

POLICIES AND PROCEDURES

The following pages contain some of the commonly requested policies and procedures of the Liberty University Sports Medicine Department. Policies and procedures can be found for the following subjects in the following order:

1. Liberty University Sports Medicine Lightning Safety Policy
2. Liberty University Sports Medicine Notice of Privacy Practices – HIPPA Policy
3. Liberty University Sports Medicine Concussion Standard of Care Policy
4. Liberty University Sports Medicine ADHD Documentation and Medication Policy

Lightning Policy



Chain of Command

The responsibility for terminating or postponing an athletic activity in the event of lightning, severe weather, or storms lies with the LU certified athletic trainer (practices) or the LU Game Administrator (games).

- An LU certified athletic trainer will communicate with the LU Game Administrator, the head coach and/or his/her designee, and game official(s)/umpire(s) of the potential for a lightning strike, severe weather, and/or storm, and will make the recommendation that all activities stop immediately.
- If the head coach is not present, an assistant coach will assume responsibility.
- If a coach and/or game official(s)/umpire(s) make the decision to continue to practice and/or continue with a game or other activity despite a National Weather Service Severe Weather Warning, the cancellation of classes, and/or the verbal instruction by a LU certified athletic trainer or LU Game Administrator, they will be doing so against the recommendations of the LU Athletics Department, and will be personally liable for any and all injuries.

Criteria For Evacuation of the Practice /Game Area

The policy of the Liberty University Athletics Department will be as follows:

- An LU certified athletic trainer will inform the visiting team's athletic trainer and/or coach and game official(s) / umpire(s) of LU's policy with regards to lightning, severe weather, and/or storms during pre-game warm-ups.
- An LU certified athletic trainer will monitor the lightning and storm activity via electronic notification system.
- When a lightning strike occurs **within 20 miles of the facility or a severe weather warning is issued**, an alert will be issued electronically to the LU certified athletic trainer. That information will be relayed to the following persons:

- The game official / umpire (at a break in the action)
- The LU head coach and/or his/her designee
- The visiting team's athletic trainer and/or coach (if applicable); and
- LU game administrator / operations staff (if applicable)

- When a lightning strike occurs **within 8 miles of the facility**, an alert will be issued electronically to the LU certified athletic trainer to **clear the field of play**. That information will be relayed to the following persons:

- The game official(s) / umpire(s)
- The LU head coach and/or his/her designee
- The visiting team's athletic trainer and/or coach (if applicable); and
- LU game administrator / operations staff (if applicable)

At this point, all game/practice activities are to cease **IMMEDIATELY**, and ALL personnel are to evacuate to a safe structure or location.

- Prior to game or practice activities, an LU certified athletic trainer or LU game administrator will notify visiting team personnel of a designated safe location for their team, should lightning or severe weather occur.
- Any spectators present at the facility should also seek a safe structure or location. It is advised that all spectators not directly working with either team should seek the safety of their vehicle, so long as it qualifies as a safe structure.
- A safe structure or location is defined as “any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”. Examples of locations that routinely **DO NOT** meet the criteria include-
 - Baseball / softball dugouts or “covered” batting cages.
 - Outside storage sheds.
 - Canopy / awning / tent.

- In the absence of a safe area as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Golf carts do not provide enough protection and cannot be considered safe from lightning.
- Persons should avoid taking showers and using plumbing facilities (pools, whirlpools, jacuzzi, etc) and land-line telephones during a thunderstorm.
- If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the “lightning-safe” position- a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT!** Minimize the body’s surface area and minimize contact with the ground.
- If unable to reach safe shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.
- In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, **LIGHTNING IS IMMINENT!** Therefore, all persons should assume the “lightning-safe” position as described above.
- A cellular and/or portable remote phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.
- If the LU administration have canceled classes at the university due to severe weather, the LU Athletics Department recommends the cancellation of all games, practices, and other activities.
- All individuals should have the right to leave a site or activity, without fear of repercussion or penalty, in order to seek a safe structure or location if they feel that they are in danger from impending lightning activity.

