



## Medical Hardship/Disqualification

Bryan W. Smith, M.D., Ph.D., FAAP

When the collegiate student-athlete suffers an injury or illness that will limit or prevent their athletic participation for the remainder of a competitive season or longer, the issue of medical hardship or disqualification comes up. The NCAA has specific rules governing these medical situations. Health care professionals who take care of collegiate student-athletes need to be familiar with these rules because their assessment and disposition is often pivotal in whether the student-athlete's request for additional athletic participation time is granted.

There are many terminologies for these situations such as medical exemption, medical extension, medical hardship, medical non-counter, and medical disqualification. The difference in terminology is due to the length of time a student-athlete is incapacitated and the timing of the injury or illness.

The medical hardship waiver can be requested to the appropriate conference or to the NCAA if the institution is an independent. The following situation must be met per NCAA rules: a) the incapacitating injury or illness occurs either during the senior

year of high school or during one of the four seasons of intercollegiate competition, b) the injury or illness occurs prior to the first half of the playing season that concludes with the NCAA Championship in that sport, and c) the student-athlete has not participated in more than two contests or 20% of the scheduled contests (whichever is greater).

A similar request is to waive the five-year period of eligibility and extend a sixth year. This requires two out of five years of circumstances beyond the control of the student-athlete. An incapacitating medical circumstance would be one example of a qualifying condition. A voluntary redshirt year would not.

A medical disqualification or medical non-counter is a different situation. This involves a medical condition in which the student-athlete is advised to not ever further participate in intercollegiate athletics. If this situation is approved, the student-athlete may retain their grant-in-aid at the discretion of the institution for the remainder of their four to five year college experience. The next academic year, the student-athlete doesn't count toward the maximum number of grants allotted to

a team. If the student-athlete subsequently practices or returns to competition at that institution, he or she will "count" the entire inactive period unless a waiver is granted by the NCAA Management Council.

Providing contemporaneous medical documentation is essential to any of these situations. What does contemporaneous medical documentation mean? The NCAA defines this documentation as; a) including a diagnosis or description of the student-athlete's injury or illness at the time of the injury or illness, and b) demonstrating that the injury or illness is incapacitating. This documentation has become increasingly confusing to institutions, conferences, and the NCAA reinstatement committees.

Which records are needed? It depends on the situation. That is where the vagueness resides. There has been discussion at the committee level at the NCAA to create a standardized medical documentation threshold. The goal of this would be to encourage consistent medical documentation at the time of injury or illness and the subsequent decision to medically restrict or disqualify the student-athlete.

Trying to go back sometimes years and find documentation to support an extension request can be difficult to impossible. Situations that required immediate surgery are easy. Its illnesses including mental illness, and injuries that surgery was delayed that are more difficult to properly describe.

Good record keeping, particularly

*Medical Hardship continued*

in the training room is critical. Documentation inconsistencies or lapses can undermine the best of intentions. How participation during the convalescent phase is documented is of the utmost importance. The term "full participation" or "full clearance" implies that the student-athlete has healed and is ready for competition. Just because the coach doesn't play the student-athlete means he or she is still incapacitated if the student-athlete is fully cleared by the medical staff. Return to play documentation in the medical chart should be reserved for the sports medicine staff, not consultants or students working in sports medicine. Designating one individual on the staff such as the director of sports medicine or the head team physician to review all cases to be submitted for medical redshirt or disqualification can create consistency in reporting.

When the student-athlete suffers an incapacitating injury or illness be it temporary or permanent, it's a stressful time for all involved. Health care professionals need to be prepared in not only these situations but all situations to deliver accurate, precise medical documentation that will not only assist in the treatment of the student-athlete but possibly help them regain some of the missed time from their sport.

### **About the Author**

**Bryan W. Smith, M.D., Ph.D., FAAP**  
*Bryan is the medical consultant for the Atlantic Coast Conference and the editor of the ACC Sports Sciences website. Prior to his duties for the ACC, Dr. Smith was the Head Team Physician at the University of North Carolina for nearly ten years. He has authored approximately fifty scholarly articles and given more than sixty-five invited scholarly lectures. A pediatrician with a doctorate in exercise physiology, Dr. Smith is a member of the American Board of Pediatrics, a fellow of the American Academy of Pediatrics, a member of the*

*American College of Sports Medicine, and a charter member of the American Medical Society for Sports Medicine. He has served as the medical consultant to the NCAA Football Rules Committee, served on the NCAA Baseball Research Panel, and has been a past chairman of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Currently, Dr. Smith is a member of the United States Lacrosse Sports Science and Safety Committee and a member of the North Carolina Medical Society's Sports Medicine Committee.*

### **Position Announcements**

Position Vacancies can be posted on the CATS website ([www.collegeathletictrainer.org](http://www.collegeathletictrainer.org)). Go to the discussion board to post/view position vacancies. Non-CATS members are welcome to post vacancies. If you need access please contact, Bob Murphy, [robert.murphy@usma.edu](mailto:robert.murphy@usma.edu).

## **CATS Annual Meeting, Indianapolis, IN**

**Date:** Sunday, June 12, 2005 CEUs: 5.25

**Registration Fee:** \$15.00 (Early CATS Member)  
\$30.00 (On-site CATS Member)

**Location:** NCAA Hall of Champions  
700 West Washington Street  
Indianapolis, IN 46204

A registration form is provided in this newsletter or visit our website, [www.collegeathletictrainer.org](http://www.collegeathletictrainer.org) to download our form. Tell your staff and peers about our meeting. Please register early!!

8:30–10 a.m.	Registration	2:15 p.m.	Break
10 a.m.	Addressing Medical Coverage Issues— A Risk Manager's Perspective, Larry Stephens, Indiana University	2:30 p.m.	MRSA Outbreak in Collegiate Football Anthony Pass, ATC, University of Florida
11 a.m.	Graston Technique John Schrader, ATC, Indiana University	3 p.m.	Will you get that raise? A Survey of Collegiate Athletic Directors Josephine Lee, ATC, Georgia Tech & Donald Lowe, ATC, CATS Executive Director
11:45 a.m.	Scholarship Presentation	4 p.m.	Personal Financial Planning Todd Price, Goldman Sachs
noon	Lunch (Sponsored by Johnson & Johnson)	5 p.m.	Social (Sponsored by Gatorade)
1 p.m.	NCAA Injury Surveillance System Update, Randy Dick, NCAA		
1:45 p.m.	Record Keeping in your Athletic Training Room, Maria Hutsick, ATC, Boston University		