

**OLD DOMINION UNIVERSITY BOARD OF VISITORS
ATHLETICS COMMITTEE
December 6, 2018**

TO: Athletics Committee Members
Kay A. Kemper, Chair
Yvonne T. Allmond, Vice Chair
Carlton F. Bennett (*ex-officio*)
Lisa B. Smith (*ex-officio*)
R. Bruce Bradley
Alton J. Harris
Larry R. Hill

FROM: Dr. Wood Selig
Director of Athletics

DATE: November 26, 2018

SUBJECT: December 6, 2018 – Meeting Agenda

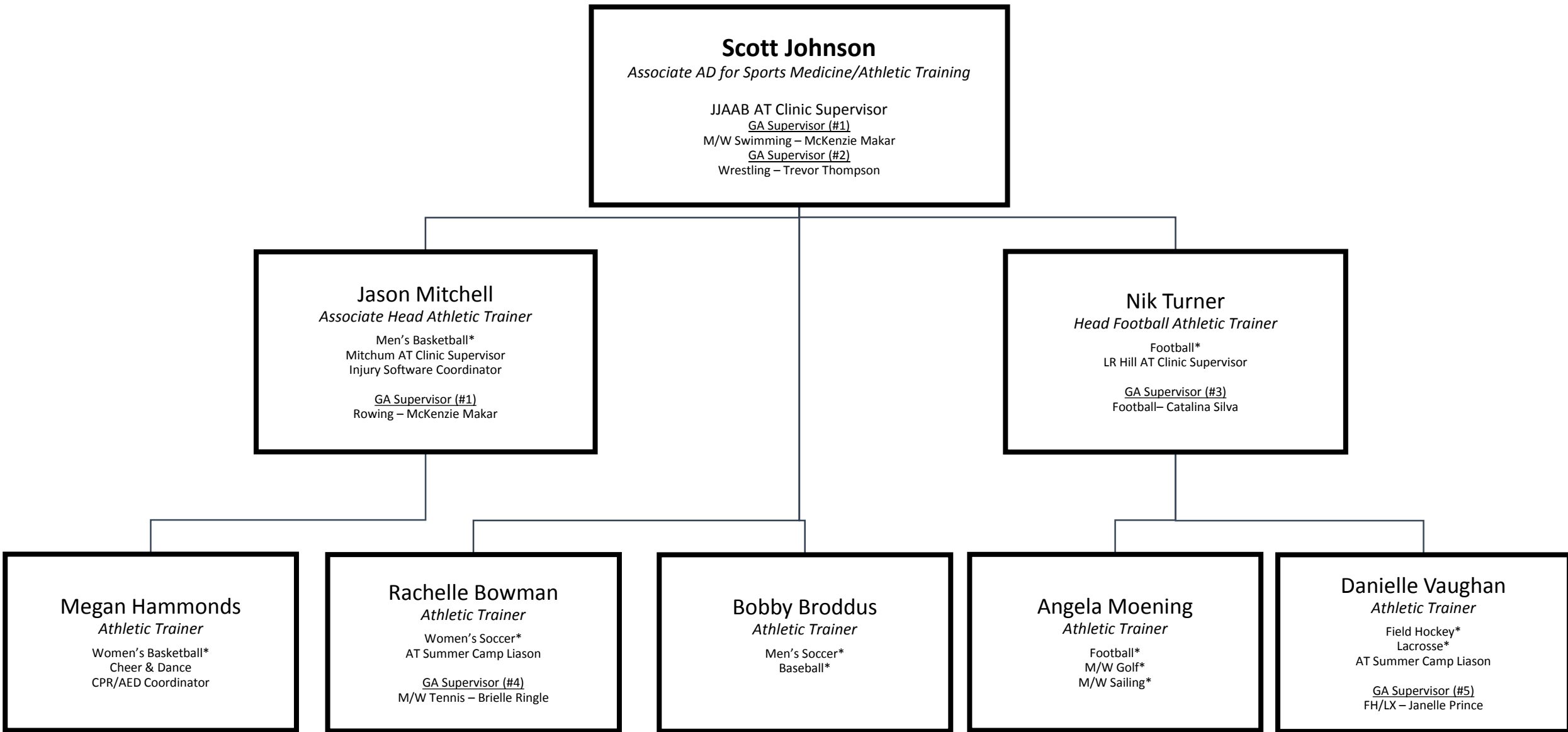
The Athletics Committee meeting will take place in Committee Room B (Room 2205) of the Kate and John R. Broderick Dining Commons from 9:00AM – 10:00AM on Thursday, December 6, 2018. The following items will be discussed:

