Regents,

Please see the attached letter from President Lang with the Follow-Up Report by the Special Presidential Committee to Investigate the January 2011 Hospitalization of University of Iowa Football Players. We will post this to the Board’s website this afternoon.

Thank you.

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August 30, 2011

Members of the Board of Regents, State of Iowa:

Attached is a copy of the follow-up report requested at our March 23, 2011 meeting, from the University of Iowa Special Presidential Committee to investigate the January 2011 hospitalization of University of Iowa football players.

First and foremost, I am very pleased with the report that all 13 football players have made a full medical recovery. The well being of our student-athletes is our primary concern. I thank the University for its ongoing careful attention in responding to the individual needs of each player.

I am also very pleased with the University’s implementation of several steps to reduce the likelihood of another incidence of rhabdomyolysis, particularly the University’s commitment to never again use the weight-training workout that caused the injuries. In addition, I commend the University for its commitment to improved education, communication, and medical practices for increased awareness of rhabdomyolysis and other serious health issues that could impact our student-athletes.

Additional information related to the report can be obtained by contacting the office of the Vice President for Strategic Communication at the University of Iowa (tysen-kendig@uiowa.edu).

Sincerely,

Craig A. Lang
President

cc: President Mason
    Athletic Director Barta
SIX-MONTH FOLLOW-UP REPORT BY THE SPECIAL PRESIDENTIAL COMMITTEE TO INVESTIGATE THE JANUARY 2011 HOSPITALIZATION OF UNIVERSITY OF IOWA FOOTBALL PLAYERS.

At the Board of Regents meeting March 25, 2011, after the Special Presidential Committee presented to the Board its Report on the rhabdomyolysis (hereinafter rhabdo) incident, and a number of questions were answered, the Committee was asked to submit a written follow-up report in six months. This six-month follow-up report covers three major topics: 1. Continued recovery and current status of the 13 injured players. 2. Implementation of the Recommendations in the Committee Report by the Athletics Department; and 3. Dissemination of the findings of the Committee Report to a broader audience.

1.) PLAYERS’ RECOVERY AND CURRENT STATUS. As far as can be determined at this point, all thirteen injured football players made a full medical recovery from their rhabdo symptoms. It is still possible that long-term adverse effects will develop, but medical specialists regard this possibility as highly unlikely, given the players’ uniformly favorable lab results and their success in returning quickly to their regular training regimen. The rehabilitation of the 13 injured players was run separately from the rest of the football training program, and it was monitored very carefully by the medical and training staff working with the football program. The players were not allowed to continue their regular strength-training programs, but were diverted into less strenuous exercise activities until it was medically certain they had fully recovered the strength in their injured muscles. The time required for their special rehabilitation programs varied, depending on the players’ individual progress, but all injured players were medically cleared to resume their regular training routines by four weeks after the day they were discharged from UIHC. All but one of these players was cleared to participate fully in spring football practice. This one injured player, who was not cleared for spring practice, was still recovering from major orthopedic surgery performed shortly before the rhabdo incident. This player was cleared for fall practice and began practicing with the team in August. All of the injured players, who remained active on the team, also completed their voluntary summer training regimens successfully.

Although all the injured players appear to have completely recovered, only ten of them are still active members of the football team. One injured player, who was a walk-on, decided to drop football before spring practice to concentrate on his academic work. A second player, who was a scholarship athlete, also dropped off the football team before spring practice, and after briefly exploring transfer opportunities, decided to stay at Iowa and complete his undergraduate degree, but forgo further football competition. The athletics scholarship of this player was renewed for the 2011-2012 academic year. A third injured player, who was also a scholarship
athlete, completed spring practice successfully, but then subsequently left the university for personal reasons unrelated to any injury.

2.) IMPLEMENTATION. As the attached May 19, 2011 report from Athletic Director Gary Barta to President Sally Mason demonstrates, the Athletics Department has conscientiously followed through with implementation of all of the Special Committee’s recommendations that were directed to the Department. Among the most important elements of the implementation steps reported by the Athletics Department are: A.) Reaffirmation of the firm commitment never again to use the challenging weight-training workout that caused the rhabdo injuries; B.) Thorough education of all athletics personnel who deal with student athletes about rhabdo, its causes, symptoms and the best practices for preventing it; C.) Development of effective communication channels to detect and deal promptly with unexpected problems or complications from a specific workout; D.) Adoption of a policy that requires all members of a team to be tested for the specific condition when one or more team members develop symptoms that suggest a serious health problem; E.) Provision of professional counseling to student athletes who develop serious injuries or illnesses associated with their sports; F.) Commitment to provide long-term health care to injured student athletes who may need it for both physical and psychological reasons; and G.) Creation of transparent and seamless mechanisms by which doctors, trainers, strength coaches and team coaches can exchange information about student athletes’ physical limitations, and how these limitations affect their ability to undertake specific types of exercises and sporting activities.

Implementation of other recommendations from the Special Committee were not strictly within the purview of the Athletics Department, but the suggested steps have been carried out within the University and are included in A.D. Barta’s report. For example, the Special Committee’s findings and recommendations were sent directly to all the affected student athletes and to their parents, along with a letter from President Mason expressing the University’s deep regret for the injuries and its strong resolve to avoid a reoccurrence of the problem; the findings of the Special Committee’s investigation continue to be made available to coaches, athletic trainers and sports medicine specialists around the country so that they can learn from this unfortunate experience; and an Emergency Management Plan, which includes a robust communications component to reach student athletes’ families, is in the process of being created within the Athletic Department, with the help of emergency management specialists from the UIHC.

The University administration is committed to monitoring the Special Committee’s longer-term recommendations to ensure that the injured athletes do not suffer any unnecessary disadvantage physically, academically or otherwise because of their exposure to rhabdo through this incident.

3.) DISSEMINATION. In March, 2011 the Special Committee’s Report was placed on the Board of Regents’ web site where any interested person could access and review the Report. On July 22, 2011, Dr. Loreen Herwaldt, Dr. Brian Wolf and Dr. Kevin Kregel, three of the professionals most
directly involved in diagnosing and treating the injured players, and in investigating the incident, presented Internal Medicine Grand Rounds at UIHC to internal medicine physicians and medical students on their internal medicine rotation. A copy of the slide presentation used in the Grand Rounds, with audio, is available online at [http://www.int-med.uiowa.edu/Conferences/Grand Rounds/](http://www.int-med.uiowa.edu/Conferences/Grand Rounds/). This Grand Rounds program was also disseminated to the strength coaches, trainers and team doctors in the Iowa football program, and to doctors in the Iowa Sports Medicine Center.

Dr. Herwaldt, Dr. Ned Amendola, and Dr. Kyle Smoot are writing an academic paper, reporting the rhabdo incident, its investigation and its aftermath. Dr. Herwaldt is a member of the Special Presidential Committee that investigated the rhabdo cluster. Dr. Amendola is the Director of the Iowa Sports Medicine Center, and Dr. Smoot is the primary care sports medicine physician who diagnosed the rhabdo condition in the injured football players and treated it at UIHC.

Respectfully Submitted August 23, 2011 by
The Special Presidential Committee:
Professor N. William Hines, Professor of Law, College of Law, Chair
Professor David R. Drake. Professor of Microbiology, College of Dentistry
Professor Loreen Herwaldt, Professor of Internal Medicine and Epidemiology, Colleges of Medicine and Public Health
Professor Kevin C. Kregel, Professor and Chair of Health and Human Physiology, College of Liberal Arts and Sciences
Deborah Thoman, University Privacy Office and Assistant Vice President for Compliance, UIHC