PRINCETON UNIVERSITY ATHLETIC MEDICINE

Princeton University Athletic Medicine (PUAM) includes several health care providers, all of whom are employees of University Health Services (UHS), with the mission of providing the highest quality of healthcare to the student-athletes at Princeton University. Our PUAM team is comprised of 13 full time certified and licensed athletic trainers (two of whom are also licensed physical therapists), board certified sports medicine specialists (including an orthopedic consultant), and a sports dietitian, as well as access to other health care providers. PUAM is responsible for providing medical services for the 38 Division I sports and Club Rugby at Princeton University. Student-athletes at Princeton University have health care services available to them at UHS/McCosh Health Center, as all students have, which includes an urgent care facility, 24 hour inpatient services (during the academic year), travel medicine services, women’s and men’s health services, and counseling and psychological services. In addition, student-athletes have access to the training room facilities, Caldwell Field House and Dillon Gym, where athletic training, physical therapy and other services are available. The PUAM staff is committed to maintaining and improving the health and well-being of the student-athlete, and we look forward to working with each student-athlete during his/her participation here. These services are supervised and coordinated by the Director of Athletic Medicine. In addition, a wide range of medical and surgical specialists are available for consultation, and these services are arranged by the Team Physicians / UHS physicians.

For a comprehensive introduction to Athletic Medicine Services for Varsity Student-Athletes, please go to http://www.princeton.edu/uhs/studentservices/athletic-medicine-service/athletic-medicine-varsity/. This site includes links to on-line health history forms, links to other UHS services, and other important information for student-athletes.

In addition, the Sports Medicine page on the Princeton Athletics website, located under the Tigers Athletics banner, http://www.goprincetontigers.com is a useful resource. It includes the sports medicine staff directory, the athletic facilities, and the Emergency Action Plans for each of the venues.

Pre-Participation Physical Examination Process
In addition to the physician signature required as part of the Medical Permission form in the Matriculation Requirements (www.princeton.edu/uhs/matriculation), all varsity student-athletes must have a University Health Services (UHS)/Athletic Medicine physical form and physical completed by (UHS)/ Athletic Medicine prior to participation in any varsity competition. A physical from a doctor at home clearing a student to participate as well as confirmation of sickle cell status is required in order to try out for a varsity sport initially, and a PPE (pre-participation exam) performed by a UHS physician (in addition to the physical examination required for admission to the University) is required prior to competition. This “PUAM sports physical” includes review of the online First Year Athlete Health History, review of sickle cell status, and a physical examination including an electrocardiogram (ECG). Student-athletes who participate in subsequent years complete an Interim PUAM sports physical which includes a review of the online Interim Health History form, vital signs and follow-up as indicated. The athlete health history forms as well as additional information for student-athlete physicals are available at www.princeton.edu/myuhs.

For any significant medical or surgical history, prior to arrival on campus, incoming student-athletes should upload all records to www.princeton.edu/MyUHS (MyUHS) and bring a copy of all pertinent information to the PUAM sports physical. Examples of important information include evaluation for a heart murmur or dizziness, or notes from a musculoskeletal evaluation or previous surgery. Copies of surgical consultations as well as diagnostic test results may be necessary for clearance.
Sickle Cell Anemia has been associated with sudden death in athletes and the NCAA mandates that all student-athletes have testing or be aware of their sickle cell status. Although more common in African Americans, the sickle cell trait can be found in a variety of ethnicities, and all babies born in the United States are tested at birth. **Sickle cell testing or proof of sickle cell status is thus required as part of the sports physical process.**

Iron deficiency anemia is common in athletes and can negatively affect performance. It is strongly recommended that all female, vegetarian, endurance athletes and athletes participating in weight restricted sports obtain hemoglobin and ferritin testing prior to participation. All of these lab blood tests (sickle cell, hemoglobin, ferritin) are available at UHS, though it is recommended that prospective student-athletes **obtain these tests at home before arriving on campus, and upload the results to the** [www.princeton.edu/myuhs](http://www.princeton.edu/myuhs) **website prior to their PUAM sports physical.**

The NCAA also requires that student-athletes with Attention Deficit Hyperactivity Disorder (ADHD) that require stimulant medication for treatment provide additional information regarding their diagnosis and evaluation. This information must be completed each year. The form is available on the [www.princeton.edu/myuhs](http://www.princeton.edu/myuhs) (Matriculation) Website, and if applicable, should be completed, and all records regarding the testing should be uploaded to MyUHS along with a copy brought to your PUAM sports physical.

It is important for student-athletes taking any banned NCAA medications prescribed by a physician for a medical problem, that appropriate documentation be submitted during the pre-participation physical examination process.

For any significant medical or surgical issues that occur during summer breaks or vacations, and/or for any new medications started, medical records should be given to the athletic trainer and/or team physician. These records will provide useful information as well as expedite the clearance process and maintain continuity of care for participating student-athletes. Medical records may be required in order to make clearance decisions and these records can be uploaded securely to the [www.princeton.edu/myuhs](http://www.princeton.edu/myuhs) site. **Clearance to participate and all return to play decisions are the responsibility of the Princeton Athletic Medicine staff.**

**Concussion Information**

Concussion is a significant brain injury and one that can have a significant impact on the health and well-being of student-athletes. Defined as a transient neurologic dysfunction that occurs after trauma to the head or body, the symptoms can be immediate or take several minutes, hours or even days to fully manifest. Delay in diagnosis and management can be associated with persistent deficits and psychosocial consequences. The Athletic Medicine staff is trained to evaluate and manage this important injury.

The Princeton University Athletic Medicine (PUAM) Concussion Protocol and Policy outlines the requirements, tools and processes used for student-athletes participating in high concussion risk sports as well as a comprehensive assessment, management and return to play process that is in place for any student-athlete who sustains a head injury. Academic accommodations may be necessary after concussive injury and can be arranged either through the Director of Undergraduate Studies (DUS) and/or the Office of Disability Services (ODS). The policy incorporates education, baseline testing, post-injury and follow up testing, as well as a gradual return to play progression.

Student-athletes play an important role in safeguarding their own health and are responsible for reporting their injuries and illnesses to the Athletic Medicine staff, including signs and symptoms of concussion.
Student-athletes should understand the signs and symptoms of concussion injuries and know what to do if they suspect that they, or a teammate, might have a concussion. Educational information is available on the NCAA website at www.ncaa.org/health-safety. The NCAA student-athlete fact sheet for concussion contains useful information and should also be reviewed at: http://web1.ncaa.org/web_files/health_safety/ConFactSheetsa.pdf.

