

A Timeline of COVID-19 Management in Intercollegiate Athletics



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The moment that changed athletics...



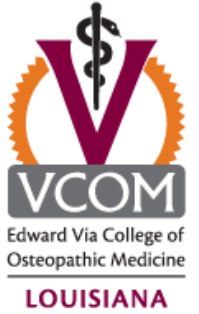
...and it seems like it was years ago

- March 11
 - The NBA suspends the 19-20 season after Gobert's positive test
 - March 12
 - MLS, NHL, XFL shut down seasons
 - Conference basketball tournaments are stopped mid-game in some cases; NCAA cancels Winter, Spring sports
 - MLB shuts down Spring Training
 - AEW, WWE move operations to training centers
 - March 24
 - NFL closes all facilities except to medical personnel
 - March 30
 - IOC moves Olympics and Paralympics to 2021
 - Throughout the Summer
 - Schools resume summer training programs, with various successes and clusters of positive tests, and we all learn a new meaning for "bubble"
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Then the big decisions were made...

- August 5
 - NCAA FCS, Division II and III cancel their Fall football seasons, move them to the Spring
 - August 8
 - Mid-American Conference cancels football season
 - Cites *“The Council of Presidents unanimously voted to take this action with the **health and safety** of its student-athletes, coaches and communities as its top priority.”*
 - August 10
 - Mountain West Conference cancels football season
 - August 11
 - Big 10, PAC 12 Conferences cancel football seasons
 - August 17
 - SEC, ACC, Big 12 resume pre-season practice
 - Week of August 12-17
 - NFL teams return to on-field practice
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Dr. Hainline from August 17th

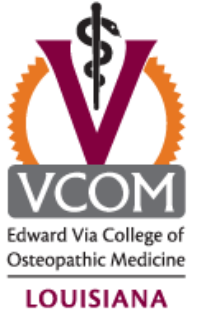


...only to quickly reverse course

- September 16th
 - Big Ten votes to restart modified season October 23rd
- September 24th
 - PAC 12, Mountain West vote to restart modified season November 6th
- September 25th
 - MAC votes to restart modified season

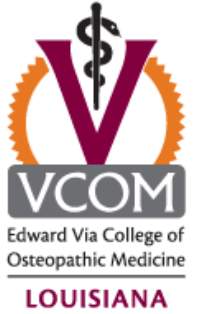


Our Initial Considerations as a Sports Medicine Program



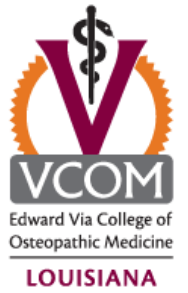
- What is the Standard of Care going forward?
 - HS vs Small College vs comparisons of what people saw/“Big Colleges”, NFL
 - How do we define certain care parameters for each of our constituencies?
 - What are our secondary issues in COVID Management?
 - Role Strain & Burnout
 - Financial ramifications (supplies, play vs no play, testing, travel modifications)
 - Educating Coaches & Parents
 - What similarities would we see in COVID management vs other Sports Medicine issues?
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A New Standard of Care



