
The National Athletic Trainers’ Association (NATA) applauds the recent NCAA ruling that secures medical autonomy for the sports medicine staff at colleges and universities in its Autonomous 5 conferences. This new ruling affirms that the primary health care providers (defined as athletic trainers and team physicians) have the final decision-making authority regarding student athletes’ medical management and return to play following injury or illness. More specifically, if a team physician or athletic trainer determines an athlete should be held out for medical reasons, a coach cannot override him or her under any circumstance. The regulation goes a step further by creating an administrative structure, free of influence from the coach, which protects the primary athletic health care provider when making such decisions.

The new Autonomous 5 rules incorporate many recommendations from the Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges. The 2013 document was developed by a task force spearheaded by NATA that included representatives from leading health care and sports organizations and became the foundation for Inter-Association Consensus Guidelines released by the NCAA, which then led to these new rules. The recommendations specifically address sports medicine procedures and decision-making authority for student athlete participation.

While the best practices document serves as a recommendation, the Autonomous 5 rules go a step further. By mandating that schools have a director of medical services and providing autonomous authority to the sports medicine staff, the new policy should help eliminate potential conflicts of interest, ensuring the health and well-being of the student athlete remains paramount. This ruling also sets a precedent that all programs and conferences can model.

February 2016