

**January 27, 2010**



An Interview With:

**DR. JOHN STOKES  
PAUL FEDERICI  
BIFF POGGI**

**TOM MOORE:** I wanted to bring you up-to-date on what's occurred overnight and since the last statement came out from the University. One more player has been admitted to the University of Iowa Clinic following yesterday's statement and that means a total of 13 football players who are hospitalized over at UI Hospital and Clinics.

All 13 players currently remain in the hospital. All continue to respond very well to treatment. All are apparently being affected by a disorder called rhabdomyolysis and Dr. John Stokes, one of our kidney specialists, a nephrologist, is here and he will be able to explain more details about the disorder.

The cause of the disorder as not yet been pinpointed so we really don't know what led to this disorder, and we do not know when the student athletes will be discharged. The healthcare teams will make that decision on a case-by-case basis as they become well enough to be discharged and we don't know the exact time on it. We really can't speculate about when they will be released. We hope it will be in the relatively near future. Also wanted to explain that under the health information, culpability and privacy act, we cannot share details about anyone's healthcare to we need to comply with those privacy laws. We will be able to talk in general terms about the disorders and groups of players but we cannot answer individual players.

**PAUL FEDERICI:** As most of you know, we have a number of student athletes that are being treated at UIHC. Our concern right now is first and foremost is for their safety and continued recovery, as has been the case to this point so far. Our team physicians care for the team on a regular basis, have been in contact with the parent and guardians of the student athletes.

In terms of what is -- what would have been the factors in what's led to this, we are still working through that. We don't have those details yet. But as the treatment continues and needs to occur and as more information is made available, we hope to get to a point where we know more and help us understand what's put these young men in this position. And the third thing is that you know, part of what's fundamental to the safety and welfare of our student athletes is the effort that it's a collective effort among our physicians at the UIHC and our sports medicine centre our team physicians, including our strength conditioning staff and our athletic trainers and our coaches, all of these people work together to ensure the safety and welfare of our students athletes and that will be the case as in the past and it will be the case in this situation and moving forward, as well.

**DR. JOHN STOKES:** The problem that we presume that these student athletes have is called rhabdomyolysis, and the simple translation, this is a muscle injury syndrome. The causes of rhabdomyolysis are extensive. There may be a hundred different causes for this problem. When it occurs in young, otherwise healthy individuals, one of the common scenarios we look for is a recent exercise.

So heavy exercise, even in healthy individuals can produce a muscle injury. Syndrome. It's well described, for example in recruits in the military that are in boot camp, and in boot camp, often times there's very heavy physical exercise. And this syndrome has been well described. And so heavy exercise certainly can do

it. There are many other things that can be involved. Genetic disorders can do so, can render the muscle sensitive to exercise and to injury. Some drugs can do it; for example, you've heard of drug that is lower cholesterol, statin drugs.

So in susceptible people, these drugs can produce muscle injury, even without exercise, but it can tends to be worse with exercise, and there are many, many drugs that can produce this kind of a problem.

So the treatment, the treatment for this problem, is to put the affected individual in the hospital so that they can receive intravenous fluids in general and their blood components, electrolytes and muscle waste products can be monitored.

Now, one of the reasons that I'm here, I'm a kidney specialist, and in patients that have this disorder, one of the common complications is kidney injury, or kidney failure. So people who are expert in kidney disease know a lot about this kind a problem.

So when somebody is diagnosed with this problem, the therapy is often directed at trying to prevent either a future kidney injury that would occur in the next hour or days, or to try to limit whatever kidney injury exists so far. This monitoring is something that is undoubtedly going on right now with these student athletes.

THE MODERATOR: Your thoughts on what has happened.

BIFF POGGI: Well, my name is Biff Poggi. My son, Jim, is a freshman on the team, and when I found out that he was being admitted to the hospital, I flew out here and wanted to be able to sit up in front of you. I actually volunteered to do this. There is a tremendous amount information swirl around and I would like to give you from a parent's perspective kind of frankly and honestly what I'm thinking about and seeing and feeling, and that's kind of where I'm at.

#### **Q. Is dialysis part of treatment?**

DR. JOHN STOKES: If the injury to the muscle is very severe, and the severity of the injury affects the kidneys so that they no longer function, yes, dialysis can be a part of the treatment.

It's unusual to have that severe of an injury. I don't know the circumstances right now, but particularly in young, healthy, other-wise normal individuals, if they have a muscle injury, that the recovery is usually quite reasonably quickly, and seldom would dialysis be necessary.

#### **Q. How does hydration or that can there of play into susceptibility?**

DR. JOHN STOKES: So the question of the state of the individual's hydration is very often an important determinative whether they get not only the muscle injury, but also the extent to which it can affect the kidneys.