- NCAA Guidance has been minimal, strictly generalities
 - *It is important to remember that the NCAA does NOT sponsor a championship in Division 1 football*
 - The decision to keep playing runs contrary to the *guidance* (not edict) issued by the NCAA's Chief Medical Officer
 - Typically, each school and organization has a point person and a committee, but outside of that it is...
 - Every man (conference) for themselves!
 - The only reason there is been any kind of consensus on creating the “Bubble” is the sports medicine community is tight-knit and supportive of each other
 - Schools and Conferences have different resources, so consensus within each conference is hard if not impossible
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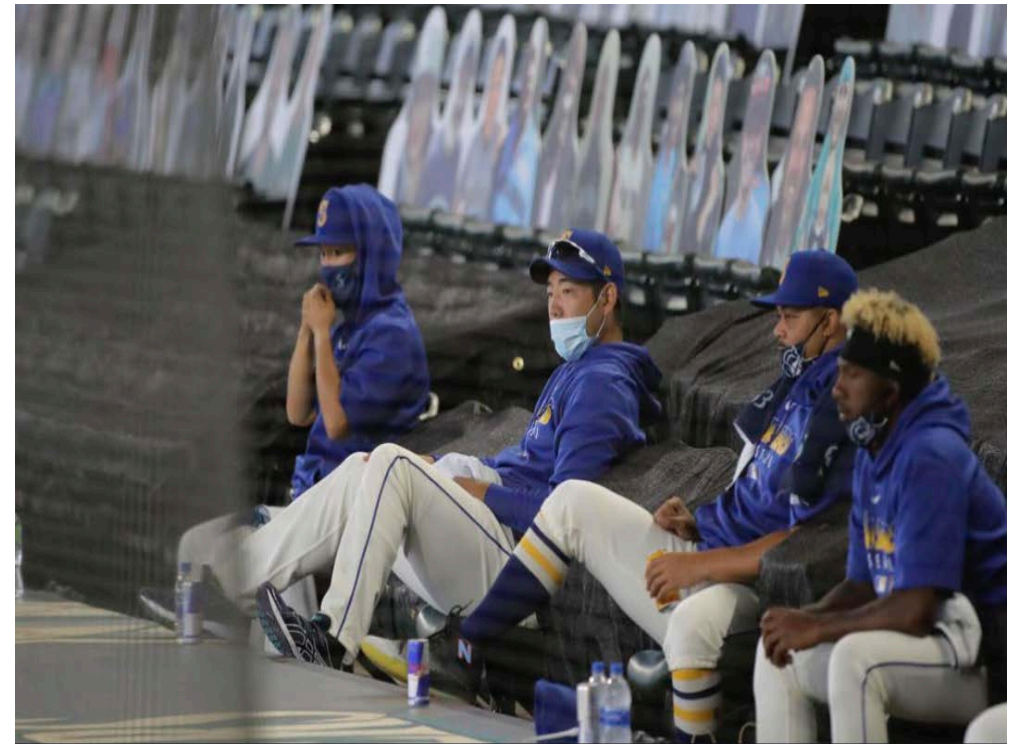
A New Standard of Care



- NCAA recommendations:
 - Daily health checks
 - PCR testing a minimum of 72hrs pre-competition
 - 7-day isolation if + / 10-day quarantine if high-risk exposure
 - This is down from 10 & 14 days respectively
 - Can test out of quarantine after day 7 with negative test
 - 150-day exemption on testing after a positive
 - This is increased from 90 days in the early Fall
 - *Baseline EKG/Subsequent EKG and ECHO, Stress if changes are noted*
 - Physician clearance before a graduated return-to-play
 - Masks on sidelines, Outdoor practices
 - NFL
 - Access limitations in facilities
 - AT treat, rehab by appt only
 - <https://www.facebook.com/Seahawks/videos/raining-facility-tour-during-covid-19-2020-seattle-seahawks/4182531745154927/>
 - Not surprisingly, the Seahawks were the only team in the NFL to have an active 53-man roster player test positive during the season
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A New Standard of Care

- Changes in how we view and define certain concepts
 - Sanitation
 - Contact
 - Within each sport, contact time is now an issue
 - Football is our test
 - Each position has a different risk factor
 - Social Distancing in Dugouts and on Sidelines
 - Touchless coolers and other equipment adaptations
 - Masks on
 - Changes in who sits/stands where