Criteria For Safe Return to the Practice/Game Area

- Personnel should not return to the practice/game area until **thirty (30) minutes have passed since the last lightning strike has occurred within 8 miles** of the athletic facility in use.
- Each time a lightning strike occurs within 8 miles, the “30-minute clock” is to be reset.
- An electronic alert will be sent to the certified LU athletic trainer indicating when no strikes have occurred inside of 8 miles within the previous 30 minutes.
- Blue skies in the local area and/or a lack of rainfall are not adequate reasons to breach the 30-minute return-to-play rule. Lightning can strike up to ten (10) miles away from the rainshaft of a storm.

Prehospital Care of Victims of a Lightning Strike

- Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment.
- During an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.

- The first priority of personnel is to move the lightning strike victim to a safe location.
- Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible.
- The basic triage principle of "treat the living first" should be reversed in cases involving casualties from a lightning strike. It is imperative to treat those persons who are "apparently dead" first.
- Lightning strike victims should be evaluated and treated for hypothermia, shock, fractures, and burns as well.

References:

Bennett, B.L. (1997). A model lightning safety policy for athletics. *Journal of Athletic Training*, 3, 251-253.

NCAA Guideline 1D: Lightning Safety. *NCAA Sports Medicine Handbook* (1999).

Walsh, K.M. et. al (2001). National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics & Recreation. *Journal of Athletic Training*, 34(4), 471-477.

LIBERTY UNIVERSITY SPORTS MEDICINE DEPARTMENT

Lightning / Severe Weather Statement To Be Read at Outside Events

LU Football / Baseball / Softball / Soccer / Track Stadium-

In the event of lightning, thunder, or other severe weather, it is the policy of the LU Athletics Department that all spectators immediately evacuate the grandstand and bleacher areas. It is advised that spectators evacuate to hard-topped vehicles until it has been determined that it is safe to return to the grandstand and bleacher areas.

LU Tennis Courts

In the event of lightning, thunder, or other severe weather, it is the policy of the LU Athletics Department that all spectators immediately evacuate the grandstand and court areas. It is advised that spectators evacuate to hard-topped vehicles or a fully enclosed building until it has been determined that it is safe to return to the grandstand and court areas.

Off-Campus Athletic Venues (e.g. Cross Country, Golf, etc.)

In the event of lightning, thunder, or other severe weather, it is the policy of the LU Athletics Department that all spectators immediately evacuate the area. It is advised that spectators evacuate to hard-topped vehicles or fully enclosed buildings until it has been determined that it is safe to return to the grandstand and bleacher areas.

NOTICE OF PRIVACY PRACTICES – HIPPA POLICY

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any questions, please contact the Head Athletic Trainer at the address or telephone number at the bottom of this Notice.

The Liberty University Athletic Department (LUAD) provides health care to our student-athletes in partnership with physicians and other professionals and organizations. The information privacy practices in this Notice will be followed by all departments and all employed associates, staff or volunteer. In addition, we are a clinically integrated care setting, and we have many doctors and other providers giving care to student-athletes. For the convenience of our student-athletes, we are giving one Notice of Privacy Practices to each student-athlete, instead of notices from multiple physicians and caregivers. This Notice serves as the notice required under Federal law to be given to the student-athletes by the LUAD, all members of our medical staff and all other health care professionals who treat you at any of our medical facilities. The health care providers covered by this “organized health care arrangement” (“OHCA”) will share protected health information with each other, as necessary to carry out your treatment, payment for treatment, and health care operations relating to the OHCA. This arrangement does not mean that the persons participating in the OHCA are involved in a joint business arrangement, or that they are responsible for the acts of one another.

As a student-athlete at Liberty University, you have the right to privacy concerning your medical plan of care. Medical record information and your relationship with your medical staff are considered private. Your diagnosis and course of treatment are available only to those directly involved with your care. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office. We are required by law to keep medical information about you private, give you this Notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the Notice that is currently in effect.

We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company); and **to support our health care operations** (such as comparing patient data to improve treatment methods). We may disclose medical information and/or **participation status to athletic coaches and strength and conditioning coaches for your health and safety**. We may disclose information to university administrators and academic counselors to **support your academic progress**. We may release information to **sports information staff and members of the media regarding your participation status**.

Regarding your medical information, you have the right to look at or get a copy of medical information that we use to make decisions about your care. If you believe that the information is incorrect or incomplete, you have the right to request that we amend the records. You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. You may request, in writing, that we do not use or disclose medical information about you for specific cases or circumstances.