PUAM Concussion Policy

Goals:
- Standardized approach to concussive injury to protect the health and welfare of student-athletes participating in “at risk” sports;
- Comprehensive baseline and post-injury evaluations for concussive injury in the student-athlete; and
- Educational information for student-athletes regarding concussion.

Policy

Concussion is an important injury in the student-athlete. Princeton University Athletic Medicine (PUAM) has a comprehensive program to manage concussive injuries. The program includes a baseline evaluation, a post-injury evaluation, and an individualized return-to-play management program incorporating a multidisciplinary team approach.

Procedures

1. Administrative Issues
   a. Emergency Action Plan (EAP) for all venues to include Concussion Plan for all high risk sports.
   c. Education of student-athletes regarding concussion, including signs & symptoms, importance of properly fitting equipment, and high risk sport activities (e.g., leading with the head).
   d. Pre-participation Physical Examinations performed for all varsity student-athletes.
   e. Signed Student-Athlete agreement regarding reporting of all injuries & illness, including signs and symptoms of concussion, to PUAM staff. (Performed by compliance office).
   f. ATCs on site/available for all at-risk sport practices & games, physician on-site/available for at-risk sport home events.
   g. Documentation of baseline testing (SCAT3), initial injury evaluation (SCAT3 & other) as well as daily symptom scoring. Documentation (by ATC & team physician) of initial and subsequent evaluations, change in status regarding activities and final clearance to return to play.

2. PUAM Pre-Participation Exam: 1st year Student-Athletes
   a. Includes questions regarding modifiers: prior concussion history, learning disabilities requiring stimulant medications, migraines, seizure history.
   b. Baseline Sports Concussion Assessment Tool (SCAT3) and computerized neuropsychological testing (e.g., “Immediate Post-Concussion Assessment and Cognitive Testing” (ImPACT)) are performed for all at-risk sport student-athletes (Football, Sprint Football, Men’s & Women’s Soccer, Field Hockey, Wrestling, Men’s & Women’s Ice Hockey, Men’s & Women’s Basketball, Men’s & Women’s Lacrosse, Men’s & Women’s Water Polo, Men’s & Women’s Pole Vaulting, Baseball, Softball).
   c. If a student-athlete has a significant history of prior concussion(s), or significant other modifiers, the team physician may request that neuropsychological testing include computerized neuropsychological testing (e.g., ImPACT) as well as additional paper & pencil tests, and additional consultation and/or testing.

3. Sideline Evaluation
a. When a student-athlete has signs/symptoms of concussion, that student-athlete should be removed from play and not cleared to return to play until evaluated by a licensed health care provider.

b. A student-athlete with worsening symptoms, especially worsening headache, nausea or vomiting, increased confusion, garbled speech, lethargy or extreme sleepiness, trouble using their arms or legs, convulsions or seizure activity should be transported emergently by Public Safety or ambulance to the emergency room. Any student-athlete with neck pain should be treated as if a cervical spine injury is present, and the emergency procedures (cervical spine immobilization, emergency room transfer) initiated.

c. If no ATC or Team Physician is available, and the student-athlete has minimal symptoms, ATC or team physician should be contacted to determine a plan for evaluation of the student-athlete. If the PUAM staff cannot be reached, contact UHS at 609-258-3139. Public safety should be called for transportation.

d. If the ATC is on-site and the student-athlete is medically stable, the Sports Concussion Assessment Tool (SCAT3) should be used for evaluation of an injured student-athlete.

e. If the ATC is on-site and the assessment is concussion, the student-athlete may not return to play the same day.

f. If the student-athlete is evaluated by the team physician and/or other clinician and the diagnosis is concussion, the student-athlete may not return to play the same day.

4. Physician evaluation

Physician evaluation of all concussed student-athletes, timing dependent on ATC assessment & clinical judgment. The ATC should contact the team physician to discuss follow up care and:

a. Determine additional testing/consultation as indicated;

b. Educate the student-athlete regarding the importance of reporting any and all symptoms; and

c. Determine if any modifications to class work and/or attendance or other demands are necessary (e.g., refer to Office of Disability Services, and communicate with deans, parents, others).

5. Follow up Care

a. Daily follow-up of symptoms using symptom checklist.

b. Post Injury NP Testing (e.g. ImPACT and paper/pencil tests) performed 24-48 hours post-injury (research design) or as determined by team physician.

c. Post-injury NP testing interpreted by outside neuropsychologist.

d. Follow up with ATC/team physician once ready to progress activities as well as to return to full play. If the student-athlete does not have a follow-up review by the team physician, the symptoms and results must be discussed with the team physician.

6. Return to Play Decision

a. This is an individualized decision made by the team physician, in consultation with athletic trainer, student-athlete, neurocognitive/balance testing, and any additional outside consultation as appropriate.

i. Length of time the student-athlete Is held out of activity and rate of progression are all individualized, with the final decision made by the team physician.

ii. Modifiers to consider;

1. Age
2. Prior history of concussion (e.g., number, specifics of injuries, severity of injuries, and how recently the prior concussions occurred).
3. Learning disabilities (e.g., ADHD).
5. Seizure history.
6. Other (e.g., emotional readiness to return, parental concern).

b. Student-athlete must be at baseline level of symptoms prior to returning to cardiovascular
exertion unless Team Physician determines otherwise.
c. A student-athlete with signs/symptoms of concussion at either rest or exertion should not continue to play.
d. Gradual progression in activity; step-wise with gradual increments in physical exertion and risk of contact, to include:
   i. Cardiovascular challenge (15–20 minutes);
   ii. Unlimited cardiovascular activity, sport-specific activities;
   iii. Non-contact drills;
   iv. Full-contact drills; and
   v. Return to game play.
e. Rate of progression is determined by the team physician.
f. No return to contact until neurocognitive and balance testing returns to normal.
g. Final clearance is determined by the team physician.
h. If NP testing is interpreted as abnormal, repeat NP testing as appropriate, with at least 48 hours between repeat testing.

