



## ATTENTION DEFICIT HYPERACTIVITY DISORDER TREATMENT GUIDELINES

Effective August 2009 stricter application of the NCAA Medical Exemption policy for the use of banned stimulant medications to treat Attention Deficit Hyperactivity Disorder (ADHD) was enacted. This stricter application provides additional information to the Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS), which reviews requests for a medical exception to a positive drug test for these stimulant medications. This policy ensures that student-athletes are adequately monitored while using a stimulant medication and to verify that stimulants are not being used strictly for athletic performance enhancement. Any student-athlete who tests positive from the effective date will need to comply with this stricter application, even if that student-athlete had received an exemption for the use of stimulant medication prior to August 2009.

This stricter application will require documentation that demonstrates the student-athlete has undergone a clinical assessment to diagnose ADHD, is being monitored routinely for the use of stimulant medication, and has a current prescription on file in order to be approved for a medical exception to the banned drug policy. This documentation will be kept on file at Carthage College and will be produced to the NCAA in the event the student-athlete tests positive for the banned medication. All HIPPA requirements will be met for the transmission of this medical information (NCAA Memo on Banned Stimulant Medication for ADHD 2/09).

If you are currently medicated for the treatment of ADHD your treating physician must complete the following:

**Initial Compliance Documentation**—See attached Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Information form.

**Annual Follow-up**—Mandatory annual follow-up documentation. This requirement can be met by a letter from the prescribing physician, or a copy of the medical record, with written indication of the current treatment.

It is the responsibility of the student-athlete to ensure all documentation is on file with Carthage College prior to their athletic participation. Questions regarding this policy can be directed to Head Athletic Trainer, Jacob Dinauer at 262-551-6107.

**CARTHAGE COLLEGE ATHLETIC TRAINING DEPARTMENT  
ADHD MEDICATION EXEMPTION INFORMATION**

**Primary Care Physician/Health Care Provider**

The student-athlete presenting this form to you plans to participate in intercollegiate athletics at our institution. Our institution is governed by the rules and regulations of the NCAA. New legislation beginning August 1, 2009, involves the collection of medical records for those student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. In order to show compliance, we are asking our student-athletes to deliver this letter to their primary care physician/health care provider requesting completion and return in order to continue their NCAA participation while continuing the use of their ADHD/ADD medication. Please return this form and ALL necessary attachments to the student-athlete. Student-athletes may choose to give you permission to fax the required documentation. See contact information. All student-athlete medical information will be kept confidential.

Carthage College Athletic Training  
Phone 262-551-6591  
Fax 262-551-5809

**Examples of NCAA Banned-Drug Class**  
**Stimulants:** amphetamine, atomoxetine, dexamethylphenidate, dextroamphetamine, methamphetamine and methylphenidate. For more information please visit [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety).

**Student-Athlete's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Date of Initial Clinical Evaluation: \_\_\_\_\_ Date of most-recent follow up: \_\_\_\_\_

Blood Pressure / Pulse Reading and Comments: \_\_\_\_\_

Physician's Diagnosis: \_\_\_\_\_

Medication (s) and Dosage Prescribed: \_\_\_\_\_

Follow-up Orders: \_\_\_\_\_

**Required Attachments:**

- 1) A written summary of the comprehensive clinical evaluation (individual/family history, indication of mood disorders, substance abuse and previous history of ADHD treatment; incorporate DSM criteria to diagnose ADHD).
- 2) ADHD Rating Scales (ex: Connors, ASRS, CAARS) scores, report and supporting documentation.
- 3) A statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.

Printed Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_