We reserve the right to change this Notice at any time. Changes will apply to medical information we already hold, as well as new information we receive after the change occurs. If we change the Notice, we will post the new Notice in our athletic training facilities. You can receive a copy of the current Notice at any time. The effective date is listed just below the title above. You will be asked to acknowledge in writing your receipt of this Notice on our Student-Athlete Authorization/Consent for Disclosure of Protected Health Information.

If you have any questions regarding your privacy rights, you may contact the Head Athletic Trainer at this address: Liberty University Athletic Department, 1971 University Blvd., Lynchburg, VA, 24502, or call at (434) 582-2407.

Liberty University Sports Medicine

Concussion / Traumatic Brain Injury Protocol

(2023-2024)

The Liberty University Sports Medicine Department recognizes that head injuries, particularly sport-induced concussions, pose a significant health risk for those student-athletes participating in intercollegiate athletics at the University. Consequently, Liberty University has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion.

These policies and procedures are directed and overseen by the Medical Director for Liberty University Athletics. The Medical Director or designee has final say over all return-to-play decisions. The following components have been identified by the NCAA as a recommended best practice for a Concussion / Traumatic Brain Injury Management Plan.

What is a Concussion?

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
- The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

Following a concussion, the athlete may experience a variety of symptoms. Most concussions occur without a loss of consciousness. It is important to remember that some symptoms may appear right away and some may be delayed. Symptoms, as well as symptom severity, may differ between individuals; however, a combination of symptoms classically occurs.

Independent Medical Care

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

Some Signs and Symptoms:

Signs:

- Difficulty concentrating
- Inappropriate playing behavior
- Decreased playing ability
- Inability to perform daily activities
- Reduced attention
- Cognitive and memory dysfunction
- Sleep disturbances
- Vacant stare
- Loss of bowel and/or bladder control
- Personality change
- Unsteadiness of gait
- Slurred/incoherent speech
- Loss of consciousness

Symptoms:

- Nausea/vomiting
- Dizziness
- Confusion
- Fatigue
- Light headedness
- Headaches
- Irritability
- Disorientation
- Seeing bright lights/stars
- Feeling of being stunned
- Depression
- Ringing in the ears

Notification of Injury/Symptoms:

Due to the serious nature of this injury and potential dangerous results of returning to activity, concussions need to be recognized and diagnosed as soon as possible. It is required that student-athletes be truthful and forthcoming about their symptoms as soon as they are present. If/when he or she is diagnosed with a concussion, the student-athlete must report symptoms each day until he or she is cleared for full activity by the Team Physician or designee.

Concussion Education:

In accordance with NCAA recommendations, student-athletes will be annually presented with educational materials that provide information about the mechanisms of head injury, as well as the signs and symptoms of a concussion. Student-athletes will have the opportunity to discuss educational materials. Subsequently, it will be required that all student-athletes review and sign the Liberty University Student-Athlete Concussion Statement, a statement accepting the responsibility for truthfully reporting of his or her injuries and illnesses, including signs and symptoms of a concussion.

All coaches (including volunteer coaches), team physicians, athletic trainers, directors of athletics and other athletics personnel involved in NCAA student-athlete health and safety decision making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

Liberty will also provide the NCAA faculty training materials to its residential faculty at the beginning of each academic year and train its athletic academic advisors on available academic accommodations for student-athletes who have sustained concussions.

Baseline Testing:

A baseline assessment consisting of brain injury and concussion history, neurological disorder, mental health symptoms and disorders, symptom evaluation, cognitive assessment, and balance evaluation will be performed on all student-athletes during their pre- participation physical exam. The SCAT5 will be utilized for the baseline testing. Team physician will determine pre-participation clearance and/or the need for additional consultation or testing.

New baseline testing will occur during annual returner physical, the subsequent year after a student-athlete has been diagnosed, treated and cleared from a concussion

Recognition and Confirmation Diagnosis of Concussion:

When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be immediately removed from athletic participation until a thorough sideline head injury evaluation can be performed by the Team Physician and/or staff Certified Athletic Trainer.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be "present" at all NCAA varsity competitions and "available" at all NCAA varsity practices, in the following contact/collision sports: basketball, field hockey, football, lacrosse, pole vault, soccer. To be present means to be on site at the campus or arena of competition. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Medical personnel may be from either team, or may be independently contracted for the event. Further, the case can be discussed through such communication and immediate arrangements can be made for the athlete to be evaluated.

