

Division III
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Health, Safety and Performance

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PERFORMANCE

HEALTH



SAFETY

Vision »



- **Health & Safety Priority.** Continued prioritization of health, safety and performance as informative to Association decision-making.
- **Relationships.** Enhanced relationships with sports medicine teams.
- **Guidance.** Practical guidance based on membership need.
- **Efficiency.** Building efficiency / process improvement.

Health, Safety and Performance Strategic Priorities

Endorsed by BOG



Mental and
Physical Health



Sport-related
Illness and Injury



Training and
Performance

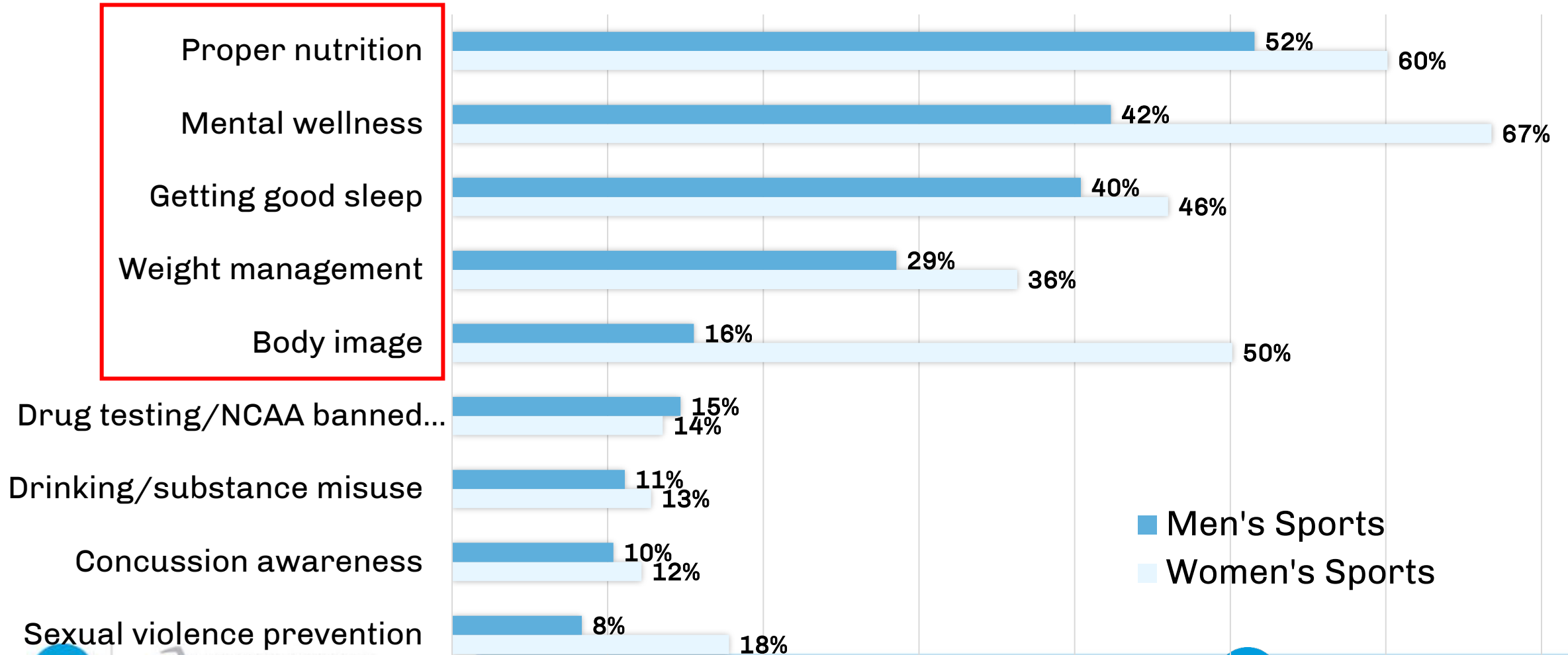


Education and
Policy



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“I wish the coaches and administrators at my school talked more with my team about the following wellness topics”





Strategies
for Health &
Safety

Athletic
Training

Risk
Manageme
nt



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Legislation, Rules and Policy

CONSENSUS-BASED **GUIDANCE**

Consensus-based guidance (5) developed for the membership. Some AW policy & legislated.

50
BYLAWS

More than 50 **bylaws** involving health, safety and performance (e.g., Independent Medical Care/AHCA, team physician, Concussion Management Plan, etc.).

200
PLAYING RULES

More than 200 **sport playing rules** pertaining to safety, medical care and injuries.



Independent Medical Care

- Primary athletics healthcare providers must have unchallengeable, autonomous authority to determine medical management and return-to-play decisions.
- Line of medical authority should be established in the sole interest of SA health and safety.
 - Multiple models exist for independent medical care in collegiate sports medicine.
 - Report to athletics, student health, medical school, private medical practice or a combination.



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Athletics Health Care Administrators

- Legislatively required, designated position.
- Serves as primary point of contact with NCAA/SSI.
- Oversees school's athletics health care administration.
- Part of a broader obligation to establish a structure that supports the delivery of *independent medical care*.
- Typically ATs.