7. Clearance and Final Follow-Up
   a. Student-athlete education regarding importance of reporting all symptoms as well as increased risk for concussion and delay in recovery with subsequent injury.
   b. Repeat NP testing (computerized and Paper and Pencil testing) prior to the following year to establish a new “baseline.”

Injury, Illness and Rehabilitative Care
Student-athletes play an important role in safeguarding their own health and are responsible for reporting their injuries and illnesses to the Athletic Medicine staff. The athletic trainer serves as the initial contact person for student-athletes with any medical or musculoskeletal issues. The student-athlete activates the system by reporting medical problems or injuries to the athletic trainer who works with his/her team. The athletic trainer will then determine if continued activity is advisable and permissible and will arrange for any necessary follow-up medical consultation with the team physician or other UHS provider.

A plan of care is developed by the athletic trainer, in cooperation with the team physician and consulting physicians, and modified as indicated, by sequential reevaluation. The student-athlete is responsible for scheduling regular treatment visits as directed by the athletic trainer or team physician. Return to activity will only be after adequate resolution of the problem and a determination that the student-athlete is capable of meeting the demands of the activity and is able to protect himself/herself from additional injury.

The modalities and equipment in the treatment rooms are to be used by the athletic trainers to develop treatment programs, optimize the rehabilitation program, and return the student-athlete to full participation as safely and quickly as possible. This equipment is only to be utilized under the direction of the athletic trainer.

Training Room Procedures
Treatment room conduct, scheduling of appointments for treatment visits and other basic routines are discussed by the athletic training staff annually with their respective teams or team members.

For emergency or after hours care, student-athletes should contact University Health Services, where 24-hour care and an infirmary are available. Please leave a message for your athletic trainer at (609) 258-3527 and/or the Director of Athletic Medicine at (609) 258-8471, and/or the inpatient services at University Health Services at (609) 258-3139 to let them know that you have received emergency after hours care.
Sports Nutrition
The UHS Clinical and Sports Dietitian acts as a member of the Athletic Medicine Staff to help promote optimal health and athletic performance for varsity student-athletes. Individual nutrition counseling and team meetings are available by appointment to address topics including: nutrition for performance, hydration, body composition goals and weight management, muscle gain, supplement evaluation and guidance, as well as healthy eating on campus, eating on-the-go, and much more. The Princeton High Performance Nutrition Handbook provides practical information to student-athletes on various sports nutrition topics. The handbook can be accessed at the Sports Nutrition link within the UHS Athletic Medicine website: http://www.princeton.edu/uhs/student-services/athletic-medicine-service/athletic-medicine-varsity/.

The Sports Dietitian is also a member of the Interdisciplinary Eating Disorder Team. Nutrition intervention is an integral part of treatment to help address nutritional inadequacies, menstrual dysfunction and bone health, as well as food distortions and misconceptions. Nutrition counseling for addressing disordered eating aims to help student-athletes establish a healthy relationship with food and a positive body image while optimizing health and athletic performance. Student-athletes can call UHS to schedule an appointment or visits can be scheduled through a member of the athletic medicine staff. Student-athletes should bring a completed Nutrition Consultation Form and 3-day Food Record to the scheduled appointment.

NOTE: Before meeting with the Sports Dietician, student-athletes should first see the Team Physician if experiencing chronic fatigue or low energy, menstrual dysfunction, illness or injury, or involuntary weight loss or weight gain. Student-athletes should also be seen first by a physician for medical conditions including diabetes, high cholesterol, high blood pressure, or digestive disorders.

Weight Management Policy
The goal of a medically supervised weight management program is to:
• Provide nutrition information and counseling for student athletes and coaches;
• Enhance health and performance; and
• Prevent behaviors that could jeopardize a student-athlete’s health and safety.

This policy will provide guidelines related to initial assessment and safe monitoring of body weight and composition, as well as evaluation of appropriate weight goals.

Weight and Body Composition
There is no definite link between body weight or composition and performance. For example, a lower percent body fat or weight does not always correlate with improved performance and can, in fact, lead to a decrease in performance as well as an increased risk for injury and/or illness. Student-athletes will often do whatever it takes to reach a weight or body composition goal that may not be realistic. Without the knowledge of how to lose or gain weight appropriately, student-athletes may resort to unhealthy behaviors with significant health consequences. (e.g., eating disorders, anabolic steroid use, illicit drug use).

Body weight does not change rapidly unless the individual is either ill, severely restricting, dehydrating, binge eating, and/or using anabolic steroids or other ergogenic agents. When weight becomes too important, it can precipitate body obsession and significant emotion, in turn making normal eating much more difficult.

Weighing student-athletes, punishment for lack of weight control, and linking weight to performance can lead to pathogenic weight control behaviors, disordered eating, and ultimately eating disorders. Furthermore, body dissatisfaction and dieting are often precursors to disordered eating. Disordered eating
patterns can negatively impact a student-athlete’s mental and physical well-being and ultimately their athletic performance.

Frequent weigh-ins can encourage “competitive thinness,” in which student-athletes try to be thinner than their teammates and also communicates that weight is more important than things like eating for training, sleeping regularly, hydrating, and recovery. Coaches can have a tremendous influence on student-athletes, and should be conscious of their attitudes, behaviors, and language that may directly or indirectly contribute to the onset of unhealthy eating behaviors and/or lifestyles.

Recommendations
Based on the important issues raised above, the following recommendations should be followed:

- Determining optimal body weight and composition is best performed by medical personnel, and must be individualized as there is significant variation to account for different body types, genetics, and other factors both modifiable and non-modifiable.
- A sports dietitian is available and should be utilized early in a student-athlete’s career at Princeton for any weight or body composition concerns as well as to optimize nutrition for performance.
- Checking weights more frequently than once per week is not useful unless dehydration is an issue or obligatory weight limits are imposed by the sport (i.e., wrestling, lightweight crew, sprint football).
- Coaches do not have sole responsibility for monitoring weight control of student-athletes.
- Coaches not involved in weight restricted sports are strongly discouraged from weighing their student-athletes.
- If there is concern regarding a particular athlete’s weight gain or loss, this can be assessed by the sports dietitian, along with the athletic medicine staff, with input from the coaching staff.
  - If a student-athlete must be weighed, he/she should be weighed privately, by a healthcare professional, and told the purpose for the weighing. Preferably, it should be for “health” purposes or to monitor progress.
  - If disordered eating or eating disorders are suspected, student-athletes should be referred to the team physician for further evaluation and treatment.
  - For sports that mandate weight restrictions (i.e., sprint football, wrestling, men’s & women’s lightweight crew), weight management issues should be addressed by the sports dietitian, along with the athletic medicine staff, with input from the coaching staff.
  - Determination of an individual student-athlete’s appropriate weight range should be assessed. The assessed weight range should be used as criteria in determining participation for that respective sport.
  - If weight loss is desired and considered safe, it should start early, well before the competitive season.
  - Weight loss should be agreed upon by the student-athlete and appropriate medical nutritional personnel, with consultation from the coach.
- Student-athletes are discouraged from selecting and buying dietary supplements on their own and should discuss all supplement use with the Athletic Medicine Staff (including any of the sports dietitian, athletic trainer, and team physician).
- Weight and body composition measurements are confidential medical indices and require permission from the student athlete in order to be shared. In certain situations, like in the event of a life-threatening circumstance, or for weight restricted sports, the medical team may choose to disclose this information to coaches, parents, and other medical personnel as necessary.
- Coaches should promote healthy lifestyle practices which include appropriate rest, stress management, optimal eating choices and behaviors, and avoiding alcohol and other drugs.

Princeton University Athletic Medicine is committed to providing resources for student-athletes and coaches. These include but are not limited to medical and athletic training services, individual and team...
sports nutrition meetings, psychological counseling services, and health promotion services.

References:
IOC Medical Commission Position Stand on the Female Athlete Triad (2005)
Female Athlete Triad Handbook for Coaches; NCAA
Sports Medicine Handbook; NCAA

Counseling and Psychological Services
The Counseling and Psychological Services (CPS) Center at UHS, under the direction of Calvin Chin, PhD, provides services to address counseling and psychological issues for students at Princeton. Many psychological issues are common in students and can pose unique challenges for the student-athlete.

Examples include, but are not limited to:
- Disordered eating & eating disorders;
- Alcohol and Other Drug issues;
- Depression and anxiety;
- Stress management; and
- Sleep disorders.

The NCAA has developed resources to address some of these more common problems facing student-athletes, and these are available at [http://www.princeton.edu/uhs/student-services/athletic-medicine-service/athletic-medicine-varsity](http://www.princeton.edu/uhs/student-services/athletic-medicine-service/athletic-medicine-varsity) under Counseling & Psychological Services.

Services at CPS can be obtained by calling 258-3285 or by visiting the UHS website [http://www.princeton.edu/uhs/](http://www.princeton.edu/uhs/).

Additional information about services provided by CPS, can be obtained by talking to the athletic medicine staff. In addition, appointments with CPS can be expedited through the Athletic Medicine Staff (Team Physicians, Athletic Trainers, and Sports Dietitian). All medical issues, are handled maintaining student privacy and confidentiality.

TIGERS PAW (Sport Performance and Wellness) Team
The TIGERS PAW team is a multidisciplinary team at University Health Services (UHS) comprised of psychologists with an interest in student-athletes and sports medicine, along with the team physicians. This team meets to discuss varsity student-athletes with issues related to performance and mental health. The student-athlete ambassadors to the team are the Student Athlete Wellness Leaders (SAWL) who are provided educational information related to red flags and warning signs for various mental health issues as well as the skills related to leadership and bystander prevention.

Eating Disorders Team
The Eating Disorders (ED) team is another multidisciplinary team at UHS that includes team physicians, psychologists, psychiatrists and an athletic trainer as well as the sports dietitian in the evaluation and management of eating disorders along their entire clinical spectrum. This team works with both athletes and non-athletes and routinely meets to discuss interventions and management decisions (including appropriate confidentiality/privacy disclosures) important for these conditions.

ED Team Goals
- To provide guidelines for the evaluation, treatment and referral of students presenting with eating
disorders and eating disorder symptoms.

- To outline clinically-informed practice guidelines insuring the consistent and safe management of students with eating disorders and eating disorder symptoms.

**ED Team**

UHS provides comprehensive medical and psychological services for students with eating disorders. These services are provided by a multidisciplinary treatment team of professionals who work together provide assessments, short term treatment and referral services. The team meets on a weekly basis throughout the academic year to establish treatment plans and coordinate care for students being assessed and treated for disordered eating. Each member of the team has a role unique to their discipline. Team members and their responsibilities include:

- Medical providers including physicians, nurse practitioners or physician assistants are responsible for evaluating and monitoring the physical aspects of illness, including weight monitoring;
- Mental health professionals including psychologists and social workers conduct diagnostic evaluations, including an eating disorder assessment, provide short term therapy, coordinate referrals, conduct family sessions and provide case management services within the university system and with off campus providers;
- Psychiatrist who conducts a psychiatric evaluation and prescribes and monitors medications as needed;
- A registered dietician provides nutrition therapy by completing a nutrition assessment and conducting ongoing nutrition counseling as needed;
- An athletic trainer coordinates care of student-athletes including referring student-athletes presenting with disordered eating, supporting student-athletes' participation in assessment and treatment, assessing exercise regimes, and interfacing with Athletics staff; and
- Adjunct team members including the Director of Athletic Medicine, health educators, and dining services staff who participate in meetings on an as needed basis. They contribute to the clinical, educational and outreach efforts of the team in treating and preventing eating disorders in the campus community.

**Procedure**

Procedures for students presenting with eating disorder symptoms at UHS are as follows:

- Students with eating disorder symptoms may present to any professional within UHS. Once the provider has determined that the student may be struggling with an eating disorder, the student should be referred to a member of the Eating Disorders Team for an evaluation.
- Students will be made aware of the interdisciplinary approach to care, roles of the team members and, when appropriate, referrals to other disciplines will be made. Should a student who is of concern refuse a referral to another professional on the ED Team, the person making first contact should explore the student’s resistance to doing so, and should consult with the Team at the next opportunity about how to proceed.
- Referrals may be made to the ED Team by other clinicians, by clinicians outside the University, by coaches, administrators, Deans, Residential College staff, friends, family, or other third parties who may be concerned about a student’s eating, weight, or body image. Under certain circumstances, the referring party may need to be informed of the ED Team’s evaluation and recommendations for a student, or may want or need to be included in the treatment or follow-up program. (For these circumstances and guidelines for handling them, see Evaluation by ED Team: Formal Evaluation and Confidentiality and Release of Information below).