So not surprisingly, injury to the muscles can have a wide spectrum. There can be a very mild injury, maybe people get sore after a workout and they may have a very mild injury, nobody would know any difference, or it could be extremely severe.

So the things that can predispose to more severe injury can be dehydration or a lot of heavy work out, or, for example, if someone had diarrhea. So a previous illness where somebody ate food that gave them diarrhea and they worked out could predispose to this. That's a distinct possibility.

#### **Q. Could a long-term effect be that the body will do this again in a similar manner?**

DR. JOHN STOKES: Generally, not unless there is a genetic predisposition. So if somebody is predisposed as a muscle enzyme defect, for example, these are rare disorders, but generally, this is a one-time occurrence and people usually realize, well, I had that once and I don't want to have that event, so I'll take precautions, even to limit the exercise or to make sure there is adequate hydration and volume expansion at the time of exercise.

#### **Q. What is the likelihood that 12 different people and body types and genetic dispositions would get this at the same time?**

DR. JOHN STOKES: I don't know the probability of that happening. It does appear to be a little unusual, but apparently the common denominator for each of these individuals had to do with the fact that they were undergoing a workout, a heavy exercise program, and heavy exercise is known to produce this syndrome.

So I suppose the first thing that one would look at as a cause for all 12 or 13 of these individuals would be to say, well, what was common about particularly the exercise program; were they -- and/or were they ill with some other problem. Did they have a viral illness, or as I mentioned before, diarrhea or something like that.

#### **Q. Are these individuals being worked**

**too hard or is it too soon to tell?**

DR. JOHN STOKES: I think it's way too soon to tell. I don't know any details about the nature of the workout.

**Q. What supplements play in, triggering?**

DR. JOHN STOKES: The question has to do with supplements, and I assumed that you mean supplements that are -- that can be obtained at a health food store or something like that.

So one thing about food supplements is that you can pick up the supplements, read the label, and that may have nothing to do with inside the bottle. And these agents are not regulated by the Food and Drug Administration, and basically the manufacturer can put whatever they want in it, and they don't have to tell the truth.

Now that's a little harsh because I suppose most labels are correct, but there are many examples that we see, where people have taken food additives or health supplement that is had actually damage to certain organs, kidneys, muscles, liver, heart even.

So it is possible that people taking food supplements can take something that the labels would say probably would be safe to take but could contain something that would be injurious.

**Q. What did the players --**

DR. JOHN STOKES: I don't have any firsthand information about what the players experienced, but I can tell you in general what happens with people that have rhabdomyolysis, is that they typically will have muscle pain, and it usually is in all of the muscle groups, arms, legs, back, and sometimes the triggering episode causing alarm will be tea-colored urine or sometimes dark brunette or even reddish-colored urine or sometimes even a decrease in the volume of the urine.

So those are the things that might alert an individual that, oh, I'm hurting all over and my urine is brown or tea-colored; maybe I have a problem, and then they might seek medical attention. That's a general scenario.

**Q. Are you directly involved in the care of the players?**

DR. JOHN STOKES: I am not directly involved in the care of these patients.

**Q. Have you received injuries like this on such a massive scale add we have seen with 13 players coming in?**

DR. JOHN STOKES: I've been at the University of Iowa for 32 years and I don't think I've seen 13 people get rhabdomyolysis. But rhabdomyolysis is a fairly common diagnosis, we see this in the practice of medicine quite commonly. So if it's affected at all, and I don't know what extent it would be affected, to make sure that the kidney function is not getting worrying worse, and that if, in fact, it's damaged that it's already getting better. Those would be a few things.

A few days would be -- sometimes a week would be a reasonable expectation.

**Q. After release do they have to go any period of inactivity before going back to their workouts?**

DR. JOHN STOKES: The recommendation for exercise-induced rhabdomyolysis for recovery is somewhat variable, and probably will depend on the individual in the specific details of that. Certainly an episode of rhabdomyolysis would not preclude any strenuous activity.

**Q. Do you have like a ballpark on how long they would have to go before they could get back into it?**

DR. JOHN STOKES: Before they -- as I understand it, right now, they are not playing football on the field. It would be pretty difficult. I guess some people -- next weekend somebody.

So they are in a training and as imagine, I guess they are in a training mode, and it's the pace and the rate of the training that would have to be gauged and how they feel. So I don't know exactly how long it would be.

**Q. Paul, are players aware of the workout that's coming at them before they go to the workout? Do they know this particular work out is coming at them that day?**

PAUL FEDERICI: We are in a phase where with the program where right now the players know this is an important and pretty ambitious part of the off-season work out. The details of the workout they may not know but they know it's ambitious and they are going to work hard when they start the winter program.

