

MARYLAND



SPORTS MEDICINE

RE: _____
Student-Athlete Name

Dear Provider:

The aforementioned University of Maryland student-athlete has indicated to University of Maryland Sports Medicine personnel that he/she has been diagnosed with and is under your care for Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and/or a like condition. Effective August, 2009, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS), which reviews requests for a medical exception to a positive drug test, has established a stricter and more comprehensive set of guidelines regarding medical documentation for NCAA student-athletes to confirm the diagnosis and treatment plan with respect to their use of banned stimulant medications used to treat ADHD, ADD, and/or like conditions. These stricter guidelines are attached to this letter and can be found online at www.ncaa.org.

At a minimum, student-athletes must provide the following documentation from the prescribing physician to the University of Maryland Sports Medicine Department-

1. Description of the evaluation process which identifies the assessment tools and procedures **AND copies and/or supporting documentation of any neuropsychological testing and/or other diagnostic instruments used to confirm the diagnosis;**
2. Statement of the diagnosis, including when it was confirmed;
3. History of ADHD treatment (previous / ongoing);
4. Statement that a non-banned ADHD alternative has been considered if a stimulant is currently prescribed;
5. Statement regarding follow-up and monitoring visits; and
6. Copy of the most recent prescription (as documented by the prescribing physician).

The aforementioned documentation must be on file with the University of Maryland Sports Medicine Department in order for the student-athlete to participate in intercollegiate athletics at the University of Maryland and must be updated on any annual basis to include the most recent prescription. All documentation can be sent to the following address-

University of Maryland Sports Medicine
Attn: Darryl Conway
Gossett Football Team House
379 Field House Drive
College Park, MD 20742

Or faxed to a secure fax line at 877-863-2802.

In the past, a simple copy of the prescription and a note stating the diagnosis was sufficient to meet the NCAA requirements of student-athletes. This is no longer adequate and failure of the student-athlete to have the required documentation on file may lead to a loss of up to a year of eligibility. We appreciate your assistance in providing the necessary documentation.

Attached with this letter are the following documents to assist with the proper documentation for student-athletes diagnosed with ADHD-

- Medical Exceptions Compliance Form
- ADHD Guideline Attachment
- ADHD Sample Evaluation Format
- NCAA Banned Drug Classes

If you have any further questions or concerns regarding this process and/or required documentation, please do not hesitate to contact Dr. Yvette Rooks or Darryl Conway.

Dr. Yvette Rooks, MD
Head Team Physician
University of Maryland
Office- (410) 328-5012
yrooksmd@yahoo.com

Darryl Conway, MA, ATC, EMT-T
Assistant Athletic Director- Sports Medicine
University of Maryland
Office- (301) 314-2663
dconway@umd.edu

On behalf of the University of Maryland Sports Medicine Department, thank you in advance for your time, support, and consideration with this matter.

Sincerely,

Darryl Conway

Darryl Conway, MA, ATC, EMT-T
Assistant Athletic Director- Sports Medicine

Attachments:

Medical Exceptions Compliance Form
ADHD Guideline Attachment
ADHD Sample Evaluation Format
NCAA Banned Drug Classes

MARYLAND

SPORTS MEDICINE

NCAA ADD / ADHD Medical Exceptions Compliance Form

{please type or print LEGIBLY}

Student-Athlete _____ Date of Birth _____

Sport _____

Treating Physician _____ Specialty _____

Address _____

Phone _____ Fax _____

Diagnosis _____

Date of Initial Diagnosis _____

Date of Last Evaluation of the Student-Athlete _____

{please attach supporting documentation of clinical evaluation(s)}

Method(s) Used to diagnose condition(s) (check all that apply): *{please attach supporting documentation, including copies of testing results}*

- Report of ADD / ADHD symptoms by other significant individual(s)
- Conners Rating Scale
- DSM-IV ADHD Survey
- Conners Adult ADHD Rating Scales (CAARS)
- Adult ADHD Self-Report Scale (ASRS)
- Classroom Observational Studies
- Neuropsychological Testing / Evaluation
- Other _____

Current medication(s) and Dosage *{please list and attach a copy of a recent prescription}*

Were alternatives to "stimulant medications" discussed and/or tried? YES NO

Please discuss _____

Other Comments _____

Physician Signature _____ Date _____

For more information on the NCAA Medical Exceptions Policy and compliance, please visit the Drug Testing section of the NCAA website at <http://www.ncaa.org> or contact Dr. Yvette Rooks, MD, Head Team Physician, at (410) 328-5012 or yrooksm@yahoo.com.

ATTACHMENT

Attention Deficit Hyperactivity Disorder (ADHD) Guideline Attachment

Criteria for letter from prescribing Physician to provide documentation to the Athletics Department/Sports Medicine staff regarding assessment of student-athletes taking prescribed stimulants for Attention Deficit Hyperactivity Disorder (ADHD), in support of an NCAA Medical Exception request for the use of a banned substance.

The following must be included in supporting documentation:

- Student-athlete name.
- Student-athlete date of birth.
- Date of clinical evaluation.
- Clinical evaluation components including:
 - Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) -- attach supporting documentation.
 - ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores and report summary -- attach supporting documentation.
 - Blood pressure and pulse readings and comments.
 - Note that alternative non-banned medications have been considered, and comments.
 - Diagnosis.
 - Medication(s) and dosage.
 - Follow-up orders.

Additional ADHD evaluation components if available:

- Report ADHD symptoms by other significant individual(s).
- Psychological testing results.
- Physical exam date and results.
- Laboratory/testing results.
- Summary of previous ADHD diagnosis.
- Other comments.