**Treatment and Monitoring by the ED Team**

- **Medical monitoring.** Students at risk of developing medical complications and students with diagnosed medical complications will be monitored on a regular basis by a physician, nurse-practitioner or physician’s assistant on the UHS ED Team. Medical monitoring of students with
eating disorders will be done on an out-patient basis, as frequently as is deemed appropriate by the treating medical staff.

- **Psychotherapy.** Students may be seen for individual counseling or psychotherapy or extended evaluation by one of the Counseling Center staff members on the ED Team. Students are typically seen for short term therapy. Counseling/psychotherapy will focus on symptom management and the underlying issues causing the disorder. Group psychotherapy for students in recovery is also available. Students requiring long term treatment will be referred off campus.

- **Nutrition counseling.** Nutrition counseling is an integral component of the multi-disciplinary treatment team. Nutrition counseling centers on correcting disordered behaviors and beliefs in the area of food and aims to assist students in legalizing all foods and normalizing eating patterns. This includes help with restoring and maintaining a healthy weight. Students requiring more intensive nutrition counseling may be referred off campus for services.

- **Athletic Training.** Student-athletes are at risk for disordered eating and over-exercise. A Certified Athletic Trainer (ATC) is a member of the ED team and may provide recommendations regarding appropriate levels of activity for student-athletes. In some situations, student-athletes may need to be restricted from exercise or competition and require education, support and guidance from the athletic trainer.

- **Psychiatric Consultation.** Psychiatric evaluations are available for medication recommendations and medication monitoring.

### Referrals to Off-Campus Providers

- Following the initial evaluation, students may be referred to an outside therapist if it is clear early on that they will benefit from longer-term counseling.

- **Making a referral.** The Counseling Center maintains a referral list of private practitioners in the area who are experienced in working with eating disorders and who have worked well with students in the past. It is the responsibility of the Counseling Center staff member on the UHS ED Team who has been seeing the student to make the referral to a private therapist and to follow-up with the student to make sure that he/she engages in treatment with the therapist and is satisfied with the referral. The student and the outside therapist will be informed that the UHS ED Team is available to them in a crisis, and may be contacted if there are serious concerns about the student’s physical and/or psychological well-being. If the student terminates treatment prematurely and the outside therapist feels that the student is at risk, the UHS ED Team should also be notified.

- **Medical monitoring and follow-up.** Students referred out longer-term therapy may continue to be monitored medically by UHS medical staff on the ED Team. Medical monitoring will be provided on an as-needed basis and communication between the physician and off-campus therapist will continue. Students are asked to sign a release of information form for this purpose.

When students present with acute symptoms, are a disruption to the community or have not responded to treatment, several steps may be taken to ensure that they receive the appropriate care:

- **Use of contracts.** Students who present with acute symptoms of an eating disorder who are amenable to outpatient treatment may be asked to sign a contract by the ED Team.

- The goal of treatment is to reverse these symptoms and avoid the necessity of transfer to a higher level of care.

- Students at this level of risk may be required to gain a certain amount of weight at small intervals, or may be asked to demonstrate other signs of improved nutrition and physical health by a certain date.

- Failure to meet agreed upon goals, refusal to cooperate with the recommended treatment plan, or any worsening of the student’s medical or psychological condition, indicate that the student needs a higher level of care, such as intensive outpatient treatment, partial hospital or inpatient hospitalization.

- In such cases, the student may be referred to a higher level of care and it may be necessary to notify
the student’s family and the Dean of Student Life (or other appropriate Deans)

- **Formal Evaluation.**
  - A Formal Evaluation may be requested by a Dean or Director of Studies when the student presents as a risk to self or a disruption to the community.
  - The Dean or Director of Studies should meet with student, express their concerns, explain the procedure for the Formal Evaluation and obtain written consent for release of information from the student.
  - The request for a Formal Evaluation should then be sent to CPS.
  - Mental health professionals typically conduct the Formal Evaluation and may refer the student to other members of the team to include their findings in the evaluation.
  - Once the evaluation is completed, a written summary with recommendations is sent to the referring staff member, the Associate Dean of the Undergraduate Students or the Associate Dean for Student Life of the Graduate School, and to Associate Director of CPS.

- **Confidentiality and release of information.** Only in cases where an evaluation has been mandated by a Dean, Director of Studies, or a coach --or in other cases with the express written consent of the student--will professionals on the ED Team communicate the results of an evaluation or our recommendations to anyone but the student. A signed release should always be obtained from a student undergoing evaluation or treatment by the ED Team in order to communicate with a coach, Dean, Director of Studies, parent, or clinician outside the University, whether the evaluation is mandatory or not. It is not necessary to obtain a signed release of information from students for referrals within the UHS ED Team.

**Recommendations for Higher Level of Care**

- The majority of students seen by the ED Team can be safely managed on an out-patient basis. However, some student may present with medical or psychological complications of an eating disorder sufficient to warrant a higher level of care.
- This may be evident on initial evaluation, or may develop during the course of out-patient treatment. The following is a list of indicators that can be used in determining the need for a higher level of care. The greater the number of indicators present, the greater the likelihood a student will need a higher level of care.
  - Medical Symptoms
    - Weight below 85% ideal body weight
    - Abnormal lab values
    - Cardiac abnormalities
    - Gastro-intestinal symptoms
    - Menstrual irregularities
    - Low bone mineral density (BMD), stress fractures
      - Psychological Symptoms interfering with functioning
    - Co-morbid condition, depression (e.g. anxiety worsened by eating disorder)
    - Poor impulse control, poor judgment
    - Irrational thinking
      - Compromised psychosocial functioning
    - Disruptions to community
    - Compromised athletic performance
    - Compromised academic performance
    - Legal consequences
      - High Risk behaviors
    - Suicidality
    - Self-injurious behavior
    - Alcohol abuse or drug use
    - Promiscuity
- Theft
  - Unresponsive to treatment
- Denial of problem and / non-compliance
- Resistance to change despite treatment
- Failure to engage in therapeutic relationship
- Lack of family support for treatment
- When the student requires a higher level of care, the student will be informed that he/she is at risk and requires medical and/or psychiatric care that is beyond the capability of University Health Services.
- If the student elects to take a voluntary medical leave of absence from the University, and agrees to a voluntary re-admission evaluation by the ED Team upon his/her return, a meeting with the student's family would be appropriate and the mental health professional should assist in referring the student to off campus providers and the appropriate level of care.
- Should the student refuse to seek a higher level of care, the Dean of Student Life will be informed. The Dean may then request a Formal Evaluation and may mandate an involuntary medical leave from the University in order to obtain the necessary treatment for the student's eating disorder.

