Clinical Practice in Athletic Training

Volume 5 | Issue 3 Article 7

2022

Characteristics of Sickle Cell Trait Policies and Procedures at NCAA Division I Institutions

H Parker University of Texas at Tyler

B J. Warner Grand Canyon University

D M. Gallegos University of Texas at Tyler

S A. Cage The University of North Carolina, Greensboro

Follow this and additional works at: https://scholars.indianastate.edu/clinat

Recommended Citation

Parker, H; Warner, B J.; Gallegos, D M.; and Cage, S A. (2022) "Characteristics of Sickle Cell Trait Policies and Procedures at NCAA Division I Institutions," *Clinical Practice in Athletic Training*: Vol. 5: Iss. 3, Article 7.

Available at: https://scholars.indianastate.edu/clinat/vol5/iss3/7

This Article is brought to you for free and open access by the Publications at Sycamore Scholars. It has been accepted for inclusion in Clinical Practice in Athletic Training by an authorized editor of Sycamore Scholars. For more information, please contact dana.swinford@indstate.edu.

ABSTRACT PRESENTATION

ORIGINAL RESEARCH

Characteristics of Sickle Cell Trait Policies and Procedures at NCAA Division I Institutions

Parker H*†, Warner BJ‡\$, Gallegos DM*†, Cage SA*:
*University of Texas at Tyler, †UT Health East Texas, ‡The University of North Carolina, Greensboro, ‡The University of Texas at Tyler, §Grand Canyon University

Context: In 2010, the National Collegiate Athletic Association (NCAA) introduced a proposal addressing sickle cell trait screening. This proposal later became a policy that required student-athletes in their first year of eligibility to provide their institution with accurate information regarding their sickle cell trait status. There does not appear to be a recent study published that has examined the sickle cell trait policies and procedures currently being used by NCAA Division I institutions. The purpose of this study was to describe the characteristics of sickle cell trait policies and procedures at NCAA Division I institutions. Methods: We used a web-based survey (Qualtrics, Qualtrics Inc., Provo, UT) that was distributed to the 329 NCAA Division I Head Athletic Trainers . A total of 67 athletic trainers accessed and completed the survey (response and completion rate=20.4%). The survey tool included questions to assess the availability of sickle cell trait testing, availability of sickle cell trait waivers, and policy and procedure revision processes. After the collection window had closed, we calculated frequencies of participant responses using a commercially-available statistics package (SPSS Version 26, IBM, Armonk, NY). Results: The majority of head athletic trainers reported their institutions requiring sickle cell trait testing for their student-athletes (74.6%, n=50). All responding institutions offered sickle cell trait testing to their student-athletes either at the institution's or the student-athlete's expense. However, the majority of these institutions did not provide their student-athlete population with yearly education on sickle cell trait (64.2%, n=43). On average, institutions (82.1%) and team physicians (80.6%) reviewed their sickle cell trait policies and procedures on a yearly basis. 16.7% (n=11) of institutions had not reviewed their sickle cell trait policies within the past two years, and 17.9% (n=12) of institutions did not have sickle cell trait policies and procedures that had been reviewed by their team physician in the past two years. Conclusions: While the majority of responding NCAA Division I institutions appear to be compliant with NCAA requirements, athletic training staff and institutions should conduct annual reviews of their sickle cell trait screening policies and procedures with athletic training staff, the team physician, institutional legal counsel and institutional risk management departments. Athletic trainers should ensure that they have current knowledge of the pathology, recognition and management of patients with sickle cell trait. Lastly, institutions should require annual sickle cell trait education for student-athletes, regardless of SCT status.