To: Campus Athletic Directors and Athletic Trainers
From: Charlene Minnick, Assistant Vice Chancellor – Risk Management & Public Safety
Date: January 25, 2011
Subject: Athletic Injury Prevention programs
Code: Athletics 2010-01

Overview Two recommendations related to Athletic Training and specifically Athletic Injury Prevention program arose from Athletics Audit 07-40:
- Audit mentioned that CSU has not endorsed a standard for measuring the effectiveness of AIP programs.
- Audit recognized that though “some” injury records were maintained, they were not summarized and compared to the NCAA ISS.

Athletic Injury Medical Expense (AIME) committee in acknowledgement that there are various software programs being used in addition to the keeping of paper records, that standardized injury record keeping protocols (set minimum standards) be developed.

If requested, this would allow the campuses to submit a report to AIME and then that information could be compiled into systemwide data. A minimum baseline standard is set that allows for the system to to view comparable data. This would address Audit’s concerns while simultaneously allowing a campus to expand on the data they collect, i.e. over and above the minimum standards.

AIME also has developed a baseline of key elements that should be part of an Athletic Injury Prevention program.

Audience: Campus Presidents, Campus Athletic Directors, Campus Athletic Trainers, Campus Risk Managers and/or those designees responsible for administering CSU policy and procedures related to Athletics.

Action Item: Pursuant to Athletics Audit Report (07-40) the following addresses recommendation items related to encouraging campuses to establish a basis for measuring of the effectiveness of Athletic Injury Prevention programs (AIP).
Summary: The California State University Athletic Trainers are dedicated to delivering high quality care to all of its 23 campuses student athletes. This includes but is not limited to seeking frequent educational opportunities in order to utilize the current knowledge, research, and resources in the management of athletic injuries, maximize the resources of the Department of Intercollegiate Athletics in providing adequate injury care, provide timely and efficient delivery of the needed services in athletic injury care, and communicate with our Athletic Department Coaches and Staff about medical limitations of our injured student athletes.

“Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation.... The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes.”*

Having an AIP is a key element to operating a successful sports medicine program. Elements of an Athletic department’s AIP must include, but does not have to be limited to the following components:

- Pre-participation athlete screening
- Injury Management
- Staffing the department with certified athletic trainers and team physicians
- Annual Continuing Education
  - Coaches
  - Athletic Trainers
  - Student-Athletes
- Regularly review and update practices, policies and procedures.
- Facility and playing surface inspection for potential hazards
- Ergonomics
- Appropriate bracing and taping
- Physical fitness including stretching, weight training, cardio-vascular, nutrition etc.
- Ability and mechanism to monitor, track and compare benchmarking data with other CSU campuses and other universities regarding athletic injuries. Benchmarking components should include the following elements:
  - Type of Injury/diagnosis
  - Bodily location of Injury (knee, shoulder, foot, etc.)
  - Activity at time of injury (training/conditioning, practice or competition)
  - Period of “disability”
  - General course of care

* NCAA 2008-09 Sports Medicine Handbook