**Student Athletes with Eating Disorders**
The Princeton University Department of Athletics and University Health Services view eating disorders as a serious health concern. An eating disorder can jeopardize the physical and psychological health and well-being of a student-athlete, affecting not only the student-athlete’s performance, but also the culture and health of his/her team. In order to facilitate cooperation between student-athletes, athletic trainers, coaches, and health-care providers, the following procedures will apply in addition to those in Section 1.

**Screening**
- Pre-participation physical examinations are performed annually and any signs, symptoms or risk factors of disordered eating/eating disorders are reviewed at that time.
- Any student-athlete identified as at risk for an eating disorder will be required to meet with a member of the medical staff.

**Referring Student-Athletes to the ED Team**
- Coaches, athletic trainers and team physicians play an important role in identifying student-athletes with disordered eating. If an eating disorder is suspected, the student-athlete should be referred to one of the team physicians. Alternatively, the student-athlete may initiate care with any member of the Eating Disorders Team. In cases where an student-athlete has been seen by his/her own physician or therapist, an evaluation by the UHS ED Team may still be required.
- Student-athletes should be assured that eating disorders in and of themselves do not constitute grounds for restriction from participation in intercollegiate athletics. Eating disorders are treated like any other injury that may jeopardize a student-athlete’s health and safety. The purpose of an evaluation is to protect the student-athlete and to ensure that he/she is safe to train and compete at the intercollegiate level.

**Compliance with Treatment Recommendations**
- Once an eating disorder has been diagnosed, compliance with treatment recommendations may be required for continued participation in intercollegiate sports. Recommendations will include the level of care and the level of athletic participation required for their health and safety. The student-athlete’s progress in treatment will be monitored and re-evaluated with restrictions on participation adjusted as symptoms improve.
- Use of contracts, outside referrals, recommendations for a higher level of care and leaves of absence will apply to student-athletes in the same manner as non-athletes.
• If a student-athlete refuses an evaluation, the ED Team may exercise the option of involving the dean in the ODUS office responsible for crisis management. The dean can mandate an evaluation and if the level of concern is high, may also contact the student-athlete’s parents. In addition, the head coach, in consultation with the Director of Athletic Medicine and/or team physician, may elect to suspend the student-athlete from participation in intercollegiate athletics.

Confidentiality and Communication with Coaching Staff
• Student-athletes will be encouraged to sign a release of information allowing the UHS Eating Disorders Team to communicate with their coach. If a student-athlete chooses not to sign a release of information and is not in imminent medical or psychological risk, confidentiality will be respected and adhered to according to the UHS Privacy Policy.
• However, if a student-athlete’s participation has been modified or restricted due to their eating disorder, their coach will be informed of the restriction or modification.

Resuming Athletics Participation
• When the student-athlete has met the goals established in the treatment plan he/she will be able to return to training and/or competition at a level deemed safe by the team physician.
• For a student-athlete to resume limited or full participation in intercollegiate athletics, minimum acceptable medical criteria for participation will generally include the following:
  ○ Absence of cardiac abnormalities.
  ○ Absence of electrolyte imbalances.
  ○ BMI greater than or equal to 18.5 or a weight and BMI deemed medically safe by the team physician, in consultation with the ED Team.
• Other clinical indicators of concern may include amenorrhea, osteopenia/osteoporosis, and multiple or high risk stress fractures.
• Once a student-athlete returns to training or competition, his or her weight, nutrition status, physical health and psychological response will continue to be monitored for a period of time to ensure stability. Regular follow-up care will be scheduled as clinically appropriate and communication will continue between Eating Disorders Team members as needed.

REFERENCES:
• American College of Sports Medicine position stand. The female athlete triad.
Emergency Medical Procedures
Occasionally there will be times when student-athletes have injuries or medical issues when no Princeton University Athletic Medicine staff is available. The following procedures are for student-athletes, coaches and administrators to follow.

Off Campus
- Injuries or illnesses requiring a trip to the emergency room or hospitalization
  - Contact Athletic Trainers at (609) 258-3527 or 3518 ASAP (e.g., from site or emergency room). If unable to reach athletic trainers, contact the Director of Athletic Medicine by contacting University Health Services / McCosh Health Center at (609) 258-3139 or 3141 ASAP.
  - Injuries or illnesses that require assistance from medical personnel (e.g. rescue squad, host doctors or athletic trainers) but not a trip to the emergency room or hospitalization
    - The medical decision on a student-athlete’s playing status is made by the host school’s medical personnel (e.g., Athletic Trainer or Physician), and in the absence of clearance, the student-athlete should not participate.
    - Contact Princeton University athletic trainers, or the Director of Athletic Medicine if the athletic trainers are not available, by phone if there are concerns or questions.
    - Contact Princeton University athletic trainers, or the Director of Athletic Medicine if the athletic trainers are not available, upon returning from trip. Those that do not require host school medical attention should contact Princeton University athletic trainers upon returning.

NOTE: For all of the above, the clearance to return to play/practice, once the student-athlete returns to campus, must come from Princeton University physicians or athletic trainers.

On Campus
- During training room operation all athletic injuries should be reported to the Princeton University Athletic Training Staff. For non-covered events and those that require a trip to the emergency room or hospitalization.
- Contact Public Safety 8-3333 or 911 to access ambulance
- Contact Princeton University Athletic Trainers 8-3527 or 8-3518 ASAP, (i.e., from site or emergency room). If unable to reach athletic trainers, contact the Director of Athletic Medicine by contacting McCosh Health Center 8-3141 or 8-3139 ASAP.

NOTE: For any injury or medical problem that requires medical attention, the clearance to return to play must come from Princeton University physicians or athletic trainers.