The Team Physician and/or staff Certified Athletic Trainer should suspect a concussion if any non-baseline symptoms are detected after a blow to the head. In addition, SCAT5 scores inconsistent with baseline scores should be interpreted as a possible concussion resulting in the removal of the athlete from athletic participation. If a staff Certified Athletic Trainer determines that a student-athlete has or may have a concussion, the staff Certified Athletic Trainer must report that fact to the student-athlete's head coach and the Team Physician. The student-athlete must be evaluated by the Team Physician and/or appropriate qualified medical personnel acceptable to the Team Physician as soon after the concussion as is practical.

Upon removal from activity, medically trained personnel will evaluate the student-athlete for:

- symptom assessment
- physical and neurological exam
- cognitive assessment
- balance exam
- clinical assessment for cervical spine trauma, skull fracture and intracranial bleed.

Furthermore, the concussed student athlete must agree to see the Team Physician and/or appropriate qualified medical personnel as soon after the concussion is practical.

Same Day Return-to-Play:

A student-athlete diagnosed with a concussion or suspected to have a concussion shall be withheld from the competition or practice and **will not return to any athletic activity for the remainder of that day** and until cleared by the Team Physician.

Referrals:

Upon removal from athletic participation, the student-athlete will receive serial monitoring for signs of deterioration which can cease when the student-athlete stabilizes and improves or in the event the student-athlete's condition warrants a referral according to the guidelines set forth herein.

On-the-Field Immediate Referral:

Upon initial evaluation, activation of the appropriate Emergency Action Plan and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:

- Glasgow Coma Scale less than 13 on initial assessment, or GCS less than 15 at 2 hours or more post-initial assessment.
- Prolonged loss of consciousness
- Focal neurological deficit suggesting intracranial trauma
- Repetitive emesis
- Persistently diminished/worsening mental status or other neurological signs/symptoms
- Deteriorating level of consciousness
- High index of suspicion of spine or skull injury
- Seizure activity

Off-the-Field Immediate Referral:

In the event that the student-athlete shows signs of deterioration from the status originally assessed on the field, an emergency off the field assessment is required and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:

- Glasgow Coma Scale less than 13
- Deterioration of neurological signs such as motor, sensory and cranial nerve deficits subsequent to initial on-field assessment
- Deteriorating level of consciousness
- Persistent vomiting
- Post-concussion symptoms that worsen

Non-Immediate Referral:

All student-athletes who have been diagnosed with a concussion will be evaluated by the Team Physician or designee under the direction of the team physician prior to return to unrestricted activity.

Follow-Up Care:

In the event of a concussion, follow-up care and proper education is critical. Due to the necessity of serial monitoring for deterioration of symptoms, the student-athlete will be released under the care of a responsible adult (may be parent or roommate) when discharged from the care of the staff Certified Athletic Trainer and/or Team Physician. The Concussion Take-Home Instructions (See Appendix A) will be explained and given to both the concussed student-athlete as well as a responsible adult. Pertinent contact information will be provided in addition to scheduled follow up appointments.

Any NCAA student-athlete with atypical presentation or persistent symptoms will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; vestibular dysfunction; cognitive impairment and autonomic dysfunction.

Subsequent Testing:

Concussed student-athletes will be assessed daily with the assistance of the SCAT5 symptom checklist until released by the Team Physician or designee. Student athletes will be given a SCAT5 test within 24 hours of a concussion episode.

Return to Sport Guidelines:

Return-to-play is the process of deciding when an injured or ill student-athlete may safely return to practice or competition. It is the goal of Liberty University to return an injured or ill student-athlete to practice or competition without putting the individual or others at undue risk for injury or illness.

Progression will be utilized for return to play. The progression is a step-by-step procedure where exercise is slowly added to the activity level. In severe cases progression to each subsequent stage occurs roughly every 24 hours, based on each individual's status. Progressions are individualized on a case by case basis. The student-athlete may not progress to the next step until deemed appropriate in the current step. The staff Certified Athletic Trainer will be in direct contact with the Team Physician while progressing the student-athlete through the program. Only the Team Physician can give the athlete clearance to return to play in practice or competition. It is important to note that this timeline could last over a period of days, weeks, months or ultimately result in potential medical disqualification from the participation in Liberty University Athletics. Final determination of return-to-play is from the team physician or medically qualified physician designee.

