

**IAC Meeting**  
**Wednesday, May 16, 2012 at 3:00 pm**  
**Jaqua Academic Center, Room 236**

**Minutes**

Attending: Ben DeJarnette, Ben Eckstein Bill Harbaugh, Kurt Krueger, Donna Laue, Deanna Linville, Brian McWhorter, Madonna Moss, Jim O'Fallon, Dev Sinha, Glen Waddell, Eric Wiltshire, members; Jim Bartko, Gary Gray, James Harris, Rob Mullens, Craig Pintens, and Eric Roedl, Department of Athletics; Stephen Stolp, Services for Student Athletes; Sam Stites, reporter for the *Daily Emerald*

Absent: Maneesh Arora, Molly Bacon, Jeremy Hedlund, Leah Middlebrook, Jennifer Reynolds, Nathan Tublitz (on sabbatical)

In the absence of Chair Nathan Tublitz, the meeting was called to order by Professor Glen Waddell.

Sports Medicine at the UO - Dr. Greg Skaggs, Director of Athletic Medicine

Dr. Skaggs has been a full-time physician in the Department of Athletics since 2007 and he was a part-time physician there for 3 years before that. He is one of two primary team physicians; the other is Dr. Craig Davidson. The clinical side of the Department of Athletics Treatment Center is staffed by ten trainers, as well as eight graduate students who are overseen by Dr. Grace Golden, an Instructor in the Department of Human Physiology's Graduate Program in Athletic Training, who teaches, mentors and assists in the coordination of sports medicine clinically-based research projects. The Treatment Center staff also collaborates with the University Health Center for the use of lab services and the prescribing of antibiotics, anti-inflammatories, and other medications as necessary. Routine clinic hours are scheduled at both the Casanova Center and the Matthew Knight Arena. However, Treatment Center hours can be from 6:00 am until after dark as extended hours are often necessary depending on practice schedules. Orthopedic surgeons from the Slocum Center serve on a volunteer basis, providing coverage by attending the games of the riskier sports and on an on-call basis for the others.

Concussion is a microscopic metabolic injury that is not visible on a CT scan or an MRI, unless there is a subdural hematoma resulting from a sheared vein and resulting in inter-cranial bleeding. Younger high school players are more susceptible to brain injury than collegiate student-athletes. Studies are being done to evaluate the correlation between low-impact concussion and long-term dementia.

Using the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) computer-based program, UO student-athletes are tested on arrival at the University to provide a baseline reading. After an injury, treatment protocol calls for a physician to evaluate the student-athlete within 24 hours of the injury. The student-athlete is evaluated to see whether the student-athlete is able to return to class. 90% of injured student-athletes are cleared to return to classes.

Twelve concussions occurred during the 2011 football season, ranging from minor to severe. Nationally, there are more concussions being identified. This does not seem to be a trend of an increasing number of concussions, but rather an indication of more information being available –

“eyes on the field” – and more student-athletes self-identifying as having received a concussion. Injury data is fed to the NCAA database and recordkeeping has improved compared to prior to data previously recorded.

Trainers are watching during practices and competitions, but even with observation, injuries are not always apparent until a student-athlete reports symptoms or film is reviewed. If a student-athlete is asymptomatic, he or she can be evaluated with a treadmill test, which will produce a headache and a general feeling of unwellness if the student-athlete is still injured. If he or she passes the treadmill test, the ImpACT test is re-taken. If not passed, it can be re-taken in 48 hours. When passed, the student-athlete can return to conditioning, but not to competition until he or she has been evaluated for risk, taking into account prior injury. All student-athletes are re-tested on ImpACT at a minimum of every two years to establish an updated baseline.

The UO is partnering with the University of Washington researching the use of EKG screening, but this method is controversial for routine testing.

Football helmets are designed to prevent skull fractures, not concussions. Ratings and recommendations are based on linear accelerations. Bracing has improved; just as incorporated pads in bicycle shorts have reduced contusions, helmets are now more likely to stay in place and not slide around.

It has been proposed for women lacrosse players to wear helmets for practice and competition. One issue is how officiating would change if players wore helmets. Sticks and balls don't cause concussions; head-to-head and ground-to-head impacts cause concussions. A prototype lacrosse helmet was approved by coaches for use in practices, but without IRB approval, the helmet manufacturer would not issue the model for this use.

The NCAA does not allow lacrosse players to wear helmets in competition. Lacrosse players did not wear goggles until three years ago; study data was required before the rule change. The NFL is now going to mandate how to handle concussion injuries. These practices may trickle down to NCAA.

The Ivy League has limited the number of full contact practices. Oregon football has fewer full contact practices. Their practices are more about timing and execution. Stanford players have a microchip in their mouthpieces instead of their helmets that alerts personnel to possible concussive hits.

UO has medical insurance on its student-athletes for athletic-related injuries that covers up to \$90,000 and NCAA has catastrophic coverage. Follow-up care is provided by UO for up to two years post-injury.

Dr. Skaggs stated that he is comfortable with administrators and equipment staff suggesting additional safety improvements.

Update: IAC senate motion to add the ASUO president to the IAC membership – Glen Waddell  
At the April Senate meeting, the matter was referred to the Committee on Committees. After discussing the topic at three separate meetings, it was recommended that the Senate vote on the issue. At the May Senate meeting, the motion submitted for a vote. It was not passed.

The 10-year review of the IAC, which is one year overdue, will probably be done next year after the new President is seated.

Response to "Loss of institutional control" issues – Rob Mullens

Athletic Director Mullens stated that he has had no discussion with NCAA on this topic. He also said that he has not discussed it with President Berdahl.

Athletic Department overhead calculation - Eric Roedl

The current overhead rate is in place until the end of the fiscal year, June 30, 2012. Jamie Moffitt, Vice-President of Finance & Administration, has made it clear that overhead rates across campus would be examined for FY2012-13. Both AD Mullens and ESAAD Roedl confirmed that neither of them has received a request from VPFA Moffitt's office for information.

Use of Student-athlete Opportunity Fund (SAOF) for stipends – Gary Gray

Senior Associate AD Gray distributed a handout of the guidelines for the SAOF. The University of Oregon receives \$255,000 from the NCAA and \$50,000 from the NCAA Special Assistance Fund. The funds are received in September and unused funds can be rolled over. The budget for fund use is set using historical data. Requests for use of the funds are made through James Harris' office and use of the funds is reported back to NCAA. If institutions use SAOF for the \$2,000 stipends, the allotment would quickly be exhausted. The Acrobatics & Tumbling student-athletes will be eligible for the same benefits, but they cannot be paid from SAOR funds because it is not an NCAA sport.

Future meeting and election of Chair for next year

The next meeting of the IAC is tentatively scheduled for June 6<sup>th</sup>. The election of the Chair for 2012-13 may be held at that meeting.