**Q. Where is Coach Ferentz?**

DR. JOHN STOKES: He's returning today. He's been out of town. He's returning today. He'll be back in town this afternoon.

**Q. Why are no strength coaches here for the press conference?**

THE MODERATOR: We didn't have anybody directly involved with that and so that's why we had people who can talk to what was actually occurring with regard to what happened and also who can directly -- inaudible.

**Q. What was the workout, can you speak on that?**

PAUL FEDERICI: I don't have the details of it.

**Q. Do you know anything about is there a widespread hydration protocol or is it self-regulated that the players can get drinks?**

PAUL FEDERICI: There are breaks structured during all of the workout sections as well as plenty of hydration beverages available in the locker room, pre work outs, post work out, when they are in the bubble or on the surface, there is water readily available. It is completely open at their discretion when they are in between various aspects of their workout.

So it's limitless really and widely available.

**Q. Did you have any cases in those five years?**

PAUL FEDERICI: No.

**Q. Can you speak on supplements at all? Are players -- can you talk about what the players can take?**

PAUL FEDERICI: Supplements it's an interesting industry and there are always new ones but we have a policy internally that any supplement being considered for disbursement to student athletes must meet compliance, NCAA compliance, there are very strict guidelines regarding what contents and characteristics supplements can have, and all of the supplements, any supplement being considered to be disbursed to our student athletes for any team must be cleared through our compliance office.

**Q. Were these 12 athletes taking supplements that were common?**

PAUL FEDERICI: I don't know that detail yet.

**Q. Were the athletes doing anything different?**

PAUL FEDERICI: No, all of the athletes over the last several days have completed the same work outs, they are in a variety of groups that are made available to them with regard to their class schedule and other obligations. They have all completed very similar work outs.

**Q. Are these workouts similar to workouts in the past?**

PAUL FEDERICI: Yes.

**Q. Can you describe what they entailed?**

PAUL FEDERICI: That was a question earlier, I apologize, I don't know the details of the workout the over the last four days. But again, all of the athletes have been medically cleared to participate in the work outs and all had to complete similar pieces of each of the workouts.

**Q. Inaudible.**

PAUL FEDERICI: It varies, between two and three workouts each.

**Q. Inaudible.**

PAUL FEDERICI: The weekend they had off, the weekend.

**Q. Can you describe how many athletes are in a group and how many moderators there are?**

PAUL FEDERICI: Again, it varies. We have a rather large roster and so each work out group each day -- the day's work out activities for a particular day are very similar, but the groups are divided into usually two to three groups so that proper supervision and group size can be worked properly.

So it really depends again on the class schedule. Student athletes decide they want to work out early and have the rest of the day for class and studying and learning center and such. It's safe to say each group probably varies in range from probably 15 student athletes to 30 on a high.

**Q. And two or three -- I don't know if there's three full-time strength coaches? Are**

they all are, or is it two or three?

PAUL FEDERICI: All five are there for all sessions.

**Q. So have the workouts been suspended or changed since this happened or are they still ongoing?**

PAUL FEDERICI: I don't know the detail of that but I would say that yesterday just from a programming standpoint, yesterday was more of an active recovery day for the work out so it was tending to be a lighter day. If I'm accurate, today is a bit of a heavier workload day and tomorrow will be again more of an active recovery day.

**Q. We did reports that they did 100 squats, is it typical right away to start off with something that strenuous or heavy in the workouts?**

PAUL FEDERICI: I don't know if that was done or the volume that was done but that has been part of our programming in the past.

**Q. Is that something that other programs do or is that a drill that's unique to Iowa?**

PAUL FEDERICI: That's a good question, I can't answer that.

**Q. The 12 or 13 players, is there a common factor?**

PAUL FEDERICI: We are looking for any information that will help us understand what has put us in this situation. We don't have the answers because 13 individuals, there's a bit of questioning and investigation that has to occur and we are relying on physicians and healthcare and the professionals at the university to help us and hopefully in time there is something that helps us understand a little better.

**Q. Were they part of the same workout group?**

PAUL FEDERICI: No.

**Q. When did the workouts begin?**

PAUL FEDERICI: Discretionary workouts were Thursday last week.

**Q. And everybody had Saturday and Sunday off?**

PAUL FEDERICI: Yes.

**Q. Can you talk about how the students are doing and how you found out, what your reaction was?**

BIFF POGGI: Yes, I found out from a call from Jim, and that he was being admitted to the hospital. I had had some contact with him over the week, actually Thursday evening, Friday and over the weekend, because I was curious about how workouts were going. And so we spoke about that.