- I. Student-Athlete Advisory Committee (SAAC) Report
(Mufu Taiwo, Kealsie Robles)
- II. Sports Medicine Analysis (Scott Johnson)
- III. Women's Volleyball Update (Wood Selig)
- IV. General Updates



Old Dominion University Athletic Training Mission Statement

The Old Dominion University Athletic Training Staff, in conjunction with the Athletics Department and the University, strives to provide comprehensive, state-of-the-art, quality healthcare services for the well-being of the student-athletes. Each member of the Old Dominion University Athletic Training Staff will do his or her part to provide professional leadership, counseling and education necessary to prevent, manage, rehabilitate and return the student-athlete to athletic activity as quickly, but as safely as possible. The Old Dominion University Athletic Training staff will work with university and community healthcare providers to establish a partnership with the student athletes and the coaches.



AT Staff Organizational Chart - 2018-2019

Old Dominion University Extreme Weather Temperature Policy

Heat Policy:

For the protection of the student-athlete while participating in outside intercollegiate athletic activity, if the heat index is in excess of 104° F, all outside activity will be suspended or postponed to later in the evening when the index drops, or moved indoors. Indoor activity will not be permissible if air conditioning is not available.

Cold Policy:

For the protection of the student-athlete while participating in outside intercollegiate athletic activity, if the temperature, with or without the wind chill, is below 10° F, all outside activity will be suspended or postponed to later in the day when the temperature warms, or moved indoors.

Old Dominion University Lightning Policy

The ThorGuard system is a lightning “prediction” system unlike other lightning “detection” systems which sound an alert following the first lightning strike. It is the first strike that often kills people! ThorGuard is designed to prevent this. ThorGuard starts to monitor electrical activity in an approaching thunderstorm starting at 15 miles. When the ThorGuard system determines that a lightning strike is highly likely within the set limits of the system according to NCAA guidelines, alert horns on the system sound to signal a “Red Alert.” This is a 15-second horn blast which means all outdoor activity should cease and people should take cover and stay under cover until the “All Clear” horn blasts signal it is OK to resume outdoor activity. The “All Clear” horn alert consists of 3 consecutive five-second blasts. It is important to understand that during a “Red Alert” there will be no other horn blasts after the initial horn blast signaling the “Red Alert.” However, each system has a strobe light mounted on it that will continue to blink signaling a “Red Alert” status is still in effect.

“Red Alert:” 15-second horn blast

“All Clear:” 3 consecutive 5-second horn blasts

In conjunction with the ThorGuard system, we will utilize as a secondary information system, the MxVision WeatherSentry Online to assist with weather related needs and decisions. ThorGuard system is our primary to give us a warning and to utilize when the need arises to clear the field and complex for safety precautions, and WeatherSentry gives us a secondary layer to add to the information provided by ThorGuard.



SPORT SCIENCE
INSTITUTE

CONCUSSION SAFETY

WHAT STUDENT-ATHLETES
NEED TO KNOW

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

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

3. Take time to recover.

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

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

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

3. Support your injured teammates.

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

*No two concussions are the same. New symptoms can appear hours or days after the initial impact.
If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.*

What happens if I get a concussion and keep practicing or competing?

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

What are the long-term effects of a concussion?

