Certified athletic trainers typically do not think that risk management is part of their job description, yet risk management is nothing more than providing a well-thought-out, rehearsed, and documented plan of action concerning appropriate medical coverage. Traditionally, universities consider the concept of risk management an avenue for limiting medical expenses and for avoiding litigation associated with exposure to potentially catastrophic incidents. Athletic trainers and team physicians are charged with providing the best possible medical care while managing variables over which they have little control. Such variables include but are not limited to number of teams, squad sizes, practice times, number of strength and conditioning sessions, out-of-season practice sessions, insufficient staff, and inadequate budgets. The ability of the sports-medicine staff to educate those in positions of influence to positively affect the availability of services to student-athletes can reduce risk exposure.

The purpose of this article is to provide an overview of the potential components of developing a risk-management plan that is cost effective and practical and provides for appropriate medical services essential to minimize risk in college sports-medicine programs.

**Developing a Sports-Medicine Philosophy and Mission**

Institutional administrators need to consider what is traditionally referred to as appropriate medical coverage, as opposed to appropriate medical service. Appropriate medical coverage is not a foreign concept in the field of athletic training as a result of the efforts of the National Athletic Trainers’ Association (NATA) Task Force on Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA). AMCIA has established a systematic approach to help institutions determine the number of health-care professionals needed to provide a proper level of service while taking into account institutional philosophies. This approach accounts for an institution’s number of teams, squad sizes, out-of-season activities, travel demands, and administrative duties. AMCIA, with research from the NCAA Injury Surveillance Study, has compiled information on injury rates, catastrophic-injury probability, and treatment considerations.

An institution is encouraged to determine the appropriate level of medical coverage by completing the matrix in the document provided by AMCIA. On many occasions the institution finds that it does not meet the minimal guidelines for appropriate medical coverage. Therefore, the institution looks to develop a plan to decrease its risk exposure,
in addition to identifying solutions to meet the minimum standards of care.

The phrase *appropriate medical service* can be used to describe circumstances in which institutions are able to exceed the recommendations set forth by the AMCIA. Such circumstances would include having every practice and competition monitored by medical personnel, regardless of the sport. Consistency in rehabilitation personnel for treatment sessions and on return to play would improve the service available to student-athletes. Athletic trainers would ideally like to meet the needs of student-athletes in an effort to exceed the standards of “appropriate medical coverage” and minimal standards of care outlined via practice guidelines and position statements. Thus, they seek support for their efforts to minimize risk exposure. The distinction between coverage and service is not just semantics but a philosophical approach to determining the standard of care for student-athletes. It is my understanding, however, that regardless of philosophy there are a significant number of institutions not meeting the standards of coverage, which can be attributed to lack of resources and not administrative philosophies influencing athletic trainers’ abilities. Consequently, many institutions have addressed the issue of reimbursement opportunities as a way to generate revenue in an attempt to provide more coverage and services to student-athletes.

**University Protocols, Policies, and Procedures Affecting Risk Management**

In the last 5 years there has been a rise in discussion and development of written operational protocols. This increase in institutional policy and procedure development has been supported by the influence of medical societies’ position statements and practice guidelines. Institutional protocols under the supervision of a medical director or team physician should incorporate recommendations from leading medical organizations in an effort to individualize the operational protocol to most efficiently and practically provide for the health care of the institution’s student-athletes. It could be understood that in the absence of an institution-specific operational protocol, the prevailing standard of care would be that outlined by the practice guidelines developed, promoted, and endorsed by creditable medical organizations. In addition, deviations from accepted medical guidelines should be well documented and supported by university officials including athletic administration, team physicians, and risk-management personnel. The policies most relevant in minimizing risk of catastrophic injuries relate to preparticipation exams, emergency action plans, and environmental policies most closely associated with potentially life-threatening circumstances such as heat, hydration, and lightning.

**Preparticipation Examination**

Initiation of a plan to minimize risks should begin with an evaluation of sports-medicine operational protocols and guidelines related to the preparticipation examination (PPE), including issues related to diagnostic screening processes. Much attention over the last several years has been focused on timing and frequency of PPEs. The first question to consider is, for whom is the physical provided? Is it the goal of the institution to provide a screening or a treating examination? A screening PPE would consist of basic determination of whether the athlete is cleared or not cleared for participation. The treating PPE addresses all areas of health care and is concerned with conditions that might predispose athletes to potentially catastrophic events. It also provides measures to reduce risk through follow-up interventions aimed at improving the overall health of the student-athlete. This philosophy most closely relates to the concept of appropriate medical service.

The *NCAA Sports Medicine Handbook* recommends that a PPE be provided on entry into an athletic program, with an annual follow-up. This examination should emphasize cardiovascular, neurological, and musculoskeletal evaluation for which further annual follow-up is not warranted unless circumstances or conditions change the athlete’s health status. It is important to note that routine screening processes are not recommended, other than an initial history and blood-pressure measurement—this is supported by the modified recommendations of the American Heart Association. With rule changes pertaining to preseason and off-season conditioning, the NCAA has mandated that only football players are required to have a physical examination before participation in any organized activities.

Another widely accepted resource is the 2005 *Preparticipation Physical Examination (3rd ed.)* monograph by *The Physician and Sports Medicine*. Many practical suggestions and well-supported solutions are identified in this multiassociation collaboration.