

Top 10 Recommendations

In our Report, *Protecting and Promoting the Health of NFL Players: Legal and Ethical Analysis and Recommendations*, we make 76 recommendations aimed at 20 stakeholders to protect and promote the health of NFL players. Each of these recommendations is important in its own right, but in the interest of prioritization, we have identified a “Top 10” list of those key recommendations that, if implemented, could have the most meaningful and positive impact on player health. Additional information on these recommendations, including explanations of their significance, is provided in the full Report.

1. The current arrangement in which club (i.e., “team”) medical staff, including doctors, athletic trainers, and others, have responsibilities both to players and to the club presents an inherent conflict of interest. To address this problem and help ensure that players receive medical care that is as free from conflict as possible, division of responsibilities between two distinct groups of medical professionals is needed. Player care and treatment should be provided by one set of medical professionals (called the “Players’ Medical Staff”), appointed by a joint committee with representation from both the NFL and NFLPA, and evaluation of players for business purposes should be done by separate medical personnel (the “Club Evaluation Doctor”). **(Recommendation 2:1-A).**
2. The NFL and NFLPA should not make player health a subject of adversarial collective bargaining. **(Recommendation 7:1-A).**
3. As recommended throughout the Report, various stakeholders (e.g., club doctors, athletic trainers, coaches, contract advisors, and financial advisors) should adopt, improve and enforce Codes of Ethics. **(Final Recommendation 3).**
4. The NFL and NFLPA should continue to undertake and support efforts to scientifically and reliably establish the health risks and benefits of playing professional football. **(Recommendation 7:1-B).**
5. The NFL, and to the extent possible, the NFLPA, should: (a) continue to improve its robust collection of aggregate injury data; (b) continue to have the injury data analyzed by qualified professionals; and, (c) make the data publicly available for re-analysis. **(Recommendation 7:1-C).**
6. The NFLPA should consider investing greater resources in investigating and enforcing player health issues, including Article 39 of the 2011 CBA [covering players’ rights to medical care and treatment]. **(Recommendation 7:5-A).**
7. Clubs and Club medical staff should support players in their right to receive a second opinion. **(Recommendation 4:1-A).**
8. Players diagnosed with a concussion should be placed on a short-term injured reserve list whereby the player does not count against the Active/Inactive 53-man roster until he is cleared to play by the Concussion Protocol. **(Recommendation 7:1-E).**
9. With assistance from Contract Advisors, the NFL, the NFLPA, and others, players should familiarize themselves with their rights and obligations under the CBA, including all possible health and other benefits, and should avail themselves of applicable benefits. **(Recommendation 1:1-A).**
10. Players should receive a physical from their own doctor as soon as possible after each season. **(Recommendation 6:1-B).**