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

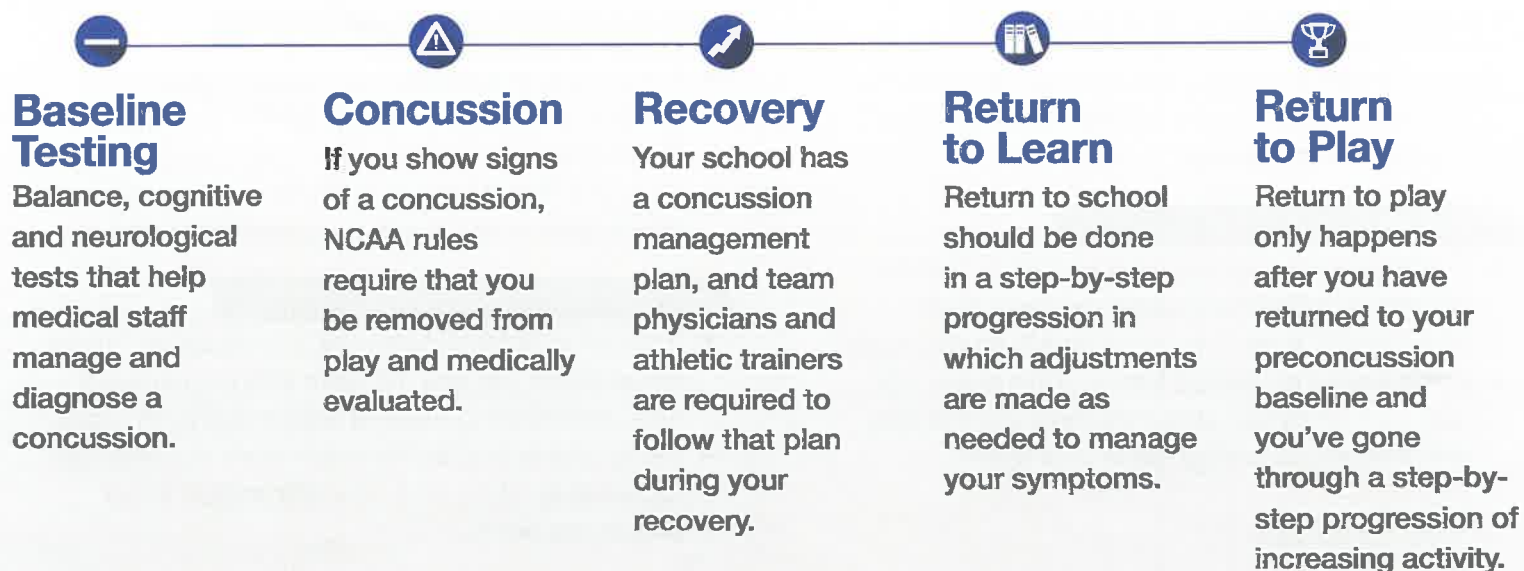
What do I need to know about repetitive head impacts?

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

Did you know?

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

CONCUSSION TIMELINE





RETURN TO LEARN RECOMMENDATIONS FOLLOWING A MILD TRAUMATIC BRAIN INJURY

Please be advised that _____ suffered a concussion (or mild traumatic brain injury) on _____. A concussion is defined as a complex pathophysiologic process affecting brain function. Such injuries are the result of traumatic biomechanical forces to the brain after impact to the head, face, neck, or body. The vast majority of concussions will resolve within 1-2 weeks. However some concussions can take a protracted course towards resolution.

Signs and symptoms of concussion include but are not limited to:

Vomiting	Sensitivity to light	Memory difficulties
Imbalance	Sensitivity to noise	Feeling slowed down or in a fog
Dizziness	Headache	Loss of consciousness
Nervousness	Drowsiness	Difficulty concentrating
Fatigue	Mood changes	Sensitivity to light or sound

Physical and cognitive rest are imperative in the time after a concussion in order to make a recovery to baseline functioning. A student-athlete will likely need accommodations in their classroom activities or may even need to miss class for a few days. Student-athletes should refrain from all classroom and academic activities on the day of injury. When a student-athlete resumes class, please keep in mind that their academic performance may suffer during the recovery period. The student-athlete should be allowed to progress as tolerated. Please allow adequate time to prepare future assignments and test preparation in the short term after the injury. Final authority to make a full return to class is the responsibility of the medical staff and academic advisor.

We would greatly appreciate your cooperation and understanding in assisting the student-athlete make a successful return to learning. Sorry for any inconvenience that this may cause. If you have any questions, do not hesitate to contact the academic advisor and medical staff.

Old Dominion Medical Staff



NCAA | Sport Science Institute
Concussion Safety Protocol Checklist
Certificate of Compliance

For: NCAA member institutions.
Action: Complete and Upload into the NCAA Program Hub Portal as part of the Concussion Safety Protocol Review Process.
Due date: To be completed not later than **May 1.**

By signing and dating this form, you certify, on behalf of your institution, that for the 2018-19 academic year:

1. The Concussion Management Plan fulfills the requirements of Constitution 3.2.4.18; and
2. The Concussion Safety Protocol is consistent with Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices and also meets the requirements of Constitution 3.2.4.18.1.

Required Signature

Athletics Health Care Administrator

Signature of Athletics Health Care Administrator

Print or type Name

Date

Old Dominion University Athletic Department
Traumatic Brain Injury Protocol

- All student-athletes will receive the NCAA Concussion Fact Sheet regarding the signs/symptoms of a traumatic brain injury in their yearly physical examination along with a yearly symptom checklist and must sign the attached Old Dominion University Traumatic Brain Injury Student-Athlete Statement.
 - The medical staff reviews all yearly physical examinations and medical histories done on student-athletes, including those student-athletes with traumatic brain injury history, and determines pre-participation status of the student-athlete and/or the need for further consultation or testing. The medical history includes questions related to previous head injuries and/or symptoms still present.
- All coaches (head coaches and full-time assistant coaches) will receive the Old Dominion University Athletic Department Traumatic Brain Injury Protocol and the NCAA Concussion fact Sheet and sign a statement indicating they have read the above material.
- All members of the ODU Medical Staff (athletic trainers and team physicians) will receive the Old Dominion University Athletic Department Traumatic Brain Injury Protocol and the NCAA Concussion fact Sheet and sign a statement indicating they have read the above material.
- The Director of Athletics will receive the Old Dominion University Athletic Department Traumatic Brain Injury Protocol and the NCAA Concussion fact Sheet and sign a statement indicating he/she has read the above material.
- All student-athletes will be required to have a baseline neuropsychological assessment performed on the Impact Testing program which includes a symptom checklist which includes brain injury and concussion history. All student-athletes will undergo balance assessment as part of their yearly physical examination prior to participation in athletic activity.
- A student-athlete showing signs, symptoms or behaviors consistent with traumatic brain injury will be removed from practice/competition and evaluated for a TBI using the SCAT 3 Sport Concussion Assessment Tool or similar and be specifically evaluated for a cervical spine trauma, skull fracture and intracranial bleed by a member of the ODU medical staff (athletic trainer/team physician). The SCAT3 is a standardized tool for evaluating injured athletes for concussion and includes symptoms assessment, basic physical and neurological examination, cognitive assessment and a balance exam.
- Any student-athlete suffering a traumatic brain injury who exhibits any of the below listed issues, may be transported to the nearest medical facility for further medical care:
 - Glasgow Coma Scale of <13
 - Prolonged loss of consciousness
 - Focal neurological deficient
 - Repetitive emesis
 - Persistently diminished/worsening mental status (or other neurological signs/symptoms)
 - Spine injury

- A student-athlete diagnosed with a traumatic brain injury will be withheld from practice/competition and classroom/study activity for the remainder of that day.
- A student-athlete diagnosed with a traumatic brain injury will be evaluated by a team physician as soon as possible following the incident.
- The student-athlete's classroom/study activity following a traumatic brain injury will be gradually resumed as tolerated as determined and monitored by the ODU Medical Staff which includes the team physician and athletic training staff in conjunction with the academic adviser who will be the point person in this process. Other disciplines (psychologist, neuropsychologist, faculty athletic representative, Office of Disability Services, coaches and university administrators) may be brought in as determined by the team physician and academic adviser.
- A student-athlete diagnosed with a traumatic brain injury will receive serial monitoring by the team physician for deterioration of signs/symptoms, behaviors consistent with the traumatic brain injury, or if symptoms worsen with academic challenges.
 - If a student-athlete cannot tolerate light cognitive activity, the student-athlete will remain at home/dorm and not be permitted to participate in practice.
- Upon discharge by the ODU medical staff following a traumatic brain injury, a student-athlete will be provided written traumatic brain injury instruction, with a roommate, guardian or someone that can follow the instructions.
- A student-athlete suffering from a traumatic brain injury will be required to report to the medical staff daily for evaluation and the completion a Post-Traumatic Brain Injury Symptom Chart.
- A student-athlete suffering from a traumatic brain injury will not be allowed any type of physical activity (weight training or conditioning) until cleared to do so by the ODU medical staff.
- A student-athlete with prolonged, greater than 2 weeks, recovery following a traumatic brain injury who has been under the care of the team physician will be re-evaluated and reassessed by the team physician who will determine best management options.
- Once a student-athlete is asymptomatic and returns to normal on the Post-Traumatic Brain Injury Symptom Chart, the student-athlete will be required to pass a Post-Exertion Assessment.
(see below)
- Once the Post-Exertion Assessment shows no reproduction of previous traumatic brain injury signs or symptoms, the student-athlete will be required to re-take the Impact Test.
- Once the Impact Test returns to baseline limits, the student-athlete will follow a medically supervised stepwise Return-To-Play Protocol. (see below)
- The final Return-To-Play decision of the student-athlete, as mandated by the NCAA, will reside with the team physician or the physician's designee.

Post-Exertion Assessment Protocol ***Following Traumatic Brain Injury***

- Once the student-athlete is asymptomatic and has returned to normal on the Post- Traumatic Brain Injury Symptom Chart, the student-athlete will be required to perform a set of exertion tests as outlined below under the direct supervision of an athletic trainer.
 1. The student-athlete will ride a stationary bike for 5 minutes at low resistance (Level 6) with increasing level of resistance every minute.
 2. The student-athlete will run on treadmill for 10 minutes starting at 4 mph increasing speed every 2 minutes by 1 mph.
 3. The student-athlete will perform 30 sit ups.
 4. The student-athlete will perform 15 push ups.
 5. The student-athlete will perform 30 jumping jacks.
 6. The student-athlete will perform 15 squat thrusts/up-downs.
- Any reproduction of previous signs or symptoms from performing any of the above tests, the student-athlete will not be permitted to return to any physical activity.
- Once the student-athlete successfully completes the post-exertion assessment without any reproduction of signs or symptoms, the student-athlete will retake the Impact Test to establish return to baseline.
- Once the student-athlete returns to baseline level on the Impact Test, he/she will be monitored as he/she proceeds through the Return-To-Play Protocol.
- Any failed Impact Test will be reported to the team physician for further guidance and recommendations.

Return-To-Play Protocol
Following Traumatic Brain Injury

- The return-to-play process is dependent upon the student-athlete's individual sport or activity.
- If any previous signs or symptoms of traumatic brain injury return during any phase of the return-to-play process, the student-athlete will be removed from activity and be re-evaluated by the ODU medical staff.
- Generally, the progression will have a 24 hour period in between each step.
- The first step will consist of limited, non-contact sports specific activity.
- The second step will be limited contact sports specific activity.
- The last step will be full, unrestricted sports activity.
- For all student-athletes, a range of “modifying factors” will influence the management and RTP Protocol. Modifiers to consider:
 - Age (esp. <18 yo)
 - Prior History of Concussion (esp. recent)
 - Severity (Loss of Consciousness > 1 min)
 - Learning Disability, ADD or Psychiatric Disorder
 - History of Migraines or Seizures
 - Position played
- The final RTP decision of the student-athlete, as mandated by the NCAA, will reside with the team physician or the physician's designee.

Return-To-Learn Protocol
Following Traumatic Brain Injury

- The return-to-learn process is dependent on the student-athlete's symptoms and ability for cognitive activity following a traumatic brain injury.
- The Return-To-Learn recommendations are provided by the academic adviser to the student-athlete's professors. (See attached document)
- After suffering a traumatic brain injury, the student-athlete will be sent home/dorm for the remainder of that day and will not have any classroom/homework activity.
- The student-Athlete will be required to come to the Athletic Training Facility daily to fill out the Graded Symptom Checklist sheet which results will be communicated to a team physician for monitoring.
- The student-athlete's classroom/homework activity from this point onward will be determined and monitored by the academic adviser in conjunction with the medical staff.
- If any previous signs or symptoms of traumatic brain injury return during any phase of the return-to-learn process, the student-athlete will be removed from activity and be re-evaluated by the medical staff.
- The student-athlete's schedule will be modified and academic accommodations will be made and monitored by the academic adviser under the guidance of the medical staff as long as needed.
- The academic adviser will continually monitor and re-evaluate the student-athlete's progress until there is total recovery and the student-athlete is having no issues in the classroom.
- Campus resources, such as Learning Specialists, Office of Disability Services or ADA/AA office, will be engaged by the academic adviser and medical staff for any student-athlete whose case cannot be managed through schedule modification/academic accommodations.