Documentation from prescribing physician must also include the following:

- Physician name (Printed)
- Office address and contact information.
- Specialty.
- Physician signature and date.

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.

**Adult Attention Deficit Hyperactivity Disorder (ADHD)
Sample Evaluation Format***

Comprehensive Clinical Assessment.

1. Careful Longitudinal History Identifying Lifelong Symptoms and Current Impairment.**

Evaluate for other conditions in addition to ADHD that would explain the symptoms and impairment including:

- Mood disorders (major depressive disorder, bipolar disorder)
- Anxiety disorders (panic, obsessive-compulsive, generalized anxiety, social anxiety, posttraumatic stress)
- Substance use disorders
- Antisocial disorder
- Learning disorders

2. Past History.

- Psychiatric
- General Medical (focus on cardiovascular disease risk factors)
- Occupational
- Relationship
- Legal
- Medications (prescribed, over-the-counter, alternative, supplements)
- Substance use (alcohol, caffeine, nicotine, illicit)
- Review of previous medical records if available

3. Personal/Social History (includes corroboration of patient ADHD symptom reports if available).

4. Family History.

- Psychiatric
- General Medical (focus on cardiovascular disease risk factors)

5. Review of Systems.

- General (focus on cardiovascular disease risk factors)
- Sleep
- Appetite
- Weight
- Suicide/Homicide

6. Mental Status Examination.

7. Physical Exam/Indicated Laboratory/Testing*** (e.g., blood pressure, pulse, electrocardiogram).

8. **Adult ADHD Rating Scales** [e.g., Adult ADHD Self-Report Scale (ASRS); Conners' Adult ADHD Rating Scales (CAARS)].
9. **Other Testing** (e.g., psychological/neuropsychological testing).
10. **Assessment/Diagnosis.**
11. **Treatment /Follow-up Plan** (e.g., initial follow-up +/- 1 month; periodically thereafter).
12. **Consultation with ADHD experienced practitioner as needed.**
13. **Disability services evaluation as needed.**
14. **Fact sheet for stimulant use for ADHD.**
15. **Review of important safety information regarding stimulant use** (e.g., avoidance in symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, during or within 14 days of MAOI use).
16. **Practitioner policy for stimulant misuse; lost or stolen stimulant prescription.**

Sample: STUDENT STIMULANT MISUSE POLICY:

Stimulants are Schedule-II drugs, which are controlled medications by the DEA (Drug Enforcement Administration). This means your doctor cannot give refills for your stimulant medication unless a new prescription is written for each refill. Schedule-II medications cannot be refilled by telephone. Misuse of stimulant medications is a common and recognized concern in the USA. **THIS OFFICE WILL NOT TOLERATE MISUSE. EVEN THE APPEARANCE OF MISUSE IS ENOUGH JUSTIFICATION TO CEASE STIMULANT TREATMENT. THERE WILL BE NO REFILLS GIVEN FOR LOST OR STOLEN PRESCRIPTIONS.** Do not give your prescription medication to anyone. Keep your medication in a safe place where others do not have access.

* Format is intended as a guideline and not as a specific way to practice. It is an example drawn from clinical practice experience and current scientific literature. The prescribing practitioner should use individual professional judgment.

** Impairment defined as relative to an average-functioning individual.

*** There are no across-the-board recommendations for laboratory testing or diagnostic examinations for adult ADHD. The prescribing practitioner may request testing as individually indicated and appropriate.



2011-12 NCAA Banned Drugs

The NCAA bans the following classes of drugs:

- a. Stimulants
- b. Anabolic Agents
- c. Alcohol and Beta Blockers (banned for rifle only)
- d. Diuretics and Other Masking Agents
- e. Street Drugs
- f. Peptide Hormones and Analogues
- g. Anti-estrogens
- h. Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

- a. Blood Doping.
- b. Local Anesthetics (under some conditions).
- c. Manipulation of Urine Samples.
- d. Beta-2 Agonists permitted only by prescription and inhalation.
- e. Caffeine if concentrations in urine exceed 15 micrograms/ml.

NCAA Nutritional/Dietary Supplements Warning:

Before consuming any nutritional/dietary supplement product, review the product with your athletics department staff!

- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- **Any product containing a dietary supplement ingredient is taken at your own risk.**

It is your responsibility to check with the appropriate athletics staff before using any substance.

**Note to Student-Athletes: There is no complete list of banned substances.
Do not rely on this list to rule out any supplement ingredient.
Check with your athletics department staff prior to using a supplement.**

Some Examples of NCAA Banned Substances in Each Drug Class

Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents – (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione) boldenone; clenbuterol; DHEA (7-Keto); nandrolone; stanozolol; testosterone; methasterone; androstenedione; norandrostenedione; methandienone; etiocholanolone; trenbolone; etc.

Alcohol and Beta Blockers (banned for rifle only):

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents:

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs:

heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues:

growth hormone(hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens :

anastrozole; tamoxifen; formestane; 3,17-dioxo-etiochol-1,4,6-triene(ATD), etc.

Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; etc.

Any substance that is chemically related to the class, even if it is not listed as an example, is also banned!

Information about ingredients in medications and nutritional/dietary supplements can be obtained by **contacting the Resource Exchange Center, REC, 877-202-0769 or www.drugfreesport.com/rec** password ncaa1, ncaa2 or ncaa3.

It is your responsibility to check with the appropriate athletics staff before using any substance.