Each student athlete with a concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion. The return to play progression is a 6 step process.

1. Limited - Directly after being diagnosed with a concussion, the athlete should have limited physical and cognitive activity.
2. Light aerobic activity without resistance training.
3. Sport-specific exercise- Activity without head impact
4. Non-contact practice with progressive resistance training
5. Unrestricted training
6. Return to Competition

Return to Learn

The team athletic trainer will be the point person within athletics who will navigate return-to-learn with the student-athlete and Academic Affairs for Athletics Department.

Identification of a multi-disciplinary team* that will navigate more complex cases of prolonged return-to-learn:

Multidisciplinary team may include, but not limited to:

- Team physician
- Athletic Trainer
- Psychologist/counselor
- Neuropsychologist consultant
- Faculty athletic representative and/or designee
- Academic Coordinator
- Course instructor(s)
- College administrators
- Office of disability services representatives
- Coaches

Compliance with ADA/AA

No classroom activity on same day as concussion

Individualized initial plan that includes:

- Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity
- Gradual return to classroom/studying as tolerated
- Re-evaluation by team physician if concussion symptoms worsen with academic challenges.
- Modification of schedule/academic accommodations for up to two weeks, as indicated, with help from the team athletic trainer
- Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with symptoms > 2 weeks
- Engaging campus resources for cases that cannot be managed through schedule modification/academic accommodations
- Such campus resources must be consistent with ADAAA, and include at least one of the following:
 - Learning specialists
 - Office of disability services
 - ADAAA office

Reducing Exposure to Head Trauma

- Liberty University is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end and in accordance with NCAA association-wide policy, School Name will limit student-athlete head trauma exposure in a manner consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes. For example:
- Liberty University teams will adhere to existing ethical standards in all practices and competitions.
- Using playing or protective equipment (including the helmet) as a weapon will be prohibited during all practices and competitions.
- Deliberately inflicting injury on another player will be prohibited in all practices and competitions.
- All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements.
- Liberty University will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.

*All recommendations are based on those outlined in the NATA's Position Statement on Management of Sport Related Concussion & the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

Recommendations for Traumatic Brain Injury Home Care

Please read over the following recommendations to ensure proper management of your mild concussion/TBI. If possible, please have a roommate and/or responsible adult in your household read over the following recommendations.

Call EMS (911) and Consult with a Medical Professional Trained in Concussion Identification and Management Practices Immediately If:

- Decreases in Neurological Function
- Decreases in Consciousness
- Decreased or Irregular Breathing
- Decreased or Irregular Pulse
- Changes in Pupils
- Seizure
- Nausea
- Vomiting
- Worsening Headaches or Any Other Symptoms

What You Should Do:

- Take Acetaminophen/Tylenol for Headaches
 - * No ibuprofen or other anti-inflammatories
- Eat Light Nutritious Meals
- Return to School
- Go to Sleep/Rest

What You Should NOT Do:

- Check Eyes with Flashlight
- Wake during Sleeping
- Test Reflexes
- Stay in Bed

Do Not:

- Drink Alcohol
- Eat Spicy Food
- Participate in Strenuous Activities/Sports

*All recommendations are based on those outlined in the NATA's Position Statement on Management of Sport Related Concussion.

ADHD Documentation and Medication

The NCAA bans certain classes of drugs because they can harm student-athletes and/or create an unfair advantage in competition. There are valid prescription medications that contain NCAA banned substances even though some student-athletes may need to use these medicines for specific health needs or to legitimately support their academic progress. The stimulants found in most ADHD medications fall into the category of NCAA banned substances.

The NCAA has a procedure to review and approve legitimate use of medications that contain NCAA banned substances through a Medical Exceptions Procedure, but it requires the Student Athlete to report and document all prescription medication with the Liberty University Sports Medicine Department. Furthermore, prescription use of ADHD medication requires prior comprehensive testing to establish a diagnosis of ADHD documentation. This requires documentation from the prescribing physician containing at minimum the information listed below.

- Description of the evaluation process which identifies the assessment tools and procedures.
- Statement of the Diagnosis, including when it was confirmed.
- History of ADHD treatment (previous/ongoing).
- Statement that a non-banned ADHD alternative has been considered if a stimulant is currently prescribed.
- Statement regarding follow-up and monitoring visits.

Further information can be obtained about the NCAA policy [by clicking here](#).