And we spoke over the weekend because he had a tremendous amount of soreness, but Jim is progressing well. And thank God he's doing well. He's getting fantastic care at the hospital. I've been there now for probably the last 24, 36 hours, and I'm very thankful for the kind of care that he's getting.

**Q. Do you know any specifics about what kind of --**

BIFF POGGI: Yeah, they did a heavy squat work out on Thursday, multiple reps in a certain amount of time with a certain percentage of their max, and then they did a sled -- kind of a prowler sled after that.

**Q. How soon after the workout did he -- was he admitted into the workout? Was it hours, days?**

BIFF POGGI: Well, there were three workouts. Thursday was probably the workout that caused him the most soreness. That was the lower body day as I just described. Friday was a similar day, but for the upper body, they were all Saturday and Sunday. And Monday they had a workout that again, was a lower body kind of leg workout, and it was after that workout that he was admitted to the hospital.

**Q. Can you talk about how you're feeling about the way the training has been going and the way the coaches were running them and the way the workouts have been doing in?**

BIFF POGGI: As a father I'm concerned. Obviously when your son is admitted to the hospital, that's a concern.

So to be completely honest with you, that concerns me and his mom. However, I would tell you that the responsiveness of how we have been dealt with has been -- we have been happy with that. Very happy with what's happened at the hospital. I can tell you that they are getting a lot of



care.

And also, for me, as a dad, you know, I don't know -- I didn't go to medical school and I don't sleep in a Holiday Inn Express, either, and people are there to answer them whenever I ask them, and have been very good about that.

**Q. Have the football coaches answered your questions to your satisfaction?**

BIFF POGGI: Well, I've spoken to position coach, Darrell Wilson, many, many times, we have been in constant contact, and I have spoken to Coach Ferentz probably four or five times, at least four or five times. I think the answer to -- to answer that, you know, everybody is in an information-gathering mode, and that is kind of where people are. And I think that's fair to say.

**Q. You're a football coach, too, can you see -- is it hard to argue with the value of these winter workouts; that they have to go through it to get ready for what they go through in the season.**

BIFF POGGI: This time of year if you're a football player is the time where you're doing the most kind of strenuous work, kind of preparing for spring practice, and this is the same -- this type of rigorous work out is the same everywhere, and I have sent kids that have played for me all over the country to play, and this is what happens. These kind of workouts would happen. Obviously this is not a statistical outlier that you don't see.

**Q. Inaudible.**

BIFF POGGI: I think that he was very nervous about going out in this time of year and performing in winter workouts. But you know, it was a hard work out and he called afterwards and said it was a hard work out and it was very, very sore.

**Q. Inaudible.**

BIFF POGGI: Yes, of course, Thursday it was just general fatigue. Thursday evening, he started to have what he described as kind of severe quad pain. And then that continued through the Friday workout, and again that was an upper workout, so a different set.

And over the weekend, that didn't subside and it actually got a little worse. So he was working on stretching and going to the steam room in his sweats and trying to loosen up and all of those kinds of things and it actually didn't get any better. It actually got worse.



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Monday's work out with some jumping and other kinds of things, it didn't go well. And that's when the training staff -- his urine became discolored and that's when they sent him off to the hospital.

**Q. During that time, did some of the trainers --**

BIFF POGGI: Yeah, I think in the general -- yes.

You know, to keep in touch, do all of the things you do, ice, stretch, all of those kinds of things.

**Q. Is there a supplement --**

BIFF POGGI: No, not that I know of. He does drink a protein supplement, normal protein supplement.

**Q. What's the moral?**

BIFF POGGI: Well, I've seen all of them, actually a wonderful thing, I have to tell you, as a father, there is quite a few -- there's 12 or 13 kids in there. But last night, there must have been 25 kids come over and see their teammates, and that was really very touching actually.

The moral is, you know, they want to get out of there. They have about had it walking around in the gowns with the no-backs and those kind of things. I would tell you quite candidly that they want to get back and start playing. The concern is -- somebody asked the question, how long does this keep you out and that's part of the concern.

The other thing is, there's some disappointment. There's some disappointment that, you know, getting ready for spring which is always a big part of the year that this has happened. And I would say that there's a little bit of disappointment, and I would say some of them, they are fighting, too.

**Q. What was Jim's level of engagement before, and was this the beginning of the workouts? Did they go from zero to 60, from the break to the workout?**

PAUL FEDERICI: Our workouts concluded in Arizona. We did work out in different teams and groups and segments while we were there. The day we left was intended to be recovery time. I think that was the 29th. And then classes resumed on the 18th if I'm not mistaken.

