

Summer Orientation 2019

Student-Athlete Parent Session



Student-Athlete Services Overview

- **North Central College Athletic Training**
- **NCAA Eligibility Standards**
- **Website Features**

North Central College Athletic Training

Tracy Stephen, ATC
Athletic Training



Athletic Training Staff

Athletic Training Staff

- Brittany James, MLD, ATC
- Tracy Stephen MS, ATC
- Lauren Palsgrove MS, ATC
- Andy Sorenson, MS, ATC
- Athletico Physical Therapy

Athletic Training Clinic Locations

- Merner Field House
- Residential/Recreation Center
- Benedetti-Wehrli Stadium

Athletic Training Program

Participation Requirements

Pre-Participation information needs to be submitted on the ATS web portal by **August 1, 2019** for all student athletes (fall, winter and spring sports)

Go to: noctrl2.atsusers.com

Athlete ID: new

Password: new



PROGRAM HIGHLIGHTS :: 31 TEAM NATIONAL CHAMPIONSHIPS ::



Photo by Steve Wollmann

Carius to Receive Honorary Degree

North Central College president Troy D. Hammond announced Wednesday that head men's cross country coach and associate head men's track and field coach **Al Carius** will receive an honorary doctorate degree at the College's 151st Commencement ceremony in recognition of his ... [\[+\] Read More](#)

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YouTube 466





- SPORTS
- ATHLETICS DEPT**
- AWARDS & HONORS
- HALL OF FAME
- LEADERSHIP
- RECRUITS
- GIVING
- COLLEGE HOME
- HOTELS

31 TEAM NATIONAL CHAMPIONSHIPS

- Staff Directory
- Sports Information
- Athletic Training**
- Facilities
- Visitor Info
- Faculty Mentors
- Recreational Sports
- Band and Spirit Teams
- Athletic Camps
- Social Media

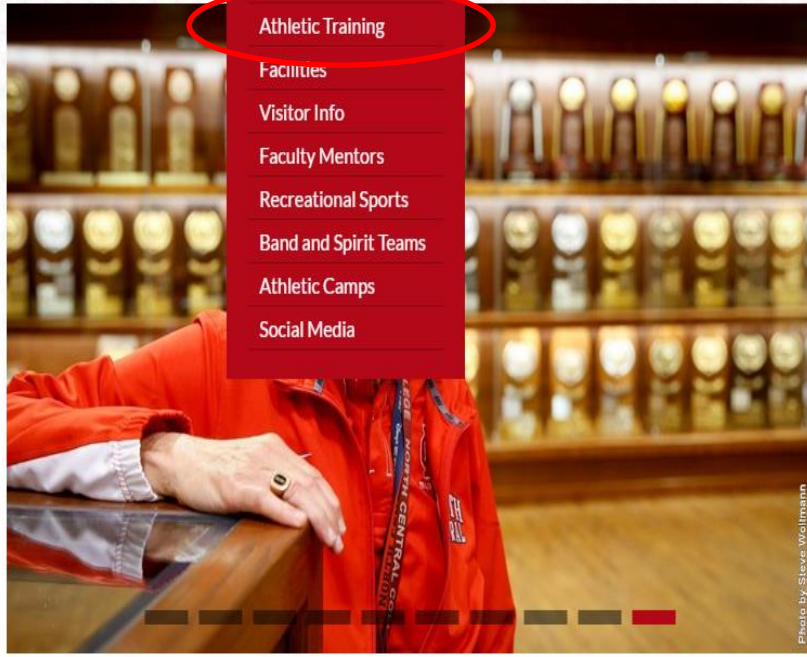


Photo by Steve Weltmann

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Student-Athletes - Athletics Participation

The North Central College Athletic Training staff aspires to be recognized among its peers as a leader in NCAA Division III athletics. To ensure this, the department will foster an environment of continuous intellectual and clinical skill growth of each staff member. We will be action-based and solution-seeking members of our community. This mission is an ongoing evaluation and implementation of the health care gold standards that will be provided at North Central College.