Traumatic Brain Injury Instruction Sheet ***For the Injured Student-Athlete***

The student-athlete has suffered a possible traumatic brain injury and this instruction sheet has been sent home with the student-athlete as a guide should any problems arise with the student-athlete. If any of the below listed signs or symptoms arise, please call the attending ODU medical staff immediately. The attending ODU medical staff will provide instruction on the best course of action for the student-athlete.

- Loss of or fluctuating level of consciousness
- Increasing irritability
- Increasing confusion
- Worsening headache
- Seizures
- Slurred speech or inability to speak
- Forceful and/or repeated vomiting
- Pupils becoming unequal size
- Inability to recognize people or places
- Numbness in arms or legs

Otherwise, you can follow the instructions below.

It is OK to:

- Use acetaminophen (Tylenol) for headaches
- Use ice packs on head and neck as needed for comfort
- Eat a carbohydrate-rich diet
- Go to sleep
- Rest (No physical activity until cleared by medical staff)

Do NOT:

- Drink alcohol
- Drive a car or operate machinery
- Engage in physical activity (exercise, weight lifting, sport participation) until cleared by medical staff
- Engage in mental activity (homework, computer games, TV watching, going to classes) that makes symptoms worse
- Listen to loud music

Reducing Exposure to Head Injury

Traumatic brain injuries are common occurrences in sports, but steps can be taken to reduce the risk for student-athletes sustaining such traumatic brain injuries.

Coaches and student-athletes should take a “safety first” approach to sport activity:

- Helmets and protective equipment must be properly fitted and routinely inspected by the student-athlete and coaching staff.
- Football and lacrosse should routinely have inspections of helmets, shoulder pads, chin straps by the student-athletes for any cracks, defects, deformities or missing protective padding with their equipment.
- Student-athletes whose sports require a mouth piece must be required to correctly fit and consistently use this piece of equipment during the course of play.
- Baseball should wear helmets at all times when batting , running the bases and in the on-deck/coaches boxes.
- Swimmers must not dive into shallow water and must follow all safety rules at swimming pools.
- All coaches for contact sports shall teach proper sports techniques including those that involve blocking and tackling methods, and should always reinforce avoidance in leading with the head in contact and taking the head out of contact with other student-athletes.
- It is recommended that limiting the amount of contact exposures in practice will aid in reducing traumatic brain injury events.

Old Dominion University

Graded Symptom Checklist

Name: _____ Date: _____ Time of Day: _____ AM PM

Day # Since Initial Injury: _____

POST- TRAUMATIC BRAIN INJURY SYMPTOM SCALE

Symptom	None	Mild	Moderate	Severe		
1. Blurred Vision	0	1	2	3	4	5
2. Dizziness	0	1	2	3	4	5
3. Drowsiness	0	1	2	3	4	5
4. Excessive Sleep	0	1	2	3	4	5
5. Easily Distracted	0	1	2	3	4	5
6. Overly Fatigued	0	1	2	3	4	5
7. Feel "in a Fog"	0	1	2	3	4	5
8. Feel "slowed down"	0	1	2	3	4	5
9. Headache	0	1	2	3	4	5
10. Overly Emotional	0	1	2	3	4	5
11. Irritability	0	1	2	3	4	5
12. Disorientated	0	1	2	3	4	5
13. Memory Loss	0	1	2	3	4	5
14. Nausea	0	1	2	3	4	5
15. Nervousness	0	1	2	3	4	5
16. Personality Change	0	1	2	3	4	5
17. Poor Coordination	0	1	2	3	4	5
18. Poor concentration	0	1	2	3	4	5
19. Ringing in Ears	0	1	2	3	4	5
20. Sadness	0	1	2	3	4	5
21. Seeing Stars	0	1	2	3	4	5
22. Sensitivity to Light	0	1	2	3	4	5
23. Sensitivity to Sound	0	1	2	3	4	5
24. Sleep Disturbance	0	1	2	3	4	5
25. Vomiting	0	1	2	3	4	5

DIRECTIONS: PLEASE CIRCLE ALL CURRENT SYMPTOMS AND SEVERITY AND PLEASE PLACE A SQUARE AROUND ANY SYMPTOM THAT YOU HAVE HAD IN THE LAST 24 HOURS BUT DO NOT HAVE NOW.