Outside of Intercollegiate Athletics Practice or Competition
- Every preseason each student-athlete fills out an Interim Health history form, which allows the medical staff to be updated on illness/injury occurring in the off-season and over the summer. However, if a significant illness (e.g. cardiac condition, diabetes mellitus, high blood pressure or asthma) or injury occurs in the off-season, while the student-athlete is still in school, whether on or off campus, the Athletic Trainer and the Team Physician should be notified at that time.

Medical Insurance
Failure to read, understand and follow these policies may result in significantly higher out-of-pocket expenses for medical care. This information is also available Electronically by reviewing the link for Intercollegiate Student-Athletes Patient Services (I-CAPS) and Athletic Activity Fund in the PUAM website at: http://www.princeton.edu/uhs/studentservices/athletic-medicine-service/athletic-medicine-
Intercollegiate Student-Athletes - Patient Services (I-CAPS)
The I-CAPS program is designed to assist varsity student-athletes in scheduling appointments for referrals to specialty physicians. When a University Health Services provider deems that an athletically-related injury requires specialty services, referrals are made to outside consultants or testing facilities. For scheduling assistance, student-athletes should call (609) 258-7044 or visit Caldwell Fieldhouse.

Student-athletes who waive out of the Student Health Plan (SHP) should check their private health insurance to make sure that sports-related injuries are a covered benefit. Student-athletes using private insurance will not be referred off campus until they call their insurance company for approval.

Student-athletes who use the SHP and have billing inquiries from outside specialists should call the SHP Office directly at (609) 258-3138. More information regarding student health insurance can be found at http://www.princeton.edu/uhs/student-insurance/

Athletic Activity Fund (AAF)
NCAA varsity student-athletes may be eligible for partial reimbursement of out-of-pocket expenses associated with injuries occurring during play or practice through the AAF, a special, always-secondary fund. For more information about AAF eligibility, review the publication “Important Information for NCAA-Qualified Intercollegiate Athletes” or call the SHP Office. Student-athletes must submit an AAF Reimbursement Request Form in order to be reimbursed for any out-of-pocket expenses.

Student-athletes with athletics-related injuries or illnesses sustained during the academic year that require outside services during breaks or the summer must complete the Outside Referral Form in order to submit payment for these services to the AAF. These services must be approved by the director of Athletic Medicine or the Head Athletic Trainer.

University Policy
It is Princeton University policy that all enrolled students have medical and hospitalization health insurance benefits. All undergraduate students are automatically enrolled in the Princeton University Student Health Plan (SHP) insurance unless a waiver form certifying comparable coverage is received at University Health Services by the published deadline date (June 30). Varsity student-athletes who elect to waive the SHP coverage and remain on their Private/Family insurance must confirm that the private health insurance covers athletics participation while a student at Princeton University.

The AAF is a fund which provides partial reimbursement to families for certain out-of-pocket expenses (including medical and prescription co-pays and deductibles) associated with student athlete injuries or illnesses resulting from the practice or play of NCAA or other Qualified Intercollegiate Sports. Medical care or services not authorized by a member of the Team Physician/UHS Medicine Staff are not eligible for reimbursement by the AAF.

For outside medical services that are authorized by a Team Physician or a UHS physician, the AAF will reimburse families for the lesser of:

1. The deductible and co-payment paid by the family (There is a maximum $200 medical insurance deductible and a $100 prescription deductible); or
2. What the family would have paid in terms of the deductible and co-payment had the student enrolled in the Princeton University SHP insurance using the in-network providers. If you are a participant of the SHP and choose an out-of-network provider, you are responsible for all costs in excess of the in-network provider rates.

To be eligible for the AAF, all NCAA or other Qualified Intercollegiate athletic related injuries or illnesses
must be reported immediately to the Team Physician/UHS Athletic Medicine Staff regardless of one’s health insurance plan (SHP or Private/Family Insurance).

Referrals to Specialty Consultants or Testing Facilities
When the Team Physician/UHS Athletic Medicine Staff believe an athletic related injury/illness requires specialty services, referrals are made to outside consultants or testing facilities.

A student-athlete who is referred for an outside test or consultation by UHS staff for an athletic related injury/illness is eligible for partial reimbursement of out-of-pocket expenses by the AAF. Certain supplies, such as orthotics or braces prescribed by a physician are also reimbursable by the AAF (see next page, “Covered Expenses – Reimbursed by the AAF,” for other included expenses). In addition to the requirement of authorizing referrals to outside consultants or facilities, the Athletic Medicine Department also requires that the attached form for requesting off-campus care during summer and break periods to be submitted to the Team Physician/UHS physician or Athletic Trainer for approval prior to receiving off campus services (http://www.princeton.edu/uhs/pdfs/Outside%20Referral%20Form.pdf). Failure to submit this form for off campus care approval prior to receiving services will prevent a student-athlete from submitting a request for reimbursement from the AAF for out-of-pocket expenses.

Please note, after a student-athlete has secured a referral and received the prescribed services from an outside consultant or testing facility, he/she is required to schedule a follow-up appointment with his/her Team Physician/UHS Athletic Medicine Staff member. The student-athlete must bring or have the consulting physician/facility fax his/her records and test results to the attention of the Athletic Medicine Staff at 609-258-1355. Receipt of the consult and/or test results is required before a student-athlete may schedule any additional testing, surgeries, physical therapy and/or follow-up with an outside consultant or testing facility. Failure to meet with the attending Team Physician/UHS Medicine Staff member for a follow-up will preclude the student-athlete from submitting additional medical expenses for reimbursement through the AAF.

Student-athletes are responsible for payment to outside consultants and facilities, and in many instances, payment is required at the time of visit.

The Athletic Medicine Department provides most physical therapy services on campus at no charge. Students who receive physical therapy off campus may be limited under the AAF for supplemental reimbursement.

Submitting a Request for Reimbursement to the AAF

1. A student-athlete must submit all medical expenses or athletic related charges to his/her insurance plan first. If on the Princeton University SHP, the student-athletes claims are processed by our Claims Administrator, The Chickering Group, and relevant information can be located on the student-athlete's medical ID card. If a student-athlete is covered by family insurance, medical expenses should be submitted to the Private/Family Insurance Plan first.

2. After the relevant insurance company has processed the medical claim(s), the student-athlete must send a copy of the statement received, called the “Explanation of Benefit” statement (EOB), along with copies of the original bills and an AAF Reimbursement request form which can be obtained from the Athletic Medicine web site at: http://www.princeton.edu/uhs/pdfs/AthMedImptInfo.pdf.