Staff

Brittany James, MS, ATC,

Head Athletic Trainer

bjames@noctrl.edu

630-637-5563

Sport Coverage: Football, Men's Volleyball, Baseball

Tracy Stephen, MS, ATC, PES

Assistant Athletic Trainer

tstephen@noctrl.edu

630-637-5582

Sport Coverage: Men's Soccer, Men's Basketball, Men's Lacrosse

Andy Sorenson, MS, ATC

Assistant Athletic Trainer

asorenson@noctrl.edu

630-637-5582

Sport Coverage: Women's Soccer, Men's Wrestling, Women's Lacrosse

Jessica Bratko, ATC

Athletic Trainer

Jessica.Bratko@athletico.com

Sport Coverage: Men's and Women's Cross Country and Track and Field, Women's Triathlon

Jeff Gargul, BA, ATC

Graduate Assistant Athletic Trainer

jdgargul@noctrl.edu

Team Physicians

[Athletic Training Services/Policies for Visiting Teams](#)

[General Information for Visiting Teams](#)

First-Year/Transfer Student-Athletes

[First-Year/Transfer Student Information](#)

(click [HERE](#) for video tutorial)

[Instructions for Web Portal Access \(PowerPoint\)](#)

[Physical/Medical History Forms](#)

[ATS Athlete Portal](#)

Returning Student-Athletes

[Returning Student Information](#)

(click [HERE](#) for video tutorial)

[Instructions for Web Portal Access \(PowerPoint\)](#)

[Physical/Medical History Forms](#)

[ATS Athlete Portal](#)

North Central Athletic Training Policies

[Athletic Insurance](#)

[Athletic Training Facility Rules](#)

[Concussion Protocol](#)

[NCAA Medical Exception Information](#)

[NCAA Drug Testing Program](#)

[Emergency Action Plans](#)

NCAA Fact Sheets

[Concussions](#)

[Sickle Cell Trait](#)

[Caffeine](#)

[Dietary Supplements](#)

[Dehydration and Heat Illnesses](#)

[Eating on the Road](#)

[Fluid Intake](#)



**NORTH CENTRAL COLLEGE ATHLETIC TRAINING
MEDICAL HISTORY**

Name: _____ Date of Birth: _____

Sport(s): _____

Instructions: When reply is yes, give date of injury and treatment. Please indicate the anatomical site of injury, left or right, and any other information you consider important. Circle the appropriate response.

<u>GENERAL MEDICAL</u>		
Yes	No	Have you ever been advised by a medical doctor not to participate in sports? <i>For what reason?</i>
Yes	No	Have you had any surgeries in the past two years? <i>If yes, identify the anatomical site, surgery, and date.</i>
Yes	No	Are you currently on prescribed medications? <i>If yes, please indicate name of the medication and reason it is prescribed.</i>
Yes	No	Do you have any known allergies? <i>Please list.</i>
Yes	No	Are you allergic to any medications? (i.e. aspirin, sulfa, etc.) <i>If yes, please indicate name of the medication.</i>
Yes	No	Are you currently taking any medications? <i>Please list.</i>
Yes	No	Do you take any supplements? <i>Please list.</i>
Yes	No	Have you ever had heat exhaustion, heat stroke, or hyperventilation? <i>If yes, please indicate which type of heat illness and when it occurred.</i>
Yes	No	Have you ever had an organ removed? <i>If yes, which organ?</i>
Yes	No	Have you been told you have a hernia? <i>If yes, was it repaired?</i>
Yes	No	Are you currently under the care of a physician? <i>If yes, for what injury/medical condition?</i>
<u>HEAD AND NECK INJURIES</u>		
Yes	No	Have you ever been "knocked out", dazed or experienced a concussion during the past four years? <i>If yes, please give dates.</i> <i>If answer to above is yes, did a physician have you stay overnight in a hospital? Please list dates and details.</i>
Yes	No	Have you ever had a serious neck injury? <i>Please list injury and dates of injury.</i>
<u>EYE AND DENTAL</u>		
Yes	No	Do you have any eye problems? <i>Please describe.</i>

- Page 1 of 3
- Student-athletes are encouraged to fill this out with their parents and take to your physical appointment.

New: Mental Health History Questionnaire is Optional.

**NORTH CENTRAL COLLEGE ATHLETIC TRAINING
PHYSICAL EXAMINATION FOR PARTICIPATION IN ATHLETICS**

*****This form must be completed and signed by a M.D. or D.O. only*****

Last Name _____ First Name _____ M ___ Sex M F

Sport/s in which you plan to participate: _____

Date of Birth _____ Age _____

Height _____ inches Weight _____ lbs

B/P ____/____ Pulse ____ Resp ____ Vision R: 20/____ L: 20/____ Glasses Yes No Contacts Yes No

Urinalysis: Sugar ____ Protein ____ Blood ____ Other _____

MEDICAL SCREENINGS: Please explain any abnormal findings to the right

<u>NORMAL</u>	<u>ABNORMAL</u>	<u>GENERAL</u>
		Eyes: Vision
		Ears: Hearing, Canals, Drums
		Nose: Septum, Obstructions
		Mouth: Membranes, Throat, Tonsils, Teeth
		Chest: Lungs
		Heart:
		Abdomen/Pelvis: Viscera Scars, Hernia
		<u>MUSCULOSKELETAL</u>
		Spine:
		Shoulders:
		Wrist/Hands:
		Hips/Thighs:
		Knees:
		Ankles:
		Feet:

Additional Comments: _____

ATHLETIC PARTICIPATION: Please Circle Below

Approved Without Limitation

Approved With Limitation Specify _____

Not Approved Specify _____

Physician Signature **(MD/DO ONLY)** _____

Print Last Name _____

Physician's Address _____

Date of Exam _____ **Must be completed on or after June 1, 2015**

- **Must be completed by an MD or DO**

- NP, PA NOT ACCEPTED and will delay ability to participate in athletics

- **Needs to be completed on or after May 30th, 2019**

- Must be signed and dated

Sickle Cell Trait

- Sickled red cells may subsequently accumulate in the bloodstream, blocking normal blood flow to the tissues and muscles, and causing physical distress
- SCT is considered generally benign and consistent with a long, healthy, and active life
- **During intense exercise (especially in the heat)**, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle"
- Will not exclude student athlete from participation – precautions will be made

Compliance with SCT Regulations

- **Option 1**: Submit the results of previous SCT testing to the athletic training staff. In the state of Illinois, sickle cell testing has been done at birth since 1989.
- **Option 2**: Complete the test either with your family physician or at Edward Hospital and submit the results to the athletic training staff. The Dyson Wellness Center staff must assist you with coordinating testing through Quest Diagnostics and the cost to the student athlete is \$16.03.
- **Option 3**: Sign a waiver acknowledging the choice to not undergo testing before August 1, 2018. If a student-athlete chooses to sign the waiver, the student-athlete waives the option to be tested and releases North Central College from any liability related to declining the test. Student-athletes who sign the waiver will be strongly encouraged to complete the testing.



NORTH CENTRAL COLLEGE

NAPERVILLE, ILLINOIS

Be central.

Admission	Academics	Graduate Studies	Fine Arts	Athletics	Student Life	Alumni
				Apply	Visit	Give

Home > Academics > Registrar and Support Services > The Center for Student Success >

- Frequently Asked Questions
- Registration Process
- Accommodation Procedures
- Testing Center
- Delta Alpha Pi International Honor Society
- Accommodated Housing

REGISTRATION PROCESS

Students with disabilities who have been admitted to North Central College are encouraged to register with Student Disability Services (SDS). The following steps outline the process for requesting and registering for accommodations. Students are welcome to contact SDS at 630-637-5260 or academicsupport@noctrl.edu with questions or to request assistance at any point.

1. Complete and submit the following accommodation request form to SDS to initiate the process. Students are encouraged to submit this form even in the absence of formal disability-related documentation in order to start a conversation with SDS staff.

[Accommodation Request Form](#)

2. Submit any disability-related documentation along with the completed *Accommodation Request Form*. Documentation comes in many forms depending on the nature of the disability. However, the following *Disability Verification Form* is available for students in the absence of other types documentation.

[Disability Verification Form](#)

3. The submitted materials will be reviewed by an SDS staff member in the order in which they are received. Students will be contacted within two weeks to schedule an accommodation meeting or to request additional documentation if needed.

4. During the accommodation meeting, the student and SDS staff member will discuss the documentation submitted and the barriers the student experiences in the academic or living environment as well as information on how to access accommodations and resources. Students are not fully registered for accommodations until they have participated in this meeting.

DYSON WELLNESS CENTER



To learn more about the Dyson Wellness Center and the services they provide, please visit:

<http://cardinalnet.northcentralcollege.edu/life/dyson-wellness-center>

Even the best college environment can be a challenge if *you* are not at your best. Whether you experience homesickness or something worse, no one likes to be sick away from home. The Dyson Wellness Center, one of North Central's most valued resources, offers you the care, comfort and support of home, with the resources, skill and experience of licensed professionals.

Our friendly, compassionate staff is directed by Tatiana Sifri, LCPC, NCC. Tatiana ensures that you receive high quality, completely confidential medical and counseling care and access to a wealth of resources both on site and in the community.

Our staff members are known by name across campus—you'll find them reaching out pro-actively with educational programs in the residence halls, activities center and dining hall. You can also work alongside our professionals and take advantage of valuable student leadership opportunities to advocate for the wellness of your peers.

MEDICAL SERVICES

When you're not feeling well, it's good to know that help is not far away. You can make an appointment to see a physician, nurse practitioner or nurse—at no cost. Our center also has a small pharmacy for dispensing common prescriptions. A host of medical tests and procedures can be performed on site, giving you easy access to valuable medical resources.