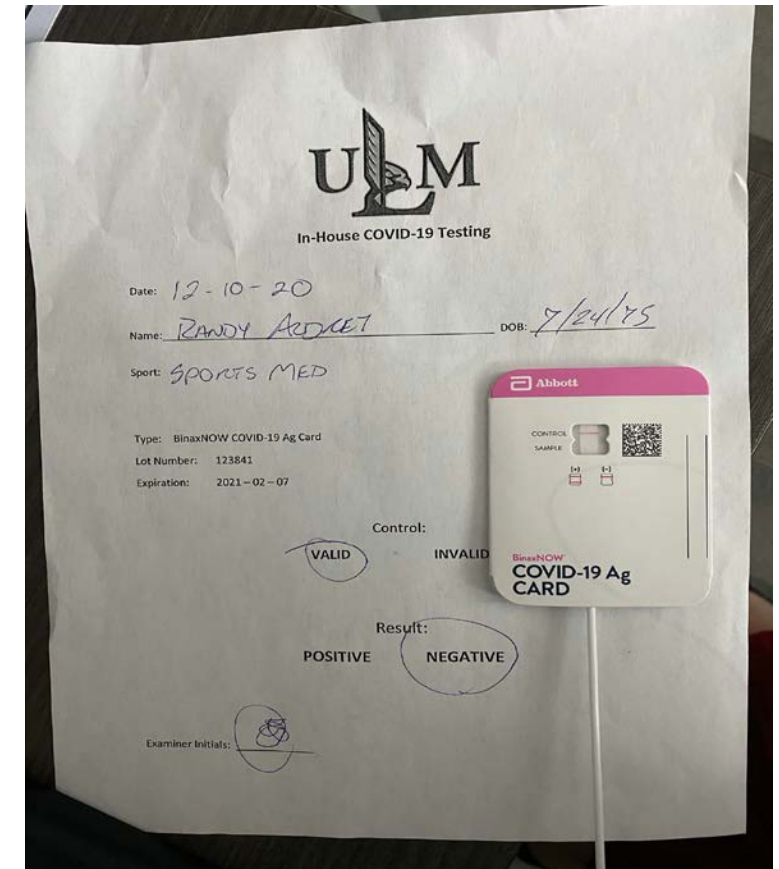
Typical Week

- Sun Belt Fall Sports
 - Certified results 72 hours prior to competition/PCR Test
 - Tuesday's were Volleyball, AD Staff; Wednesday's were Football Travel Party
- Sun Belt Winter Sports
 - 3 weekly tests, 1 must be PCR
 - Monday is PCR, Thursday (before travel) is Antigen, Saturday (between games) is Antigen
- Contrast with SEC Test Protocols
 - 3 x week during competitions (6 & 3 days out PCR + 1 Antigen with 24 hrs Saliva)
 - Baseline Troponin levels

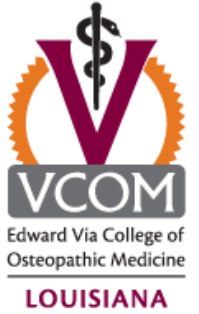


Issues we faced in-season

- Testing (skippers, burnout, inconclusive tests, delayed results, etc...)
 - You name it...it happened
- Parental Involvement
- You can catch COVID twice!!!
 - We have had athletes test positive on multiple occasions
 - The NBA is now having the same issue
- Numerous stops and starts
 - Shut down Volleyball twice, Football 3 times



Secondary Issues in COVID Management



- Role Strain and Coaches/Administration
 - Athletic Trainers, Physicians as police
 - Flow of information
 - Reassignment of staff from current position to ensure adequate medical supervision (medical personnel get sick, too!)
 - Time taken away from care, prevention and rehabilitation
 - Financial Considerations
 - Elimination of sports
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Similarities Seen in COVID Management vs Other Issues

■ COVID vs Concussion

■ The Good

- Graduated, multi-step return-to-play in order to determine if any residual effects linger
- Collaboration across all parts of the athletic department (S&C, AT, DO/MD, Academics)
- The broader testing spectrum has caught other underlining co-morbidities in athletes
 - https://www.espn.com/college-football/story/_/id/29707171/tcu-qb-max-duggan-indefinitely-undisclosed-health-condition

■ The Bad

- Seeing is believing...
- In my day, we played through this...
- Medical Personnel must be the adults in the room

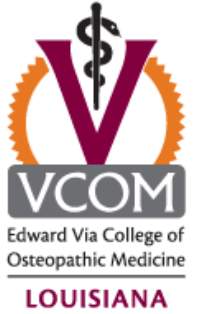


Issues to Address Now and in the Future

- Educating our patient population
- Mental health of players, medical staff
 - Essential that programming be in place
 - Players, coaches cope with loss of identity
 - Staff members deal with role strain
- Modulating academic schedules to minimize exposure
 - Moving course work online as much as feasible
 - Build-in quarantine weeks



Issues to Address Now and in the Future



- Resource Availability (PPE, Testing, Vaccine, Staffing)
 - How effective is our testing?
 - How we improve testing, turn-around times will affect scheduling, frequency of games
 - NFL had issue with testing facility/77 “false positive” tests
 - What other after-effects of COVID will manifest in the months and years ahead?
 - Cardiomyopathies, Cardiovascular deficits, others?
 - Georgia State’s starting QB, Indiana OL out for the season (or longer)
 - Basketball starts soon with high-risk population in a high-cardiovascular component sport
 - We saw this occur with a basketball student-athlete at Florida
 - What do we do for high schools that have none of these resources?!?
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Resources

- *NCAA Resocialization of Collegiate Sport: Developing Standards for Practice and Competition*
 - <http://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-developing-standards-practice-and-competition>
 - NATA COVID Play Informed Video Series and Resources
 - <https://www.nata.org/blog/elizabeth-quinn/play-informed-videos-available-now>
 - <https://www.nata.org/practice-patient-care/health-issues/covid-19-coronavirus>
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I wish we could
have done this
Face-To Face.
If you have
questions or want
to discuss how we
are managing this:

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