ATHLETICS HEALTH CARE ADMINISTRATOR HANDBOOK

A Guide for Designated Athletics
Health Care Administrators



Athletic Trainers

Workforce Issues

- Frontline medical care providers.
- Volatility impacts continuity of SA care.
- Campus culture shift needed that needs senior-level attention.



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DIII Athletic Trainers

4

Average number of full-time ATs on DIII campuses.

59%

Responsible for at least 100 SAs.

81%

Serve as Athletics Health Care Administrator.



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⋮ **Four Core Areas for Consideration**

1. Culture & Communication.

- Consult on scheduling and provide notice.

2. Workload.

- Consider local-level needs when considering staffing.

3. Work-Life Balance.

- Set policies/expectations for reasonable hours.

4. Compensation.

- Benchmark based on breadth of AT industry.
- Consider diverse compensation options.

Athletic Trainer Recruitment and Retention

Insights and Solutions for Division III



DIVISION III
DISCOVER | DEVELOP | DEDICATE

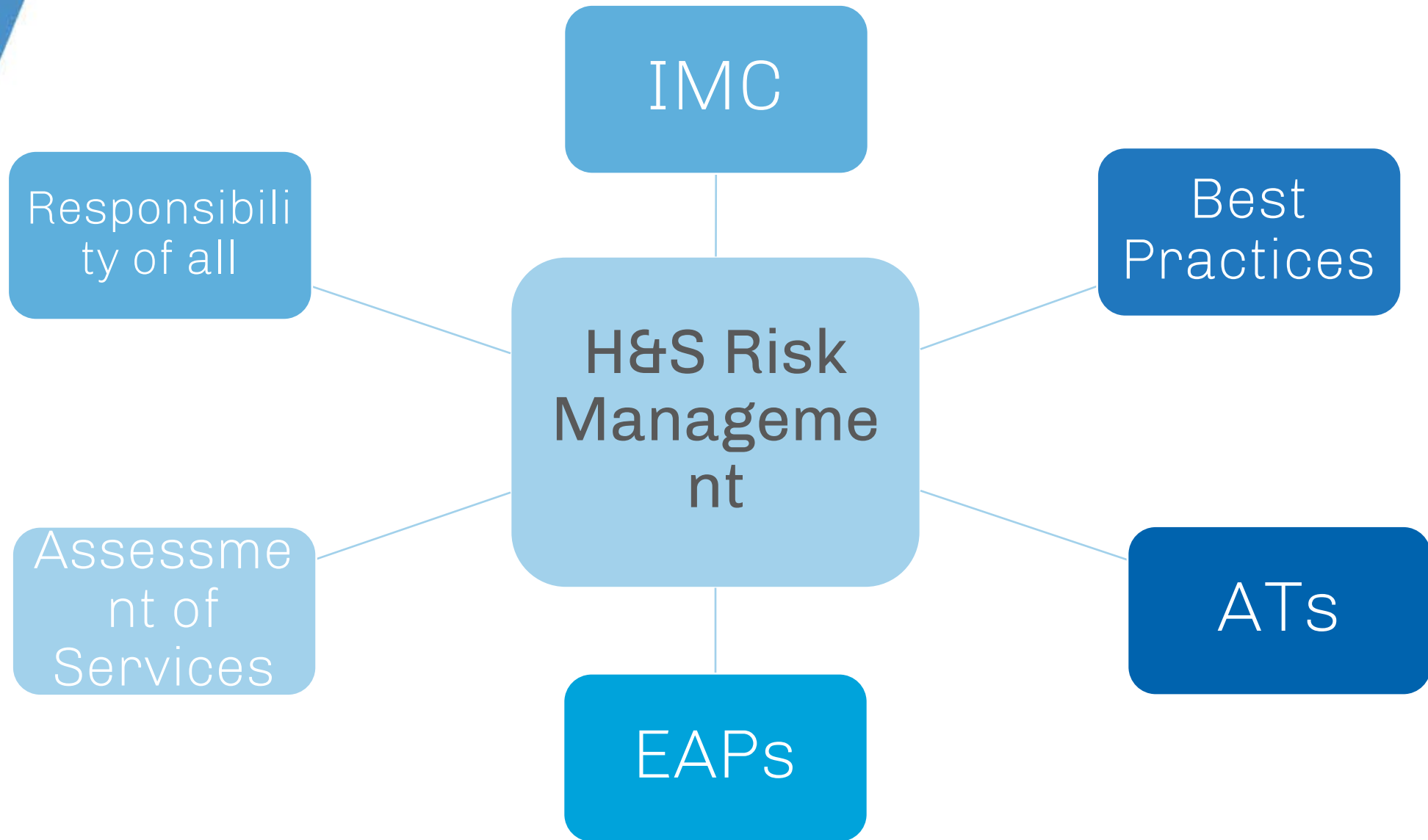


AT Workforce Solutions

- Real action/culture shift supported by senior-level/presidential leadership.
- Review resources for considerations:
 - CSMAS Statement on Workforce Issues in Collegiate Athletic Training.
 - Athletic Trainer Recruitment and Retention, Insights and Solutions for Division III.
- Continues to be a priority issues for CSMAS.
 - In conversation about re-engaging key stakeholders (CAATE, BOC, NATA, CSMAS) to assess state of job market.



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