydrate, activate emergency medical system.</td>
<td>• Inject the fluid into the vial of glucagon. <strong>Note:</strong> If the vial of fluid is separate, draw the fluid into the syringe and inject it into the vial of glucagon powder.</td>
</tr>
<tr>
<td>7. Once blood glucose level is in the normal range, athlete may wish to consume a snack (eg, sandwich, bagel)</td>
<td>• Gently shake the vial until the glucagon powder dissolves and the solution is clear.</td>
</tr>
<tr>
<td></td>
<td>• Draw fluid back into the syringe and then inject glucagon into the arm, thigh, or buttock*</td>
</tr>
<tr>
<td></td>
<td>• Glucagon administration may cause nausea and/or vomiting when the athlete awakens. Place the athlete on his or her side to prevent aspiration.</td>
</tr>
<tr>
<td></td>
<td>• The athlete should become conscious within 15 min of administration.</td>
</tr>
<tr>
<td></td>
<td>• Once the athlete is conscious and able to swallow, provide food.</td>
</tr>
</tbody>
</table>

*Please note: Athletic trainers should be trained in the mixing and administration of glucagon. The athlete or athlete’s family or physician can provide training.*

---

**American Diabetes Association Guidelines Concerning Hyperglycemia and Exercise**

<table>
<thead>
<tr>
<th>Blood Glucose Level</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting* blood glucose level is _250 mg/dL (13.9 mmol/L)</td>
<td>Test urine and/or blood for ketones.</td>
</tr>
<tr>
<td>Blood glucose value is _300 mg/dL (16.7 mmol/L) and without ketones.</td>
<td>• If ketones present, exercise is contraindicated.</td>
</tr>
<tr>
<td></td>
<td>• If ketones not present, exercise is not contraindicated.</td>
</tr>
</tbody>
</table>

Exercise with caution, and continue to monitor blood glucose levels.

*Fasting is defined as 4 h or more after eating a meal.*
Appendix X: Wind-chill Cart

Wind Chill Chart

<table>
<thead>
<tr>
<th>Temperature (°F)</th>
<th>Calm</th>
<th>40</th>
<th>35</th>
<th>30</th>
<th>25</th>
<th>20</th>
<th>15</th>
<th>10</th>
<th>5</th>
<th>0</th>
<th>-5</th>
<th>-10</th>
<th>-15</th>
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<td>36</td>
<td>31</td>
<td>25</td>
<td>19</td>
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<td>-74</td>
<td>-81</td>
<td>-88</td>
<td>-95</td>
<td></td>
</tr>
</tbody>
</table>

Frostbite Times: 30 minutes, 10 minutes, 5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275V(V^{0.16})

Where, T = Air Temperature (°F)  V = Wind Speed (mph)

Effective 11/01/01
Appendix Y: Blood-Borne Pathogens

Blood-Borne Pathogens

The athletic training program adheres to the practice of “Universal Precautions” as outlined by O.S.H.A. (Occupational Safety and Health Administration). This is necessary to ensure that all necessary procedures are taken to minimize health risks to patients, staff, and visitors (4).

This standard applies to all athletic department members (facility personnel, coaches, managers, strength and conditioning staff, and the athletic training staff) who, under normal daily tasks, may anticipate contact with blood and other potentially infectious material containing organisms such as HIV, HBV, and HBC (1). Athletic training staff members include the head athletic trainer, assistant athletic trainers, university assistants, graduate assistant athletic trainers and athletic trainer students participating in the pre-clinical and clinical components of the athletic training education program.

IDENTIFICATION OF RISK TASKS (2):

A. Injury/Illness Management

1. Management of open wounds
2. Management of open fractures and dislocations
3. Blister care
4. CPR
5. Rescue Breathing

B. Environmental Management

1. Soiled laundry and linens
2. Cleaning surfaces in work areas
3. Disposal of all Bio-hazardous waste

Universal Precautions require all staff members working in the athletic training facility to treat all patient’s blood and other potentially infectious material (OPIM) as though it is infected with HIV, HBV, HBC or other blood borne pathogens. Universal precautions and infection control must be practiced at all times to minimize the chance of exposure to HIV, HBV, and HBC (4).

HIV, HBV, HBC and other blood borne pathogens can be present in the following:

1. Body fluids, which include saliva, vaginal secretions, cerebral spinal fluid, synovial, pleural, peritoneal, pericardial, and amniotic fluids, and any other body fluid containing visible blood.
2. Unfixed tissues and/or organs, other than skin
3. Blood, which is the primary concern with exposure and transmission of HIV, HBV, and HBC in the occupational setting.
UNIVERSAL PRECAUTION PROCEDURES:

1. Gloves (latex) represent the most common form of a protective barrier against contamination (2).
   a. Gloves should be worn whenever the possibility of exposure to blood or other fluids exists.
   b. Gloves must be used when touching blood, body fluids,
   c. Gloves MUST be changed after contact with each procedure and disposed of in the appropriate Biohazard container. This also applies in the event of a defective, ripped, or torn glove.
   d. Any cut, laceration, abrasion, or cracked/damaged skin on the athletic trainer should be covered with the appropriate bandage prior to treating patients.
   e. GLOVES ARE NOT A SUBSTITUTE FOR HAND WASHING.

2. Hands and other skin surfaces should be washed and decontaminated immediately after contact with each patient. Hands should be washed in soap and warm water for a period of 30 seconds (5). Disposable towelettes or instant hand sanitizing lotions should be used if access to soap and water is not immediately available (example; while on the athletic fields). Hands should be washed as soon as access to soap and water is possible (3).

3. Mucous areas (mouth, nose, etc.) should be rinsed for decontamination immediately after exposure occurs. The incident should be reported following the proper procedures outlined later.

4. Mouth pipetting or suctioning of blood or other potentially infectious material is forbidden (1).

5. Personal Protective Equipment (gowns, masks, goggles) is appropriate in the anticipation of splattering or splashing of blood. Although this is not a common occurrence, these items are located in the drawer labeled biohazard to the left of the sink in the athletic training facility (4).

6. Each athletic training kit shall have a CPR mask with one-way valve, gloves, disposable towelettes or instant hand sanitizing lotions for decontamination, goggles, and red bio-hazard waste bag. These items should be inspected prior to practices or athletic events and replaced if necessary. Broken/damaged equipment should be reported to the appropriate supervisor.

7. Sharp items (scalpels, needles, etc.) must be handled with extreme caution to prevent accidental injury or exposure. After use, these items should be placed in puncture resistant containers for proper disposal. DO NOT attempt to recap, bend, or break needles or blades (1).

8. Broken glass contaminated with blood or other potentially infectious material should be swept up with a dust pan and broom. Gloves must be worn to minimize accidental injury; NO ATTEMPT should be made to pick up pieces with hands for disposal. (1). Broken glass contaminated with blood should be deposited into sharps container.

9. All procedures involving blood or other potentially infectious material must be performed in such a manner to minimize aerosolization, splashing, spraying, splattering or generation of droplets (1).

10. Application of lip balm, cosmetics, and contact lenses is prohibited in the athletic training facility to prevent/minimize potential risk (2).

11. Food or beverage consumption is prohibited in all areas of the athletic training facility. Storage of food is not allowed in the ice machines, shelves, cabinets, or counter tops where other potentially infectious materials are present (2).

12. Accidental injuries or exposure to blood or other potentially infectious materials should be reported to the supervising athletic trainer immediately. All accidents will be reviewed by the infection control committee and are confidential (3).
BIO-HAZARDOUS WASTE AND ENVIRONMENTAL CONTROL

1. Bio-hazardous waste bags and containers that are damaged or full should be removed from the athletic training facility. All material is stored in the medical cabinet; bags must be sealed securely. The Head/Assistant Athletic Trainer will be responsible for annual collection of Bio-hazardous Waste.

   NOTE: All bio-hazardous waste & sharps containers are marked with the universal BIOHAZARD symbol for proper identification. These containers should be evaluated on a monthly basis for cracks, leaks, or defects (1).

2. All work surfaces must be cleaned immediately after treatment is provided to the patient; this also includes blood spills. An approved biohazard product such as Cavicide disinfectant is the preferred method at CCSU, although a bleach and water solution mixed to the ratio of 1:10 is an acceptable method, as is isopropyl alcohol (1).

3. Disposable materials contaminated with blood or other body fluids should be handled with gloves and placed in the appropriate container marked BIOHAZARD (1). Waste containers and bags must be present at all practices or events. These items are located in the Blood Borne Pathogen Kits.

4. Linens and towels with potentially infected materials must be separated from regular laundry (2). These items should be placed in a red plastic bag and marked BIO-HAZARD. The bag is then sealed and taken to the equipment room for appropriate sanitization.

5. Whirlpools, if exposed to blood or other potentially infectious materials, must be drained and cleaned immediately after use. The interior surface should be sterilized with the appropriate decontaminate solution and rinsed. Regular cleaning procedure is then followed. GLOVES MUST BE WORN.

6. Floor spills should be covered with absorbent materials; using gloves, the appropriate disinfectant is applied. Manufacturer’s directions should be followed for proper use. The area should be mopped to remove disinfectant; rinse the mop with clean water and wash area as necessary (1).

7. Modality equipment should be cleaned and sterilized if contact with blood or other potentially infectious material is suspected. Electrode pads, sound heads, wiring, etc. should be cleaned following manufacturer’s instructions to prevent further exposure. Athletic training facility policy requires the use of an anti-bacterial gauze pads as a protective barrier for all electrodes.

8. Non-disposable sharps, tweezers, etc. should be cleaned and scrubbed with warm water and soap, dried, and repacked in the sterilization pack after contamination with blood or other potentially infectious materials. These items will be sent to Health Service on campus for sterilization.

HEPATITIS IMMUNIZATION:

1. This is provided on an annual basis to all athletic training staff members at no charge. Vaccines are administered in a three dose series for prevention of the Hepatitis-B Virus.

2. Immunization arrangements will be made through the Head Athletic Trainer (3).

RECORD KEEPING:

1. HIV, HBV, and HBC training and education will be provided at the beginning of each semester; participation is mandatory for all staff members prior to working in the athletic training facility. Athletic Training records will include name, date, & social security number. This will be kept on file for a minimum period of three years (1).

2. A waiver form for those individuals who opt not to be vaccinated will be kept on file.
Appendix Z: Concussion Protocol

University of Maine
CONCUSSION MANAGEMENT PLAN

A concussion is a brain injury that is caused by a blow to the head or body that may result in improper brain functioning. A concussion can range from mild to very severe and manifests itself differently in each individual.

Concussions are recognized as being a potentially very serious condition that if managed improperly, can lead to catastrophic consequences. At The University of Maine, we take great pride in providing optimal health care to all student-athletes. The following policy has been adopted by the Department of Sports Medicine in an effort to provide a consistent management approach to any student-athlete that suffers a concussion, while also recognizing that each concussion, as well as each student-athlete, is unique and individualized in nature. By managing concussions individually, and considering the student-athlete’s medical history, it allows the physicians and athletic trainers on staff to ensure the safety for each student-athlete.

The University of Maine recognizes that concussions may occur outside of participating in a sport. Therefore the acute management of the student-athlete with such a concussion may occur outside the scope of this document when that occurs. The return to play decisions for the student-athlete that may have suffered a concussion outside of sport participation will be guided by this policy.

This policy includes, but is not limited to the management principles mandated by the NCAA as well as those by the Colonial Athletic Association, Hockey East and America East Conferences.

Education

Prior to each Pre-Season, each student-athlete and coach will be educated on how to recognize signs and symptoms of concussion, the University of Maine Department of Sports Medicine Concussion Management Policy, as well as current trends in concussion management. Each group (Coaches & Student athletes) will receive the NCAA Fact Sheet on Concussion signs and symptoms for their respective group (Appendix A). At the conclusion of the educational session and in the team compliance meeting, each student-athlete and coach will sign a statement acknowledging the receipt of the education (Appendix B), as well as their role in reporting any student-athlete exhibiting signs and symptoms of a concussion to the appropriate member of the Sports Medicine Staff. Head Coaches will also complete the coaches’ form stating they will follow our policy and procedures on concussions (Appendix C) and the Vice President/Athletic Director will complete the Institutional Affidavit (Appendix D) certifying The University of Maine is in compliance with all NCAA rules pertaining to Concussion Management.

During the Annual Sports Medicine Staff Orientation, the Athletic Trainers will review The University of Maine Department of Sports Medicine Concussion Management Policy, review and update the document as necessary to meet the current trends and guidelines in concussion management, and sign a document certifying they will uphold the policy and protocol (Appendix E). The University of Maine Team Physicians will also review the policy and document their receipt of the policy on a signed document (Appendix F).

Reporting a Concussion

Anyone that suspects a student-athlete has a concussion, or notices any student-athlete suffering from any symptoms of a concussion, must report the concerns to the appropriate member of the University of Maine Sports Medicine Staff.
Acute Management of a Concussion

The Sports Medicine Staff shall remove any student-athlete that reports or appears to be suffering from symptoms of a concussion from participation for evaluation. Initial evaluation by the Sports Medicine Staff includes, but is not limited to, symptom assessment, physical and neurological exam, cognitive assessment, balance exam, and clinical assessment for vertical spine trauma, skull fracture and intracranial bleeding. Following evaluation from the Sports Medicine Staff and any emergent care issues are addressed, decisions will be made whether the student-athlete should be transported to the local hospital for emergency care and/or further diagnostic testing. The student athlete will report to the athletic trainer and athletic training room DAILY for symptom scale paperwork and verbal communication with a certified athletic trainer. DAILY until told otherwise by the ATC.

Any student-athlete that is diagnosed with a concussion by a physician shall not return to participation for the remainder of that day. This is to ensure that the student-athletes do not negatively influence the nature of the injury by further exerting themselves. Take home education, either orally or in written form, in reference to post-concussion injury will be given to the student-athlete and/or responsible adult (Appendix G).

Post-Acute Concussion Management

Once a concussion had been diagnosed the student-athlete will not be left alone on the sideline and mental status will be regularly monitored. If the student-athlete demonstrates a Glasgow coma scale less than 13, suffer prolonged loss of consciousness (> 1 minute), experience repetitive vomiting, worsening mental status, or any extreme exacerbation of symptoms EMS will be activated and the Facility EAP will be followed.

Follow-up Physician care will be determined on an individual basis as directed by the University of Maine Sports Medicine Staff. Student-athletes with prolonged recovery will be evaluated by a Team Physician in order to consider additional diagnosis and best management options.

SCAT3 testing (Appendix H) will be performed as determined by the Sports Medicine Staff based on the individual, and their symptoms.

Post-concussive neuro-psychological testing and a “symptom score” will be performed on a schedule as determined by the sports medicine staff based on the scores of the student-athlete and their symptoms.

Once a student-athlete has been asymptomatic for at least 24 hours, a gradual return-to-play protocol shall be implemented, under the direction of a Physician.

- Step 1. Light Aerobic Exercise without resistance training.
- Step 2. Sport-specific exercise and activity without head impact.
- Step 3. Non-contact practice with progressive resistance training.
- Step 4. Unrestricted Training.
- Step 5. Return to competition.

With the aforementioned progression, a student-athlete should be allowed to progress, as long as symptoms do not arise at the current level. If symptoms do arise during the progression, the student-athlete will return to the previous asymptomatic level.
Return-to-Learn

The Sports Medicine Staff will work with Student Academic Services (SAS), in compliance with the Americans with Disabilities Act Amendments Act (ADAAA), to complete a return-to-learn progression after an acute concussion.

If a student-athlete is suspected to have a concussion, the student-athlete will be held from class until further evaluation can be completed. The Sports Medicine Staff will work with the appropriate member of the SAS Team to inform the student athlete’s professors of their condition. The student-athlete should not return to class on the same day a concussion occurs. A cognitive rest letter will be sent to the student-athletes professors (Appendix I).

The student-athlete will be re-evaluated by the Sports Medicine Staff periodically and will return to class as symptoms allow. The student-athlete is responsible for communicating with the sports medicine staff if symptoms increase during academic activity so appropriate adjustments can be made. The Sports Medicine Staff will communicate with the SAS Team as much as necessary on the condition of each student athlete pertaining to their return to academic activity.

If the student-athlete has concussion symptoms lasting longer than 2 weeks after the initial injury, the sports medicine staff, in consultation with the SAS Team, will determine if further academic modification is needed. If further academic modification is needed, the sports medicine staff will work with the SAS Team and Student Assistance Services for necessary accommodations. A Concussion Modification request will be filled out by the Team Physician and sent to Student Assistance Services (Appendix J).

In accordance with NCAA policies and the University of Maine’s commitment to student-athlete welfare and safety, the following plan regarding the management of concussions is being implemented.

1.) At the beginning of each school year, every student-athlete will sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process student-athletes will be presented with educational material on concussions.

2.) At the beginning of each school year, every coach will receive an informational sheet on concussions and sign a statement acknowledging receipt of the information and their role in the management of concussions and sport safety.

3.) Emergency Action Plans for each venue utilized by the athletics program at the University of Maine are maintained and posted on the University of Maine Athletics website under the Sports Medicine page.

4.) All student-athletes involved in the intercollegiate athletic program at the University of Maine are guaranteed equitable access to appropriate health care. The team physician / medical provider and certified athletic trainers are available through the Kessock Sports Medicine Center and the Cutler Health Center with their staff of clinicians is open to all university students.

5.) Athletics healthcare providers are empowered to have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate.
The certified athletic training staff works very closely with a team of medical providers in a number of specialties to provide comprehensive sports medicine services. Occasionally the providers will also utilize outside, consulting physicians to provide the best care possible to the student-athlete.

6.) Baseline assessments will be available to all student-athletes at the University of Maine. In addition and in accordance with NCAA recommendations, first-time student athletes at Maine will automatically have baseline testing done. The Team Physician will review their medical and concussion history during their pre-participation physical and determine pre-participation clearance and/or the need for additional consultation or testing.

Baseline testing will include a symptoms checklist, a neuropsychological exam as well as vestibular testing.

7.) When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussion. This may be a certified athletic trainer, physician, nurse practitioner or physician assistant.

A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and not return to activity for the remainder of that day.

The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.

The student-athlete will be evaluated by a team physician or other appropriate medical provider at the earliest possible opportunity.

Follow-up symptom scores, neuropsychological testing and balance testing will be done and these test results will be interpreted by a medical provider with specific training in the interpretation of such results.

Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play will follow a medically supervised stepwise process as outlined in the Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport Held in Zurich, November 2008. (See Table 1.)

Final authority for Return-to-Play shall reside with the team physician or the physician’s designee.

8.) Documentation of the incident, evaluation, continued management, and clearance of the student-athlete with a concussion will be placed in the student-athlete’s medical record.

9.) Even though individual sports may currently have rules in place; athletics staff, student-athletes and officials should continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted and current rules of play should be strictly enforced.

10.) Academic Support Services for Student Athletes will be notified of any student-athletes with a concussion. Request of academic accommodations and notification of professors will be made when appropriate.
## Table 1: Zurich Concussion Conference: Graduated Return-to-Play Protocol

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Functional Exercise at Each Stage of Rehabilitation</th>
<th>Objective of Each Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming, or stationary cycling, keeping intensity to 70% of maximum predicted heart rate; no resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>3. Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer; no head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4. Non-contact training</td>
<td>Progression to more complex training drills, eg, Exercise, coordination,</td>
<td></td>
</tr>
</tbody>
</table>
University of Maine Sports Medicine
Concussion Baseline Testing

Signs and Symptoms of a Concussion

Signs and symptoms of a concussion may include, but are not limited to the following:
- Headache
- Dizziness
- Nausea/Vomiting
- Tinnitus (ringing in ears)
- Disorientation
- Balance problems
- Difficulty concentrating
- Personality changes
- Vision changes
- Amnesia
- Sensitivity to light and/or noise
- Loss of consciousness

Exercise or activities that require a lot of concentration may cause symptoms to re-appear or worsen, thus increasing the time one needs to recover from a concussion.

Baseline Testing

Each student-athlete on an active sport roster will be tested with a computerized neuro-psychological exam (ImPact), symptom evaluation (Appendix K), and balance assessment using the BESS TEST. The reason for this is to have “baseline scores” for comparison should a student-athlete sustain a concussion throughout their athletic career.

Balance examination

This balance testing is based on a modified version of the Balance Error Scoring System (BESS). A stopwatch or watch with a second hand is required for this testing.

Balance testing

“I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances.”

(a) Double leg stance:
“The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes.”

(b) Single leg stance:
“If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this
position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(e) **Tandem stance:**
“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

**Balance testing – types of errors**
1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec
Reporting a Concussion

Anyone that suspects a student-athlete has a concussion, or notices any student-athlete suffering from any symptoms of a concussion, must report the concerns to the appropriate member of the University of Maine Sports Medicine Staff.

Acute Management of a Concussion

The Sports Medicine Staff shall remove any student-athlete that reports or appears to be suffering from symptoms of a concussion from participation for evaluation. Initial evaluation by the Sports Medicine Staff includes, but is not limited to, symptom assessment, physical and neurological exam, cognitive assessment, balance exam, and clinical assessment for cervical spine trauma, skull fracture and intracranial bleeding.

Following evaluation from the Sports Medicine Staff and any emergent care issues are addressed, decisions will be made whether the student-athlete should be transported to the local hospital for emergency care and/or further diagnostic testing.

Any student-athlete that is diagnosed with a concussion by a physician shall not return to participation for the remainder of that day. This is to ensure that the student-athletes do not negatively influence the nature of the injury by further exerting themselves. Take home education, either orally or in written form, in reference to post-concussion injury will be given to the student-athlete and/or responsible adult (Appendix H).

Post-Acute Concussion Management

Once a concussion had been diagnosed the student-athlete will not be left alone on the sideline and mental status will be regularly monitored. If the student-athlete demonstrates a Glasgow coma scale less than 13, suffer prolonged loss of consciousness (> 1 minute), experience repetitive vomiting, worsening mental status, or any extreme exacerbation of symptoms EMS will be activated and the Facility EAP will be followed.

Follow-up Physician care will be determined on an individual basis as directed by the University of Maine Sports Medicine Staff. Student-athletes with prolonged recovery will be evaluated by a Team Physician in order to consider additional diagnosis and best management options.

SCAT3 testing (Appendix I) will be performed as determined by the Sports Medicine Staff based on the individual, and their symptoms.

Post-concussive neuro-psychological testing and a “symptom score” will be performed on a schedule as determined by the sports medicine staff based on the scores of the student-athlete and their symptoms.

Once a student-athlete has been asymptomatic for at least 24 hours, a gradual return-to-play protocol shall be implemented, under the direction of a Physician.

- Step 1. Light Aerobic Exercise without resistance training.
- Step 2. Sport-specific exercise and activity without head impact.
- Step 3. Non-contact practice with progressive resistance training.
- Step 4. Unrestricted Training.
- Step 5. Return to competition.

With the aforementioned progression, a student-athlete should be allowed to progress, as long as symptoms do not arise at the current level. If symptoms do arise during the progression, the student-athlete will return to the previous asymptomatic level.
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix A

NCAA Concussion Fact Sheets
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.
Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.
Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.
A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
**CONCUSSION**

**A FACT SHEET FOR COACHES**

**THE FACTS**
- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

**WHAT IS A CONCUSSION?**
A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

**RECOGNIZING A POSSIBLE CONCUSSION**
To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:
1. A forceful blow to the head or body that results in rapid movement of the head; and
2. Any change in the student-athlete’s behavior, thinking or physical functioning (see signs and symptoms).

**SIGNS AND SYMPTOMS**

**Signs Observed By Coaching Staff**
- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets play.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can’t recall events before hit or fall.
- Can’t recall events after hit or fall.

**Symptoms Reported By Student-Athlete**
- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, buzzy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not “feel right.”
PREVENTION AND PREPARATION
As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
- Review and practice your emergency action plan for your facility.
- Know when you will have sideline medical care and when you will not, both at home and away.
- Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
- Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
  - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
  - Encourage student-athletes to practice good sportsmanship at all times.
  - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:
Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.

IF A CONCUSSION IS SUSPECTED:
1. Remove the student-athlete from play. Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just “shake it off.” Each individual athlete will respond to concussions differently.
2. Ensure that the student-athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. Allow athletic medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.
4. Develop a game plan. Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

IT’S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, SIT THEM OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix B

Student Athlete & Coach Concussion Acknowledgement
The University of Maine Department of Sports Medicine

Concussion Management Policy

What is a concussion?
A concussion is a brain injury that is caused by a blow to the head or body that may result in improper brain functioning. A concussion can range from mild to very severe and manifests itself differently in each individual.

Signs and Symptoms of a concussion include but are not limited to:
- Headache
- Personality changes
- Dizziness
- Vision changes
- Nausea/vomiting
- Amnesia
- Tinnitus
- Sensitivity to Light and/or noise
- Disorientation
- Loss of consciousness
- Balance problems
- Difficulty concentrating

Symptoms of a concussion are unique to each individual and may change or worsen over time. Activities that require prolonged concentrations such as studying, working on a computer, video games, etc. may also worsen concussion symptoms.

What should I do if I suspect I have a concussion?
The primary objective of the University of Maine Sports Medicine Staff is to provide the best possible care to each and every student athlete. It is the responsibility of the student-athlete to report any and all injuries, including the suspicion of concussion to a member of the Sports Medicine Staff. Providing such information will help to guide a safe recovery and return to play as directed by the Sports Medicine Staff.

Concussion Disclosure
I, ______________________________, understand and recognize that in order to ensure the best possible medical care I am responsible to disclose any and all information regarding an athletic or non-athletic related injury to the University of Maine Sports Medicine Department. Additionally, I hereby affirm that I have received and understand educational material related to concussion and will specifically disclose to the University of Maine Sports Medicine Department any sign or symptom of concussion that I may experience. I understand that my failure to do so may be detrimental to my medical care and I may suffer unnecessary harm.

___________________________________________           _________________
Student-Athlete Signature                       Date
Concussion Management Policy

What is a concussion?
A concussion is a brain injury that is caused by a blow to the head or body that may result in improper brain functioning. A concussion can range from mild to very severe and manifests itself differently in each individual.

Signs and Symptoms of a concussion include but are not limited to:
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- Disorientation
- Loss of consciousness
- Balance problems
- Difficulty concentrating

Symptoms of a concussion are unique to each individual and may change or worsen over time. Activities that require prolonged concentrations such as studying, working on a computer, video games, etc. may also worsen concussion symptoms.

What should I do if I suspect a student athlete has a concussion?
The primary objective of the University of Maine Sports Medicine Staff is to provide the best possible care to each and every student athlete. It is the responsibility of the coach to report any and all injuries, including the suspicion of concussion to a member of the Sports Medicine Staff. Proving such information will help to guide a safe recovery and return to play as directed by the Sports Medicine Staff.

Concussion Disclosure

I, _______________________________ understand and recognize that in order to ensure the best possible medical care for our student athletes; I am responsible to disclose any and all information regarding an athletic or non-athletic related injury to the University of Maine Sports Medicine Department. Additionally, I hereby affirm that I have received and understand the educational materials related to concussion and will specifically disclose to the University of Maine Sports Medicine Department any sign or symptom of concussion that I observe a student athlete to possess. I further understand that my failure to do so may be detrimental to the medical care for a student athlete and it may cause them unnecessary harm.

______________________________  ________________
Coach Signature Date
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix C

Head Coaches Concussion Acknowledgement
Coaches Concussion
Acknowledgement Form

I, ________________________, acknowledge that as a member of the athletic department at, ___________________, I accept responsibility for supporting my university’s policy on concussion management.

I understand that student-athletes are at risk of head injury and/or concussion. I also understand the importance of reporting any symptoms of a head injury/concussion to an athletic trainer and/or team physician. I also accept responsibility for reporting signs or symptoms that I may witness.

By signing below, I acknowledge that my institution has provided me and the student-athletes within my program with educational materials on concussion symptoms, including institutional policies regarding concussion management and I have had the opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, ________________________ have read the above and agree that the statements are accurate.

____________________________________  ______________________
Head Coach (Signature)                  Date

____________________________________  ______________________
Compliance or Sport Administrator (Signature)  Date
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix D

Athletics Health Care Administrator
Concussion Affidavit
Institutional Affidavit

I certify that the athletic department has a formal institutional written concussion management plan that is in compliance with NCAA requirements of bylaw 3.2.4.18 and affirms proper education of staff, coaches and student-athletes regarding this policy.

By signing below, I accept responsibility for supporting my university’s policy on concussion management as athletics health care administrator.

Athletics Health Care Administrator (Signature)  Date
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix E

University of Maine Sports Medicine Agreement
I, ____________________________, have read and understand the contents of this manual. By signing this page, I agree to adhere to the rules and regulations, including the concussion management policy, emergency action plans, and the policies and procedures, established by the University of Maine Sports Medicine Program. I realize as an athletic trainer that I am expected to conduct myself in a professional manner at all times. I understand that if I fail to comply with these guidelines, disciplinary action may be taken.

__________________________  ______________________
Signature                  Date
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix F

The University of Maine Team Physician Concussion Acknowledgement
I, ___________________________, have read and understand the contents of The University of Maine Department of Sports Medicine Concussion Management Policy and have reviewed the associated educational materials provided to all parties. By signing below, I agree to adhere to the policy pertaining to student athletes under my care with a concussion and will work with other members of the Sports Medicine and SAS Teams to provide each student athlete with the appropriate medical care.

_________________________  ___________________________  ____________
Team Physician  Signature  Date
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix G

Concussion/Head Injury Take Home Instructions
Concussion/Head Injury Take Home Instructions

Name: _________________________________ Date: ______

You have received an injury to your head. At this time, no serious signs or complications have been noted. However, it is highly recommended you be monitored by a responsible adult for a period of time.

If you notice any changes in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, **contact your Athletic Trainer or report to the Athletic Training Room immediately.** If you are unable to reach the Sports Medicine staff and it is after Athletic Training Room hours, then you may activate emergency medical services by either having someone drive you to the nearest hospital, or call 911 for an ambulance. **DO NOT ignore any changes in the symptoms of your concussion.**

**Other important points to remember:**

- Rest and avoid any strenuous activity for at least 24 hours or until you have been reevaluated by the Sports Medicine Staff
- **NO** alcohol
- **NO** drugs/painkillers that could alter your mental status
- **NO** operating a motor vehicle until cleared by the Sports Medicine Staff
- You may use Tylenol if instructed by a physician or a member of the Sports Medicine Staff
- **Please limit the use of all electronic devices (texting, computer use, video games, television, etc.)**

Please report to the athletic training room on ________________________________ for further evaluation before returning to any athletic/academic activity.

_________________________________________  ____________________________________________
Athletic Trainer                                           Phone Number

_________________________________________  ____________________________________________
Athletic Trainer Signature                         Student Athlete Signature
Appendix H

SCAT 3
Br J Sports Med 2013 47: 259
**What is the SCAT3?**

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 12 years and older. It superseded the original SCAT and the SCAT2 published in 2005 and 2009, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups, or organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

**NOTE:** The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is “normal.”

**What is a concussion?**

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache),
- Physical signs (e.g., unsteadiness),
- Impaired brain function (e.g., confusion),
- Abnormal behaviour (e.g., change in personality).

**SIDELINE ASSESSMENT**

**Indications for Emergency Management**

**NOTE:** A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

**Potential signs of concussion?**

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional, and should not be permitted to return to sport the same day if a concussion is suspected.

- Loss of consciousness?
- “If so, how long?”
- Balance or motor incoordination (dramatic, slow/laborious movements, etc.)
- Disorientation or confusion (ability to respond appropriately to questions)
- Loss of memory:
  - “If so, how long?”
- Before or after the injury?
- Blank or vacant look
- Visible facial injury in combination with any of the above.

**Glasgow coma scale (GCS)**

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<tr>
<th>Best eye response (E)</th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>No eye opening</td>
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</tr>
<tr>
<td>Eye opening in response to pain</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye opening to speech</td>
<td>3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eyes opening spontaneously</td>
<td>4</td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Best verbal response (V)</th>
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<td>Inappropriate words</td>
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<td>Confused</td>
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<td></td>
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<tr>
<td>Oriented</td>
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<td></td>
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</table>

**Best motor response (M)**

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<td>Extensor to pain</td>
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<tr>
<td>Abnormal flexion to pain</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexion/Withdrawal to pain</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localizes to pain</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obey commands</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Glasgow Coma score (E + V + M) of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

**Maddocks Score**

“I am going to ask you a few questions. Please listen carefully and give your best effort.”

**Modified Maddocks questions:** 1 point for each correct answer

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>What venue are we at today?</td>
<td></td>
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</tr>
<tr>
<td>Which half is it now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who scored last in this match?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What team did you play last week/game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your team win the last game?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maddocks score of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

**Notes:** Mechanism of Injury (“tell me what happened”):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.
**BACKGROUND**

Name: __________________________ Date: ____________________________

Examiner: ________________________ Date/time of injury: ____________

Sport/team/school: ____________________ Years of education completed: ________________

Age: ____________________________ Gender: ______ M ______ F ______

Years of education completed: ______

Dominant hand: ______ right ______ left ______ neither ______

How many concussions do you think you have had in the past? ______ How was the most recent concussion? ______

When was your recovery from the most recent concussion? ______

How long was your recovery from the most recent concussion? ______

Have you ever been hospitalized or had medical imaging done for a head injury? ______

Have you ever been diagnosed with headaches or migraines? ______

Do you have a learning disability, dyslexia, ADD/ADHD? ______

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? ______

Has anyone in your family ever been diagnosed with any of these problems? ______

Are you on any medications? If yes, please list: ______

**SYMPTOM EVALUATION**

How do you feel?

"You should score yourself on the following symptoms, based on how you feel now."

<table>
<thead>
<tr>
<th>Headache</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Feeling like &quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Total number of symptoms (Maximum possible 22)

Symptom severity score (Maximum possible 12)

Do the symptoms get worse with physical activity? ______

Do the symptoms get worse with mental activity? ______

Self rated ______ self rated and clinician monitored ______

Clinician interview ______ self rated with parent input ______

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

List the response: ______

no different ______ very different ______ unsure ______ N/A ______

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete’s readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

**COGNITIVE & PHYSICAL EVALUATION**

**4 Cognitive assessment**

Standardized Assessment of Concussion (SAQ)

Orientation (1 point for each correct answer)

What month is it? ______

What is the date today? ______

What is the day of the week? ______

What year is it? ______

What time is it right now? (within 1 hour) ______

Orientation score ______ of 5

**Immediate memory**

List Trial 1 Trial 2 Trial 3 Alternative word list

<table>
<thead>
<tr>
<th>elbow</th>
<th>0</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>candle</th>
<th>baby</th>
<th>finger</th>
</tr>
</thead>
<tbody>
<tr>
<td>apple</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>paper</td>
<td>monkey</td>
<td>penny</td>
</tr>
<tr>
<td>carpet</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>sugar</td>
<td>perfume</td>
<td>blanket</td>
</tr>
<tr>
<td>sabble</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>sandwich</td>
<td>sunset</td>
<td>lemon</td>
</tr>
<tr>
<td>bubble</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>wagon</td>
<td>iron</td>
<td>insect</td>
</tr>
</tbody>
</table>

Total Immediate memory score total ______ of 15

**Concentration: Digits Backward**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Alternative digit 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3-3-7-4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7-3-5-1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total of 4</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)


Concentration score ______ of 5

**5 Neck Examination:**

Range of motion ______ Tenderness ______ Upper and lower limb sensation & strength ______

**Findings:**

**6 Balance examination**

Do one or both of the following tests:

Footwear (shoes, barefoot, braces, tape, etc.)

Modified Balance Error Scoring System (BESS) testing ______

Which foot was tested (i.e., which is the non-dominant foot) ______

Testing surface (hard floor, field, etc.) ______

Condition ______

Double leg stance: ______

Single leg stance (non-dominant foot): ______

Tandem stance (non-dominant foot at back): ______

And/or ______

Tandem gait ______

Time (best of 4 trials): ______ seconds ______

**7 Coordination examination**

Upper limb coordination ______

Which arm was tested: ______

Coordination score ______ of 1

**8 SAC Delayed Recall**

Delayed recall score ______ of 5
INSTRUCTIONS
Words in italics throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale
“You should score yourself on the following symptoms, based on how you feel now.”
To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.
For total number of symptoms, maximum possible is 22.
For Symptom severity score, add all scores in table, maximum possible is 21 + 6 = 132.

SAC¹
Immediate Memory
“I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.”
Trials 2 & 3:
“I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you told the word before.”
Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.
Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration
Digits backward
“I am going to recite a string of numbers and when I am done, you repeat them back to me backward, in reverse order of how I read them to you. For example, if I say 2, 4, 6, you would say 6, 4, 2.”
If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order
“Now tell me the months of the year in reverse order. Start with the last month and go backwards. So you’ll say December, November... Go ahead.”
1 pt. for entire sequence correct

Delayed Recall
The delayed recall should be performed after completion of the Balance and Coordination Examination.
“Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.”
Score 1 pt. for each correct response

Balance Examination
Modified Balance Error Scoring System (BESS) testing³
This balance testing is based on a modified version of the Balance Error Scoring System (BESS)². A stopwatch or watch with a second hand is required for this testing.
“I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle if applicable, and remove any ankle taping if applicable. This test will consist of three second tests with different stances.”

(a) Double leg stance:
The first stance is standing with your hands on your hips and with your eyes closed. You should try to maintain balance in this position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes.

(b) Single leg stance:
“If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain balance for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(c) Tandem stance:
“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain balance for 30 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

Balance testing – types of errors
1. Hands lifted off balance
2. Opening eyes
3. Step, stumble, or fall
4. Moving hips > 30 degrees abduction
5. Lifting foot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10. If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gait²
Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 33 cm wide (sports tape) 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3 m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the line is not recorded and the trial repeated, if appropriate.

Coordination Examination
Upper Limb coordination
Finger-to-nose (FTN) task:
“I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder moved to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform alternate finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible.”

Scoring: 5 correct repetitions in < 4 seconds = 1
Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes
1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The B3SM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.
ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for
Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they:
- Have a headache that gets worse
- Are very drowsy or can’t be awakened
- Can't recognize people or places
- Have repeated vomiting
- Have usually or seem confused, are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe.
Consult your doctor after a suspected concussion.

Return to play
Athletes should not be returned to play the same day of injury.
When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression.

For examples:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-0</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>R-1</td>
<td>Walking, swimming or stationary cycling</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>R-2</td>
<td>Running, jumping, cutting</td>
<td>Increase strength</td>
</tr>
<tr>
<td>R-3</td>
<td>Sports-specific tasks</td>
<td>Add movement</td>
</tr>
<tr>
<td>R-4</td>
<td>Minimal impact activities</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>R-5</td>
<td>All sports except contact</td>
<td>Return to play</td>
</tr>
<tr>
<td>R-6</td>
<td>All sports</td>
<td>Normal game play</td>
</tr>
</tbody>
</table>

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

CONCUSSION INJURY ADVICE

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:
- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
  - Do not drive until medically cleared
  - Do not train or play sport until medically cleared

Clinic phone number
The University of Maine Department of Sports Medicine

Concussion Management Policy

Appendix I

The University of Maine Baseline Concussion Symptom Scale
**UNIVERSITY OF MAINE SPORTS MEDICINE**  
*Concussion Symptom Scale*

Name: _______________________  ID#: ___________________  DOB: ____________

Date: ____________ Date of Injury: ____________  Sport: ________________

Directions: After reading each symptom, please circle the number which best describes the way that you are currently feeling. A rating of 0 means that you are not currently experiencing that particular symptom. A rating of 6 means that you are experiencing severe problems with that particular symptom. If this is a baseline scale, please rate the symptoms based on how you have felt in the past week.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion/Disorientation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping More Than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Double Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervousness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Numbness or Tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Like “In a Fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty with Memory</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Appendix J

Cognitive Rest Letter
Dear Professor,

This letter is to inform you that (student-athlete’s name) sustained a concussion on (date). As with all injuries, head injuries require a period of rest and rehabilitation to heal properly. The function of the brain requires that this rest be from both physical and cognitive exertion. While we have the capability to monitor the physical rest of this student-athlete, the academic, social, and environmental cognitive stressors are beyond our control. Therefore, we ask that you please consider these stressors and the overall well-being of (student-athlete’s first name) if (he/she) should contact you regarding rescheduling academic requirements that may occur during this period of cognitive rest.

Please be aware that our recommendation is for complete physical and cognitive rest until the student-athlete is asymptomatic at rest. That being said, at no time will the student-athlete be instructed to disregard any academic requirement, merely to work with each professor to identify possible adjustments and/or extensions. The student-athlete has also been advised that cognitive rest entails avoiding unnecessary talking on the phone, text messaging, sitting in front of a computer, watching television, reading, etc. The student-athlete will be monitored for signs and symptoms on a daily basis by our certified athletic training staff and follow up with the medical provider will occur within 10 days. If longer-term arrangements must be made, Disability Support Services will be notified.

We appreciate your understanding in this matter. If you have any further questions about the nature of this letter or the importance of cognitive rest in the rehabilitation from concussive injuries, please feel free to contact me.

Sincerely,

Cameron Trubey, MD
Paul Culina, M.Ed., ATC
Ryan Taylor M.Ed., ATC
Sports Medicine, Department of Athletics
University of Maine
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Concussion Management Policy

Appendix K

Concussion Modification Request
University of Maine Sports Medicine
Concussion Modification Request

Patient Name:_________________________ Date of Evaluation:

ACADEMIC ACCOMMODATIONS
The following academic accommodations may help in reducing the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the injury period. **These academic accommodations must be considered part of medical care and treatment for this medical condition.** Needed accommodations may vary by course. The student and athletic academic counselor are encouraged to discuss and establish accommodations with the professors on a class-by-class basis. The school and athletic academic counselor may wish to formalize accommodations through disability support services if symptoms persist following treatment and less formalized accommodations.

Follow-up evaluation and revision of recommendations to occur ____________________.

☐ **Testing:** Students with concussion have increased memory and attention problems. Highly demanding activities like testing can significantly raise symptoms (e.g., headache, fatigue) which in turn can make testing more difficult.

- extra time to complete tests
- testing in a quiet environment
- allow testing across multiple sessions
- no tests or quizzes
- reformat from free response to multiple choice or provide cueing (e.g., a notecard for helpful formulas).

☐ **Note Taking:** Note taking may be difficult due to impaired multitasking abilities and increased symptoms. Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multi-tasking demands. If this is not possible, allow the student photocopied notes from another student.

☐ **Workload Reduction:** It takes a concussed student much longer to complete assignments due to increased memory problems and decreased speed of learning. Therefore, it is recommended that “thinking” or cognitive load be reduced, just as physical exertion is reduced.

- reduce overall amount of make-up work, class work, and homework (recommended: 50-75%)
- shorten tests and projects
- passively work (e.g., sit and listen with no active involvement)
- limited / no computer use

☐ **Extra Time:** With increased symptoms, students are advised to rest, and therefore may need to turn assignments in late on occasion. Allow student to turn in assignments late.

☐ **Attendance Restrictions**

- Full days as tolerated
- Half-days as tolerated
- No school until ______________, then attempt half days as tolerated until ______________, then full days as tolerated.

☐ Other attendance restriction ____________________________________________

** Full or partial days missed due to post-concussion symptoms should be medically excused.

☐ **Other Accommodations**

- Allow student to wear hat and/or sunglasses (sensitivity to light)
- Report any changes in mood/personality to the sports medicine staff
- Change setting (brightness/ contrast) on computer screen to reduce headache / sensitivity to light.
- No physical exertion
- No Sports Participation

Signature__________________________________________________________

Cameron Trubey, MD, Team Physician
Craig Curtis MD, Team Physician

Paul Culina, M.Ed, ATC, Hockey Athletic Trainer
Ryan Taylor, M.Ed, ATC, Head Athletic Trainer