So that is an important time, as well, that recovery time. And then workouts resumed Thursday, on the first week of classes there?

**Q. And Jim, he was pretty much -- the home break?**

BIFF POGGI: Yeah, he came home from the bowl game the next day, and, you know, I would imagine most of them didn't do anything. I could tell you he didn't do anything except eat a lot and lay around and then this was kind of the first day back. You know, it was a lot of work.

**Q. I don't know if you can answer this question or not, but is it a common denominator, a lot of guys who were freshmen that were going through this spring program for the first time?**

PAUL FEDERICI: Again without getting into particulars and names, there are a variety of positions that are represented, a variety of ages, young men who have been with our program for three or four years, some that have been with our program for a semester. So it's really quite variable.

**Q. Going back to the question, it sounds like a lot of guys go back home and rest and that's what you want them to do and they hop right back doing extremely hard workouts; is that responsible?**

PAUL FEDERICI: Well, again, this is an ambitious and pretty strenuous period of time that we are entering in these next seven weeks. I don't know if I would phrase it that way. I would just say that it is strenuous. It is ambitious. The student athletes know that. They know what this period is going to be. And it has been part of our work out at this time of the year in the past.

And this is an anomaly, we just haven't seen this type of response before.

**Q. Are you considering making any changes?**

PAUL FEDERICI: As we get further down the road, and again, the priority is that these young men recover and they get back to school as soon as possible. Changes will be considered, I'm sure. We are always looking for a better way to do things, whether it's part of our off-season program or how we organize training camp or any number of things. We are always looking for a better way to do things.

And that's an ongoing process. It's continuous for us.

**Q. What is the kids' understanding of if they are not feeling well or feel like they are being worked too hard, what are they supposed to do? Do they know exactly who they are going to go to?**

PAUL FEDERICI: The one thing I can tell you is that the physical status of any player as deemed by our healthcare and our medical team, our team physicians, our medical trainers, their opinions and feedback to our coaches and to our strength conditioning coaches is first and foremost. If there are conditions that require student athletes activity to be modified or limited, in the opinion of the medical team, that's what happened.

So there's an open line of access of communication between all of our athlete athletes and our medical personnel?

**Q. So gym going to the trainers and saying that he's feeling extra pain and his muscles and he continued to work several days before he went to the hospital, is my understanding -- so just keep working through it until he started breaking down?**

PAUL FEDERICI: I don't know if that occurred on Monday or prior to the weekend but a number of the student athletes, that's normal at this time of year, again, to feel that soreness and muscle fatigue when the program begins in the winter.

When the medical team sees or hears any symptoms that are more concerning, then they have the freedom to act upon it and make the appropriate referral or seek attention through one of the team significances.

**Q. Did Jim's treatment include dialysis at any point?**

BIFF POGGI: No. No. His treatment has been bed rest, heavy IV fluids with some other kinds of pharmaceuticals that have a protocol in that and lots of blood work, find out how his kidney function has been doing.

**Q. What's the reaction from the rest of the coaches?**

PAUL FEDERICI: Well everybody is concerned, from our coaches, Coach Ferentz, strength and conditioning staff, all of our staff who

spends the amount of time with these young men that we do, we are concerned for their continued recovery, their safe discharge from the hospital and getting back from the class. Their continued safety and recovery, we are concerned, and there are athletic personnel in this room that feel the same way.

**Q. Do you believe that there is some other connection besides the workout that has caused this?**

PAUL FEDERICI: I think it's too early to know that just yet.

**Q. Is there anything new --**

PAUL FEDERICI: Well the NCAA sets standards for what permissible supplements can be to evaluate the different products that are available and then our own internal process so make sure through our compliance office that those supplements that our staff feels are indicated meet with NCAA standards and when they do they are made available to student athletes and that's for all teams.

**Q. Was a new supplement introduced?**

PAUL FEDERICI: Not during the break time, no.

**Q. Do the athletes ever take anything without the knowledge of the training staff in?**

PAUL FEDERICI: It's possible, but the environment that we have Fostered and the message that we have reiterated time after time, is that's very risky. That carries significant risk, some of which Dr. Stokes mentioned is that it's a completely unregulated business and when you self-administer a supplement on your own that's not being cleared, that carries risks with it.

**Q. Were these students referred to the hospital by a trainer or did they go themselves or how did they ends up in the hospital?**

PAUL FEDERICI: I believe they all reported to the athletic training staff and were screened in the athletic training room and referred to UIC.

**Q. Inaudible.**

PAUL FEDERICI: Monday is the day when I became informed of it, yes.

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