COUNSELING SERVICES

The college experience is full of tremendous excitement, but it can also be demanding and stressful. Balancing academic responsibilities, independence and relationships can at times be overwhelming. The Center offers short-term individual, group and couples counseling services, as well as referrals to off-campus resources. Our counselors can help with a wide range of issues, including academic struggles, drug and alcohol concerns, anger, anxiety, depression, stress and

NCAA MEDICAL EXCEPTION DOCUMENTATION REPORTING FORM TO SUPPORT
THE DIAGNOSIS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND
TREATMENT WITH BANNED STIMULANT MEDICATION

TO BE COMPLETED BY THE INSTITUTION ONCE FORM IS SUBMITTED

Institution Name: North Central College

Institutional Representative Submitting Form

Name _____

Title _____

Email _____

Phone _____

Student-Athlete Name _____ Date of Birth _____

TO BE COMPLETED BY THE STUDENT-ATHLETE'S PHYSICIAN

Treating Physician (print name): _____

Specialty: _____

Office Address: _____

Physician signature: _____ Date _____

PHYSICIAN DOCUMENTATION TO INCLUDE THE FOLLOWING INFORMATION

Diagnosis

Medication(s) and dosage

Blood pressure and pulse readings and comments

Note that alternative non-banned medications have been considered, and comments

Follow-up orders

Date of clinical evaluation: _____

ATTACH WRITTEN REPORT SUMMARY OF COMPREHENSIVE CLINICAL EVALUATION

- The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.
- The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.

- Only if currently prescribed stimulant medication for treatment of ADHD
- Completed by treating physician
- If student-athlete is taking any OTC or prescription medication, must be documented in medical history
- May require additional documentation

Insurance Options

Option 1

- Purchase personal insurance that covers athletic related injuries through a private insurance company

Option 2 → only covers injuries sustained through intercollegiate athletics

Option 2

- Purchase insurance through the institution
 - \$750 charged to student account
 - Coverage effective from signature date to last date student athlete is required to be on campus for athletics
 - Does not cover prior injuries
 - 30 day refund policy- must notify AT Staff

Team Physicians

Team Physician: Dr. Kenneth Sanders, MD

Team Physicians within DuPage Medical Group

Dr. Julio Gonzalez, MD

Dr. Robert Matlock, MD

Dr. Raghu Pulluru, MD

Northwest Medical Group

Dr. Brian Babka, MD

Concussion Specialist and Sports Medicine Physician

Physician Referral Process

- Student-athlete can choose to see personal physician or can be referred to see a team physician associated with North Central College
- AT staff may assist in scheduling appointment
- Student-athlete is responsible for verifying that the physician is within primary insurance network
- Must seek medical attention within 90 days of injury to follow provision of College's excess insurance policy

Injury/Accident Insurance

- Only when an injury is sustained ***through official practice or competition***, a student-athlete may access the College's excess insurance policy
- This policy can only be accessed after all other insurance (i.e. primary, secondary, etc.) have paid on the claim
- Must follow the provision of primary insurance

How to File an Insurance Claim

1. Report injury/accident to athletic trainer within 24 hours of injury
 - Initial medical treatment from a physician must take place within 90 days of injury
2. File a claim
 - To be completed by the student-athlete and submitted to the treating athletic trainer
 - Must be filed within 180 days of injury
3. Submit itemized bills and explanation of benefits from primary insurance to Dyson Wellness Center
4. Student-athlete must sign release forms in order for the Dyson Wellness Center and AT staffs to speak with parents/guardian about claim process

Athletic Administration

Sue Kane

Associate Director of Athletics &
Senior Woman Administrator



NCAA Eligibility Standards

Academic Eligibility for First-Year

- GPA: Academic eligibility is 1.50 GPA for first-year students
- Credit Hours: Must complete and pass 12 credit hours toward graduation at the conclusion of Fall Semester to be eligible for Spring Semester

Academic Eligibility for Sophomore, Junior & Senior Year

- 2nd Year: 1.75 GPA & pass 24 hours toward graduation
- 3rd Year: 2.0 GPA & pass 48 hours toward graduation
- 4th Year: 2.0 GPA & pass 72 hours toward graduation

Full-time Status

- 12 credit hour minimum

NCC Athletics Website Features

Be Connected!

- Cardinal Athletics App
- Live Stats
- Text Updates
- Weekly Sports Report
- Social Media (Facebook & Twitter)
- Game Schedules

Visit <http://northcentralcardinals.com/> to register!

Questions?