3. When requesting reimbursement, the student-athlete must fill out the AAF Reimbursement Request Form in its entirety, and include the following information:
   a. The name of the Varsity sport team;
   b. The injury/illnesses sustained; and the date the injury/illness occurred;
   c. A brief explanation of the treatment/services received (e.g., date seen by Athletic/UHS staff, x-rays obtained, MRI obtained to rule out stress fracture);
d. The bill from the provider; and
e. Explanation of Benefit statement (EOB) from the insurance carrier.

Covered Expenses/Exclusions/Limitations of the Athletic Activity Fund (AAF)
- Laboratory testing, diagnostic testing and/or consultations from outside physicians for athletic related injuries/illnesses during the academic year, as well as the summer and break periods.
- EKGs and other heart related testing for sport clearance.
- Medication for sport related illnesses/injuries (e.g., anti-inflammatory medications and antibiotics for Wrestling for mat related skin conditions.
- Orthotics/Braces.
- Chiropractic, Acupuncture, and Massage Therapy.

Exclusions - Not Covered by the AAF
- Medications for diabetes, asthma, or other chronic conditions affected by exercise.
- Rehabilitation for a non-athletically-related injury (including medical services/treatments, diagnostic testing, rehabilitation, etc.).
- All athletically-related injury/illness expenses incurred after August 31 in the year of graduation or after termination of enrollment at Princeton University. This exclusion applies even if the injury or illness on which they are based occurred or began prior to graduation or termination of enrollment (i.e., continued physical therapy, consultations/treatments, and/or follow-up surgeries).
- Medical expenses incurred without prior approval from Team Physician/UHS Physician Staff.
- Requests for reimbursement through the AAF for all eligible injuries or illness must be made within two years from the date of incurred expenses.

Insurance Claims Procedures
A student-athlete who is covered by the Student Health Plan (SHP) should always submit expenses to SHP first. Most of the time, physicians and/or medical facilities will submit medical expenses for a patient if the medical insurance ID card is presented at the time of service. Medical expenses for athletic injuries/illnesses incurred while traveling to and from the practice or play of an NCAA-Qualified Intercollegiate Sport, are paid as follows after satisfying the SHP $200 annual deductible:
- First $25,000 of expenses
  - Student Health Plan pays 80 percent of eligible expenses up to $20,000.
  - Student pays 20 percent of eligible expenses up to $5,000.
  - Student is responsible for expenses over the usual and customary, or reasonable charge (UCR*) and other expenses that are limited to or excluded by the Student Health Plan.
- Second $25,000 of expenses
  - Student Health Plan pays 100 percent of expenses.
  - Student is responsible for expenses over the UCR* and other expenses that are limited to or excluded by the Student Health Plan.

A student-athlete who waives enrollment in the Princeton University Student Health Plan, and is covered by Private Insurance (Family Plans) must have the policyholder certify that the plan covers injuries resulting from the practice or play of intercollegiate athletics. This form is mailed each May and required to be returned by June 30. Student-athletes with such coverage must check to be certain that the plan covers medical care in the Princeton area including but not limited to all diagnostic tests (e.g., EMG-NCV, MRI, and bone scans) and specialty consultations.

Student-athletes covered under a Private/Family Insurance Plan must provide plan information to the physician or hospital and should know in advance if the plan has pre-authorization requirements for consultative care. In many cases, the health facility will file the claim for the patient. The student-athlete is responsible for any amount not covered by the plan.
Student-athletes covered by a Private/Family Insurance Plan, must confirm with their insurance carrier that the insurance coverage is effective on their official arrival date in Princeton, and should bring all medical insurance ID and prescription ID cards.

UCR
UCR stands for usual and customary, or reasonable charge. This is the charge for the covered service or supply made by the provider not to exceed the usual charge made by 95 percent of providers of like service in the same area. This test considers the nature and severity of the condition being treated. It also considers medical complications or unusual circumstances that require more time, skill, or experience. In the absence of the ability to determine if a charge is either “usual” or customary,” the claims administrator retained by Princeton University shall provide a “reasonable” reimbursement. In the case of a doctor’s charges, UCR is determined using the Health Insurance of America’s then-current database combined with selected survey data from The Chickering Group.

Catastrophic Coverage
After eligible expenses exceed $75,000, a separate catastrophic injury policy under the NCAA is available for eligible expenses (as defined by the NCAA policy) associated with injuries resulting from the practice or play of Qualified Intercollegiate Sports. This covers eligible expenses, subject to certain limitations and exclusions. Claims should be filed for benefits under the NCAA Plan through the SHP Office. Student-athletes are required to provide copies of all bills and EOB statements from their insurance carrier showing that total expenses exceed the maximum allowable amount. Note: Written notice of potential claims must be submitted to the Princeton University SHP Office within 30 days of the incident. The actual claims must be made within two years after the date of the injury/illness. The student-athlete is responsible for ensuring all medical claims have been processed and for paying any amounts not covered by their Private/Family Insurance Plan or the SHP (e.g., ineligible charges, charges over UCR, etc.). Princeton University has systems and procedures for assistance. Failure to read and understand policies and procedures in this guide could result in paying significantly higher out-of-pocket medical expenses.

First-year students enrolled in the Princeton University Student Health Plan (SHP) for the academic year, who are required to be on campus prior to September 1 for NCAA or other Qualified Intercollegiate Sports practice, will have coverage effective the official arrival date as determined by the Department of Athletics.

Questions regarding reimbursement for NCAA or other Qualified Intercollegiate Sport athletic injuries/illnesses should be directed to the Manager of the Student Health Plan at (609) 258-3138 or via email: shpo@princeton.edu. For assistance with general questions, policy, or administrative concerns, student-athletes should send an email to uhs@princeton.edu.

For additional information on services and programs, the Princeton University Health Services (UHS) website is: http://www.princeton.edu/uhs.

Princeton University Health Services Athletic Activity Fund/Student Health Plan Office:
McCosh Health Center, Room 111 - Washington Road
Princeton, New Jersey 08544-1004
Tel: (609) 258-3138 Fax: (609) 258-9191
E-mail: shpo@princeton.edu

Web Sources
Student Health Plan:
http://www.princeton.edu/uhs/sa
NCAA Qualified Intercollegiate Athletes Guide:
Athletic Medicine: