STATE OF NORTH CAROLINA COUNTY OF ORANGE CAMERON FENS, Plaintiff, v. NATIONAL COLLEGIATE ATHLETIC ASSOCIATION, Defendant.	IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION 26CV_____-670 **AFFIDAVIT OF CARROLL P. JONES III, M.D.**

Carroll P. Jones III, M.D., being first duly sworn, deposes and says:

1. I am over eighteen years old and competent to testify to the matters in this affidavit. The facts in paragraphs 2 and 3 are within my personal knowledge.

2. I am an orthopedic foot and ankle surgeon and Section Chief of OrthoCarolina's Foot and Ankle Institute in Charlotte, North Carolina. A true and correct copy of my curriculum vitae is attached as Exhibit A.

3. Exhibit B is a true and correct copy of my letter dated October 1, 2026, to the NCAA Division I Athletics Eligibility Subcommittee. I hold each opinion stated in it, for the reasons it gives, to a reasonable degree of medical certainty, and I adopt those opinions as part of this affidavit. The facts on which I base those opinions come

from the materials described in the letter and are of a type reasonably relied upon by orthopedic surgeons in forming opinions on these subjects.

Carroll P. Jones III, M.D.

Mecklenburg County, North Carolina

Sworn to and subscribed before me this day by Carroll P. Jones III, M.D.

Date: 11/18/26

Official Signature of Notary

LORI A. DAVIS
Notary Public, North Carolina
Mecklenburg County
My Commission Expires
February 06, 2027
(Official Seal)

LORI A. DAVIS
Notary's printed or typed name
Notary Public
My commission expires: 02/06/2027

Exhibit A

CARROLL PAYNE JONES III, MD

[redacted]
carroll.jones@orthocarolina.com

PERSONAL

Date of Birth [redacted]
Place of Birth
Spouse

PROFESSIONAL EXPERIENCE

Clinical practice, OrthoCarolina	2004-present
OrthoCarolina Foot and Ankle Fellowship	
Faculty	2004-present
Director	2014-2023
Associate Professor, Atrium MSK Institute	
Department of Orthopaedics	2004-present
OrthoCarolina Foot and Ankle Institute	2023-present
Section Chief	
Fellowship instructor, Sports Medicine	
CMC Family Medicine Department	2006-present

EDUCATION

The Westminster Schools	1987-1990
Diploma	Atlanta, GA
The University of North Carolina	1990-1994
BS in Biology with Honors	Chapel Hill, NC

POSTGRADUATE TRAINING

Medical College of Georgia	1994-1998
Doctor of Medicine	Augusta, GA

The University of North Carolina Hospitals Orthopaedic Surgery Residency	1998-2003 Chapel Hill, NC
Idaho Foot and Ankle Fellowship Michael J. Coughlin, MD	2003-2004 Boise, ID

HONORS AND AWARDS

Eagle Scout Award	1987
National Honor Society, The Westminster Schools	1989
Cum Laude, The Westminster Schools	1990
Phi Beta Kappa, The University of North Carolina	1993
Honors Distinction, University of North Carolina (based on academic performance and research thesis)	1994
Peacock Award, Medical College of Georgia (highest combined average in Histology, Embryology, and Gross Anatomy)	1995
McGraw Book Award, Medical College of Georgia (highest class rank after first year of medical school)	1995
Alpha Omega Alpha, Medical College of Georgia	1998
Resident of the Year, Wake Medical Center	2001
Highest OITE Score, UNC Orthopaedic Residency Program	2002
Resident of the Year, Wake Medical Center	2003

CERTIFICATION/LICENSURE

North Carolina Medical Board License: [redacted] (renewed annually)	2004
United States DEA Registration: [redacted]	2004

BOOK CHAPTERS

AAOS Advanced Reconstruction: Foot and Ankle 2
Chapter 44: Reconstruction of Ruptured Achilles Tendon
AAOS, Rosemont, IL 2018

Foot and Ankle Surgery: Trick of the Trade
Chapter 19: Posterior Tibial Tendon Transfer (and Bridle)
Steve Raikin MD; Thieme 2018

Essential Orthopaedics, 2nd Edition
Chapter 182: Hallux Rigidus Chapter 198: Charcot Arthropathy

Mark Miller MD; Elsevier 2020

Clinics in Sports Medicine; Foot & Ankle Injuries and Treatment
Chapter 7: Cavovarus/5th Metatarsal Fractures and Revision ORIF
Joseph Parks MD; Elsevier 2020 (in press)

PUBLICATIONS

Hemodynamic abnormalities in fetuses with congenital heart disease. Lutin WA, Brumund MR, Jones CP, Tharpe CE, McCaffrey FM. *Pediatric Cardiology* 1999, 20(6): 390-5.

Cementless fixation of the femoral stem. Jones CP, Kelley SS. *Current Opinion in Orthopaedics* 2001, 12: 52-56.

Rationale for the use of high dose rFVIIa in a high-titre inhibitor patient with haemophilia B during major orthopaedic procedures. Cooper HA, Jones CP, Campion E, Roberts HR, Hedner U. *Haemophilia* 2001, 7(5):517-22.

Orthopaedic devices and reconstructions. Kelley SS, Jones CP. *Emergency Medicine: A Comprehensive Study Guide (6th ed.)*. Chapter 279, 2003.

Factors influencing the longer-term survival of uncemented acetabular components used in total hip revisions. Jones CP, Lachiewicz PF. *J Bone Joint Surg Am* 2004 Feb; 86-A(2):342-7.

Hallux valgus and first ray mobility: a cadaveric study. Coughlin MJ, Jones CP, Villadot R, Galano P. *Foot and Ankle International* 2004, 25(8): 537-44.

First metatarsophalangeal joint motion after hallux valgus correction: a cadaver study. Jones CP, Coughlin MJ, Grebing BR, Kennedy MP, Shurnas PS, Viladot R, Golano P. *Foot and Ankle International* 2005, 26(8): 614-9.

Arthrodesis of the first metatarsophalangeal joint for idiopathic hallux valgus: intermediate results. Coughlin MJ, Grebing BR, Jones CP. *Foot and Ankle International* 2005, 26(10): 783-92.

The validity and reliability of the Klaue device. Jones CP, Coughlin MJ, Pierce-Villadot R, Golano P, Kennedy MP, Shurnas PS, Grebing BR, Teachout L. *Foot and Ankle International* 2005, 26(11): 951-6.

Prospective CT scan evaluation of hindfoot nonunions treated with revision surgery and low-intensity ultrasound stimulation. Jones CP, Coughlin MJ, Shurnas PS. *Foot and Ankle International* 2006, 27(4): 229-35.

Comparison of radiographs and CT scans in the prospective evaluation of the fusion of hindfoot arthrodesis. Coughlin MJ, Grimes JS, Traughber PD, Jones CP. *Foot and Ankle International* 2006, 27(10): 780-7.

Hallux valgus: demographics, etiology, and radiographic assessment. Coughlin MJ, Jones CP. *Foot and Ankle International* 2007 28(7): 759-77.

Hallux valgus and first ray mobility. A prospective study. Coughlin MJ, Jones CP. *JBJS Am* 2007, 89(9):1887-98.

Evaluation of the hallux morbidity of single-incision flexor hallucis longus tendon transfer. Richardson DR, Willers J, Cohen BE, Davis WH, Jones CP, Anderson RB. *Foot and Ankle International* 2009 30(7):627-30.

Surgical outcome following tibialis anterior tendon repair. Ellington KE, McCormick J, Marion C, Cohen BE, Anderson RB, Davis WH, Jones CP. *Foot and Ankle International* 2010 31(5):412-7.

Review of 107 hallux MTP joint arthrodesis using dome-shaped reamers and a stainless-steel dorsal plate. Ellington JK, Jones CP, Cohen BE, Davis WH, Nickisch F, Anderson RB. *Foot and Ankle International* 2010 31(5): 385-90.

Radiographic analysis of proximal interphalangeal joint arthrodesis with an intramedullary fusion device for lesser toe deformities. Ellington JK, Anderson RB, Davis WH, Cohen BE, Jones CP. *Foot and Ankle International* 2010 31(5): 372-6.

Locked versus nonlocked plate fixation for hallux MTP arthrodesis. Hunt KJ, Ellington JK, Anderson RB, Cohen BE, Davis WH, Jones CP. *Foot and Ankle International* 2011 32(7):704-9.

Clinical and computed tomography evaluation of surgical outcomes in tarsal navicular stress fractures. McCormick JJ, Bray CC, Davis WH, Cohen BE, Jones CP, Anderson RB. *American Journal of Sports Medicine* 2011 39(8): 1741-8.

Minimally Invasive Technique versus an Extensile Lateral Approach for Intr-Articular Calcaneal Fractures. Kline AJ, Anderson RB, Davis WH, Jones CP, Cohen BE. *Foot Ankle International* 2013 Jun;34(6):773-80

Tendon Transfers for the drop foot. Schweitzer KM and Jones CP. *Foot Ankle Clin* 2014 Mar; 19(1): 65-71.

Tibial Stress Fracture Secondary to Half-Pins in Circular Ring External Fixation for Charcot Foot. Jones CP, Younglood CS, Waldrop N, Davis WH, Pinzur MS. *Foot Ankle International* 2014 Apr 7;35(6): 572-577.

Charcot Arthropathy: Operative and Nonoperative Management. Hyer CF, Pinzur MS, Ellington JK, Davis WH, Jones CP. *Foot Ankle Spec* 2014 7(4): 286-290.

Understanding the postoperative course and rehabilitation protocol for total ankle arthroplasty. Jones C, Rush S, Berlet GC, Regina J, Penner M, Brigido SA, Smith WB, Brigido SA. Foot Ankle Spec. 2015 Jun;8(3):203-8.

Beaming for Charcot Foot Reconstruction. Jones CP. Foot Ankle Int. 2015 Jul;36(7):853-9.

Surgical Treatment of Insertional Achilles Tendinopathy with or without Flexor Hallucis Longus Tendon Transfer: A Prospective Randomized Study. Hunt KH, Cohen BE, Davis WH, Anderson RB, Jones CP. Foot Ankle Int. 2015 Sep;36(9):998-1005.

Radiographic Outcomes of Preoperative CT Scan-Derived Patient-Specific Total Ankle Arthroplasty. Hsu AR, Davis WH, Cohen BE, Jones CP, Ellington JK, Anderson RB. Foot Ankle Int. 2015 Oct;36(10):1163-9.

Prospective, Multicenter Evaluation of Allogeneic Bone Matrix Containing Viable Osteogenic Cells in Foot and Ankle Arthrodesis. Jones CP, Loveland J, Atkinson BL, Ryaby JT, Linovitz RJ, Nunley JA. Foot Ankle Int. 2015 Oct;36(10):1129-37.

Clinical Outcomes and Complications of Percutaneous Achilles Repair System Versus Open Technique for Acute Achilles Tendon Ruptures. Hsu AR, Jones CP, Cohen BE, Davis WH, Ellington JK, Anderson RB. Foot Ankle Int. 2015 Nov;36(11):1279-86.

Ankle Block vs. Single-Shot Popliteal Fossa Block as Primary Anesthesia for Forefoot Operative Procedures: Prospective, Randomized Comparison. Schipper ON, Hunt KJ, Anderson RB, Davis WH, Jones CP, Cohen BE. Foot Ankle Int. 2017 Nov;38(11):1188-1191.

Clinical Outcomes and Complications of Midfoot Charcot Reconstruction With Intramedullary Beaming. Ford SE, Cohen BE, Davis WH, Jones CP. Foot Ankle Int. 2019 Jan; 40(1): 18-23.

PRESENTATIONS

Abnormalities in ventricular function in human fetuses with congenital heart disease
Jones CP and Lutin WA
Poster, Southern Society for Pediatric Research, New Orleans, 1996.

Ultrasonographic dimensions and echotexture of Achilles tendons change with weightbearing
Jones CP and Guyton GP
Podium, Oscar Miller Day, Miller Orthopaedic Clinic, Charlotte, 2001.

Factors influencing the long-term survival of 211 uncemented acetabular revisions
Jones CP and Lachiewicz PF
Podium, Eastern Orthopaedic Association, Bermuda, 2001.

Long term survival of isolated acetabular revisions
Jones CP and Lachiewicz PF
Poster, American Academy of Orthopaedic Surgeons, Dallas, 2002.

Factors influencing the long-term survival of 211 uncemented acetabular revisions
Jones CP and Lachiewicz PF
Podium, American Academy of Orthopaedic Surgeons, Dallas, 2002.

Common Forefoot Disorders
Treasure Valley Chapter, National Association of Orthopaedic Nurses
Boise, Idaho, October 2003.

Hallux valgus and first ray mobility: a cadaveric study
Jones CP et al
Podium, AOFAS summer meeting, July 2004.

Proximal crescentic metatarsal osteotomy: the effect of sawblade orientation on first ray elevation
Jones CP and Coughlin MJ
Podium, AOFAS summer meeting, July 2004.

Prospective Study of Hindfoot Nonunions Treated with Revision Surgery and Low-intensity Ultrasound Stimulation
Jones CP and Coughlin MJ

Poster, AOFAS summer meeting, July 2004.

High Ankle Sprains, Lateral Ankle Sprains: Acute and Chronic
Sports Medicine Symposium: Athletic Injuries of the Foot and Ankle
Charlotte, North Carolina, January 2005.

What's New in Foot and Ankle Care?
Healthwise Television Program. WTVI.
Charlotte, North Carolina, September 2005.

LisFranc Injuries
Oscar Miller Day Symposium, faculty presentation.
Charlotte, North Carolina, October 2008.

Thin-wire Applications for Difficult Foot/Ankle Problems
Oscar Miller Day Symposium, faculty presentation.
Charlotte, North Carolina, October 2008.

Foot and Ankle Applications for Thin-wire Fixation
Carolinas Medical Center Grand Rounds
Charlotte, North Carolina, February 2009

Modified McBride and Basilar Ostetomy for Hallux Valgus
AAOS Current Techniques in Reconstructive Foot and Ankle Surgery
Rosemont, Illinois, March 2009

Lateral Ankle Ligament Reconstruction
AAOS Current Techniques in Reconstructive Foot and Ankle Surgery
Rosemont, Illinois, March 2009

Opening Wedge Osteotomies for Hallux Valgus
Wright Medical Course, faculty presentation
Miami, Florida, May 2009.

Ilizarov Correction of Disasters
AOFAS Summer Meeting
Deformity Correction Course, faculty presentation.
Vancouver, Canada, July 2009.

Thin-wire Fixation for Midfoot Charcot
AOFAS Summer Meeting
Deformity Correction Course, faculty presentation.
Vancouver, Canada, July 2009.

A Clinical and Radiographic Comparison of Two Hardware Systems Used to Treat Jones Fracture of the Fifth Metatarsal
AOFAS Summer Meeting
Podium Presentation
Vancouver, Canada, July 2009.

Locked Versus Non-locked Plate Fixation for Hallux MTP Arthrodesis
AOFAS Summer Meeting
Podium Presentation
Vancouver, Canada, July 2009

Navicular Stress Fractures – Clinical and CT Evaluation of Surgical Outcomes
AOFAS Summer Meeting
E-Poster
Vancouver, Canada, July 2009

Proximal Osteotomy with Modified McBride
AAOS Forefoot and Midfoot Reconstruction: Getting Things Straight
Rosemont, Illinois, February 2010

Foot Amputations
AAOS Forefoot and Midfoot Reconstruction: Getting Things Straight
Rosemont, Illinois, February 2010

LisFranc Fracture/Dislocations
AAOS Forefoot and Midfoot Reconstruction: Getting Things Straight
Rosemont, Illinois, February 2010

What's New in Foot and Ankle
UNC Alumni Reunion
Chapel Hill, North Carolina, May 2010

Making the NC Arthrodesis Work
AOFAS Annual Meeting 2013
Pre-meeting Course
Complex Reconstructions: New Advances and Old Favorites

Surgical Treatment of Charcot Foot
AAOS 2016 Annual Meeting
Orlando, Florida, March 2016

Bunion Deformity Corrections: What Do We Know?
Tennessee Podiatric Medical Association

Franklin, Tennessee, September 2016

Calcaneus Fractures: An Evolution of Treatment
UNC Healthcare Orthopaedics
47th Annual R. Beverly Raney Visiting Professorship
Chapel Hill, NC, May 2018

Mortality and Conversion Rate to Below Knee or Above Knee Amputation following Transmetatarsal Amputation
AAOS 2021 Annual Meeting
E-Poster
San Diego, CA September 3, 2021

WEBINARS

Ankle Arthroplasty vs Fusion
VuMedi CME Webinar, Moderator
April 2014

Complicated Ankle Fracture
AOFAS
May 8, 2018

Nitinol Staples in the Foot and Ankle
Stryker
May 27, 2022

MEETINGS AND COURSES

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Faculty and moderator
New York, New York, December 2005.

Napa Foot and Ankle Symposium
Nexa Orthopaedics
Faculty
Napa Valley, California, October 2006.

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Faculty and moderator
New York, New York, December 2006.

The 4th Annual Orthopedic Update for the Primary Care Provider
OrthoCarolina Faculty
Charlotte, North Carolina January 2007.

Basic Thin-wire Fixation for the Foot and Ankle: Indications and Technique
Smith-Nephew Instructional Course
Program Chairman
Charlotte, North Carolina, December 2007.

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Faculty and moderator
New York, New York, December 2007.

Basic Thin-wire Fixation for the Foot and Ankle: Indications and Technique
Smith-Nephew Instructional Course
Program Chairman
Huntington Beach, California, July 2008.

North Carolina Orthopaedic Association Annual Meeting
Program Chairman
Asheville, North Carolina, October 2008.

Oscar Miller Day Symposium
Faculty and moderator
Charlotte, North Carolina, October 2008.

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Program Chairman
New York, New York, December 2008

Thin-wire Fixation for Foot and Ankle Surgeons
Smith-Nephew Instructional Course
Program Chairman
Atlanta, Georgia, December 2008

Athletic Injuries of the Foot and Ankle

OrthoCarolina 23rd Annual Sports Medicine Symposium
Program Chairman
Charlotte, North Carolina, January 2009

AAOS Current Techniques in Reconstructive Foot and Ankle Surgery
Faculty
Rosemont, Illinois, March 2009

Orthopaedic Foot & Ankle Update: Total Ankle Replacement & Advanced Reconstructive Surgery
Wright Medical
Faculty
Miami, Florida, May 2009

Deformity Correction of the Foot and Ankle: Challenges and Treatment Alternatives
AOFAS Summer Meeting
Faculty
Vancouver, Canada, July 2009

North Carolina Orthopaedic Association Annual Meeting
Program Chair
Pinehurst, North Carolina, September 2009

Thin-wire Fixation for Foot and Ankle Surgeons
Smith-Nephew Instructional Course
Program Chairman
New York, New York, November 2009

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Faculty and moderator
New York, New York, December 2009

AAOS Forefoot and Midfoot Reconstruction: Getting Things Straight
Faculty
Rosemont, Illinois, February 2010

Thin Wire and Internal Fixation for the Foot and Ankle Surgeon
Smith-Nephew Instructional Course
Faculty and moderator
Chicago, Illinois August 2010

Advances in Foot and Ankle Surgery

Wright Medical Annual Meeting
Faculty and moderator
New York, New York, November 2011

AOFAS Complete Foot Care Course
Faculty and Course Co-chairman
Fairfax, Virginia, September 2012

Total Ankle Replacement & Advanced Reconstructive Surgery
Wright Medical Instructional Course
Faculty and moderator
Phoenix, Arizona, October 2012

Advances in Foot and Ankle Surgery
Wright Medical Annual Meeting
Faculty and moderator
New York, New York, December 2012

Wright Medical OrthoBiologics Focus Group
Wright Medical Annual Meeting
Faculty
Bloomington, MN, November 2012

Forefoot Mastery Course
Wright Medical Instructional Course
Faculty and moderator
Tampa, Florida, April 2013

Surgical Approach to Ankle Arthritis: New Fixation Options
Speaker/Moderator
Webinar, Foot Innovate, August 2013

Pro-Toe VO Hammertoe Fixation
Wright Medical Surgeon Cadaveric Training
Proctor
Birmingham, AL, October 2013

TAR versus Ankle Fusion
NCOA Annual Meeting
Moderator
West Virginia, November 2013

Advances in Foot and Ankle Surgery

Wright Medical Annual Meeting
Faculty and Moderator
New York, New York, November 2013

Young All Stars Case Study Symposium
Wright Medical Annual Meeting
Moderator/Course Chairman
New York, New York, November 2013

Emerging Techniques in Foot & Ankle Surgery
Wright Medical Instructional Course
Faculty
Long Beach, California, January 2014

Hallux Solutions: ORTHOLOC
Wright Foot & Ankle Surgery Cadaver and Lab Symposium
Faculty and Course Chairman
Augsburg, Germany, March 2014

Emerging Techniques in Foot & Ankle Surgery
Wright Medical Regenerative & Reconstructive Symposia and Skills Lab
Faculty
Denver, CO, May 2014

Total Ankle Arthroplasty: Innovations in Treating Ankle Arthritis and Deformity
Wright Medical Instructional Course and Skills Lab
Faculty
Long Beach, California, August 2014

Forefoot Mastery Course
Wright Medical Instructional Course and Skills Lab
Faculty
Miami, Florida, September 2014

Umbilical Cord/Amniotic Membrane Transplantation for Foot and Ankle
Amniox Meeting
Faculty and Moderator
New Orleans, LA, October 2014

Young All Stars Case Study Symposium
Faculty and Moderator
New York, New York, November 2014

Advances in Foot and Ankle Surgery
Wright Medical Course
Faculty and Moderator
New York, New York, November 2014

AOFAS Complete Foot Care Course
Chairman
Charlotte, North Carolina, October 2014

Wright Medical Region East Speaker Dinner
Salvation System: Charcot Solutions
Proctor and Speaker
Greenville, SC, January 2015

Wright Medical Region East Speaker Dinner
INFINITY® Total Ankle System, ORTHOLOC® 3Di Ankle Fusion Plating System,
IGNITE® Powermix Injectable Stimulus
Speaker
Knoxville, TN, February 12, 2015

Wright Medical Forefoot Mastery Course
Faculty
Long Beach, CA, March 13-14, 2015

Charcot Reconstruction: Salvage Techniques
Course Chairman
San Diego, CA, March 11-12, 2016

AOFAS Advanced Foot and Ankle Course
Faculty
Cleveland, OH, April 28-30, 2016

Advances in Foot & Ankle Surgery
Cutting Edge Technique in Arthroplasty, Reconstruction and Fixation
Faculty
San Francisco, CA June 3-4, 2016

Wright Medical Cadaveric Lab
Faculty
Franklin, TN, September 7, 2017

Wright Charcot Reconstruction: Salvage Techniques
Chairman

New Orleans, LA May 4-5, 2018

John Peter Smith Orthopaedic Residency Program
Grand Rounds Speaker
October 24, 2018

Orthopaedic Foot and Ankle Fellows Course
Faculty
Memphis, TN October 26-27, 2018

Advances in Foot & Ankle Surgery
Chairman
New York, NY November 9-10, 2018

32nd Sports Medicine Symposium
"Athletic Injuries of the Foot and Ankle"
Chairman
Charlotte, NC January 26, 2019

Current Solutions in Foot & Ankle Surgery
Faculty
Tampa, FL January 31 – February 2, 2019

Annual Edward T. Smith Orthopedic Lectureship
Emerging Technology in Foot and Ankle Surgery
Faculty
Houston, TX January 24-25, 2020

AOFAS Annual Meeting
Program Chair and Faculty

2021 Nathaniel Gould Foot & Ankle Lectures
Visiting Professor/Virtual
Charcot Arthropathy: A Foot/Ankle Overview
Calcaneus Fractures: An Evolution of Treatment
April 28 – 29, 2021

2023 Southeastern Foot Club
Visiting Professor
Zadek Osteotomy and Nitinol Evolution
Destin, Florida
May 18, 2023

2023 Combined Mississippi and Alabama Orthopedic Society Annual Meeting
Visiting Professor/Lecture
Custom Cages in Foot & Ankle
Destin, Florida
May 19, 2023

PROFESSIONAL SOCIETY MEMBERSHIPS

North Carolina Medical Society
North Carolina Orthopaedic Association
American Academy of Orthopaedic Surgeons
American Orthopaedic Foot and Ankle Society

PROFESSIONAL SOCIETY COMMITTEES

AAOS ICL Committee: 2021-23
AAOS Foot and Ankle Examination Committee: 2023-26
AOFAS Program Committee: Chair Sept 2020-21
AOFAS Fellowship Match and Accreditation Committee: 2022-25
AOFAS Membership Committee: 2022-25

Exhibit B

Carroll P. Jones III, M.D.

Orthopedic Foot and Ankle Surgeon

OrthoCarolina Foot & Ankle Institute

October 1, 2026

NCAA Division I Athletics Eligibility Subcommittee
National Collegiate Athletic Association
700 W. Washington Street
Indianapolis, Indiana 46206

Re: Cameron Fens — Medical Hardship Waiver, 2024–25 Men's Basketball Season (University of South Dakota)
NCAA Case ID [1263004]

Dear Subcommittee Members:

I am an orthopedic surgeon who specializes in foot and ankle surgery. Counsel for Cameron Fens asked me to review his medical history and the circumstances of his right foot injury during the 2024–25 season at the University of South Dakota, and to give my independent medical opinion on when that injury occurred and whether he should have been competing after it.

My conclusion is simple. Cameron broke his right foot on November 22, 2024, in the seventh game of the season. The navicular stress fracture diagnosed by MRI on January 17, 2025, and surgically repaired on January 24, 2025, was the same injury. It went undiagnosed for eight weeks because no imaging was obtained after the November 22 injury. Had the foot been imaged and the fracture diagnosed then, Cameron would not have played again that season.

1. Summary of Opinions

I hold each of the following opinions to a reasonable degree of medical certainty:

1. Cameron sustained the right navicular stress fracture that ended his season during Game 7, on November 22, 2024, at Southern Indiana.

2. The January 16, 2025, injury against Oral Roberts was a progression of that same fracture, not a new and independent injury.

3. Cameron's presentation after Game 7 called for diagnostic imaging of the foot, including advanced imaging (MRI or CT) if plain radiographs were negative. No imaging was obtained.

4. Had the fracture been diagnosed after Game 7, Cameron would have been withdrawn from competition and would not have been medically able to return before the 2024–25 season ended on March 8, 2025.

5. From a medical standpoint, Cameron should not have competed after November 22, 2024. His twelve appearances between November 25, 2024, and January 16, 2025, were made on an undiagnosed fracture, and they do not reflect a healthy athlete.

2. Qualifications

I have practiced orthopedic foot and ankle surgery with OrthoCarolina in Charlotte, North Carolina, since 2004, and since 2023 I have served as Section Chief of OrthoCarolina's Foot and Ankle Institute. I am a member of the American Orthopaedic Foot & Ankle Society (AOFAS), where I chaired the Program Committee in 2020–21, served as Program Chair for its Annual Meeting, and have served on its Fellowship Match and Accreditation Committee and its Membership Committee. I also serve on the American Academy of Orthopaedic Surgeons' Foot and Ankle Examination Committee.

I received my B.S. in Biology with Honors from the University of North Carolina at Chapel Hill, where I was elected to Phi Beta Kappa, and my M.D. from the Medical College of Georgia in 1998, where I was elected to Alpha Omega Alpha. I completed my orthopedic surgery residency at the University of North Carolina Hospitals in 2003. During residency, I was twice named Resident of the Year at Wake Medical Center. I then completed a one-year fellowship in foot and ankle surgery in Boise, Idaho, under Michael J. Coughlin, M.D., in 2004.

My practice focuses on foot and ankle surgery and lower-extremity trauma, including fractures and stress fractures of the foot in competitive athletes. I have diagnosed and treated multiple navicular fractures in my career, and I co-authored a study of surgical outcomes in tarsal navicular stress fractures published in The American Journal of Sports Medicine in 2011. I directed OrthoCarolina's Foot and Ankle Fellowship Program from 2014 to 2023, have served on its faculty since 2004, and teach residents and fellows. I am also an Associate Professor in the Department of Orthopaedics at the Atrium MSK Institute. I serve as the lead foot and ankle physician for the Carolina Panthers, Charlotte FC, the Charlotte Ballet, and Hendrick Motorsports.

I have co-authored more than 30 publications, most of them peer-reviewed articles on foot and ankle surgery in journals including Foot & Ankle International, The Journal of Bone and Joint Surgery, and The American Journal of Sports Medicine, as well as several textbook chapters. I lecture regionally and nationally. My curriculum vitae is attached as Attachment A.

3. Materials Reviewed

In forming my opinions, I reviewed the following:

a. Letter of Alan Yan, M.D., Sanford Health, regarding his January 20, 2025, evaluation of Cameron.

b. Game video of the November 22, 2024, contest at Southern Indiana.

c. Game video of the January 16, 2025 Oral Roberts game.

d. University of South Dakota athletic training notes documenting the November 22, 2024, injury.

e. Imaging of Cameron's right foot: MRI, January 17, 2025; radiographs and CT, January 20, 2025. I reviewed the images themselves.

f. Operative report, January 24, 2025; postoperative notes; return to play clearance

g. Medical Hardship Statement of Cameron Fens.

h. Letter of Eric Peterson, Head Men's Basketball Coach, University of South Dakota, dated February 14, 2026.

i. University of South Dakota 2024–25 men's basketball schedule, annotated to show the contests in which Cameron participated.

j. Official University of South Dakota box scores for each of Cameron's nineteen 2024–25 games, showing starts and minutes played, and USD's official cumulative season statistics.

k. Medical Hardship Waiver Application and worksheet submitted by the University of South Dakota (signed October 10, 2025); the Summit League's denial (November 7, 2025) and appeal statement (February 17, 2026); and the NCAA Requests/Self-Reports Online case detail for the appeal.

4. Medical and Participation History

November 22, 2024 — Game 7, at Southern Indiana

Early in the second half, Cameron landed on his right foot after a dunk. The game video shows him landing flat-footed, with no twisting or rotational component. That is a straight axial load driven up through the midfoot. He immediately limped down the court, asked to come out, and did not return. The athletic trainer covering the team that night examined him on the bench; he could not walk without limping and could not perform a single-leg calf raise on the right foot. He was given ice and told to rest.

November 23, 2024 to January 16, 2025

After the team returned to Vermillion, a trainer examined Cameron again. No radiographs, MRI, or CT were obtained, although an X-ray machine was available in the athletics facility. The working assumption was a possible muscle or tendon injury. Cameron took one day off, returned to practice on November 24, and played in the next game on November 25.

Over the next eight weeks, Cameron had recurring pain in the same area of the right midfoot during practices and games, managed with a topical analgesic and additional support for the foot. His head coach reports that Cameron was not moving or jumping as he had before November 22. The official box scores bear that out. Cameron played 12 minutes in the first game back, on November 25. Measured per minute on the floor, his production fell sharply: over the first seven games he averaged 23.3 points and 13.0 rebounds per 40 minutes and made 64 percent of his field-goal attempts; over Games 8 through 18 those figures fell to 16.3 points, 9.4 rebounds, and 51 percent. After starting each of the first sixteen games, he came off the bench in his last three games, beginning January 4, 2025. Cameron appeared in twelve more games (Games 8 through 19) during this period.

January 16, 2025 — Game 19, vs. Oral Roberts

Shortly before halftime, while on defense, Cameron drove hard off his right foot to jump for a chase-down block and felt a pop and sharp pain in the same location. He described it as the same sensation he had felt on November 22, only worse. He could not bear weight and was helped off the court. It was the same foot, the same location, and the same kind of force: a forceful axial load through the midfoot. A radiograph taken that day was read by the team physician as negative for fracture. He was placed in a walking boot and did not play again that season.

Diagnosis, Surgery, and Recovery

An MRI on January 17, 2025, showed a non-displaced stress fracture of the right tarsal navicular. Radiographs and CT on January 20, 2025, confirmed the fracture. I have reviewed those images, and they show sclerosis at the fracture site, consistent with a chronic injury. Dr. Yan, the team's orthopedic surgeon, evaluated Cameron on January 20, 2025, and recommended surgery. As per the operative report, on January 24, 2025, Dr. Yan performed surgical fixation of the navicular fracture with the screw fixation and bone grafting.

Cameron's postoperative course was uneventful. His recovery was supplemented with vitamin D3 and a bone-growth stimulator, and the fracture healed. He was cleared to return to full athletic participation on October 7, 2025, and he has since competed without significant symptoms in the right foot.

5. Bases for My Opinions

The injury

The tarsal navicular is the keystone of the medial arch of the foot, and every jump and landing loads it. Its central portion has a relatively poor blood supply, which makes fractures there slow to heal and prone to delayed union or nonunion. For that reason, navicular stress fractures are treated as high-risk stress fractures. They occur most often in jumping and sprinting athletes, and in my experience, they are especially common in tall basketball players.

These fractures are frequently missed. The athlete often reports midfoot pain that eases with rest and returns with activity, which is easy to mistake for a soft-tissue strain. Plain radiographs are often negative, particularly early; MRI or CT is usually needed to make the diagnosis. Cameron's own course shows this: even on January 16, 2025, with a fracture present, his radiograph was read as negative. The MRI the next day found it. In my practice, navicular stress fractures in elite basketball players frequently require surgical fixation, particularly where, as here, the fracture shows signs of chronicity.

Opinion 1: The fracture occurred in Game 7

Several independent facts point to November 22, 2024, as the date Cameron fractured his navicular.

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Orthopedic Foot and Ankle Surgeon

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First, the mechanism. The video shows a flat-footed landing with a straight axial load and no twisting. That is the loading pattern that fractures the navicular. It is not the mechanism of an ankle sprain, and it makes a simple soft-tissue injury the less likely explanation.

Second, the presentation. Cameron had immediate, sharp pain in the midfoot, the location of the navicular. He could not walk normally and could not perform a single-leg calf raise, a maneuver that loads the midfoot directly. An athlete who fails that test after an axial landing has a bony injury until imaging proves otherwise.

Third, the course. Cameron's symptoms never resolved. For nearly eight weeks he had recurring pain in the same place. His coach saw a decline in how he moved and jumped, and the box scores show his per-minute scoring and rebounding each dropped by more than a quarter after November 22. That pattern fits an unhealed fracture being loaded repeatedly. It does not fit a muscle or tendon strain that healed with a day of rest.

Fourth, the January 16 injury. The fracture completed in the same bone, in the same location, under the same kind of load, and Cameron described the same sensation, only worse.

Fifth, the imaging. The sclerosis I observed at the fracture site on the January 2025 images is the bone's response to a fracture that has been present for weeks. It is not the appearance of a fracture that began on January 16. Dr. Yan's letter makes the same point in general terms: stress fractures develop over time and can go undetected before a major event makes the patient unable to continue. The only documented midfoot injury in Cameron's history before January 16 is the November 22 event.

Whether stress had begun to weaken the bone before November 22 does not change my conclusion. November 22 is when the fracture declared itself, with pain, functional loss, and removal from competition. For any clinical purpose, that is the date of injury.

Opinion 2: January 16 was a progression of the same fracture

For the reasons above, the January 16 event was the same fracture advancing after nearly eight more weeks of practices and games. It was not a new injury. The chronic appearance of the fracture on imaging, its location, and the history of unresolved symptoms since November 22 all point the same way.

Opinion 3: Imaging was indicated after Game 7

An athlete who comes out of a game with acute midfoot pain after an axial landing, cannot walk normally, and cannot perform a single-leg calf raise should have radiographs of the foot. If the radiographs are negative and symptoms persist, as Cameron's did, the navicular's known risk profile calls for MRI or CT. Neither step was taken, although an X-ray machine was available in the athletics facility. The assumption that Cameron had a muscle or tendon injury was never tested by imaging. In my opinion, appropriate care after November 22, 2024, required imaging, and MRI or CT would have identified the fracture.

Opinion 4: Diagnosis after Game 7 would have ended his season

Had the fracture been diagnosed after November 22, 2024, Cameron would have been withdrawn from competition immediately. For a Division I basketball player with a navicular stress fracture, treatment is either surgical fixation or a period of strict non-weight-bearing immobilization, typically six weeks, followed by progressive weight-bearing, rehabilitation, and repeat imaging to confirm healing before any return to running and jumping. Nonoperative treatment carries a meaningful risk of delayed union, nonunion, and refracture in jumping athletes, which is why surgery is often chosen for them.

Either path would have taken Cameron past the end of the season. Only about fifteen weeks separated November 22, 2024, from the last game of the season on March 8, 2025. After surgical fixation, return to full basketball activity for a navicular stress fracture typically takes 4 months; Cameron's own recovery from his January 2025 surgery took 8 months. A nonoperative course, from immobilization through a safe return to jumping, typically takes 4 months.

Some statements in the file suggest that Cameron might have rested for about six weeks and returned for conference play. That does not reflect how these fractures heal. Six weeks is the length of the immobilization phase alone; it is not the time to a safe return to basketball.

Opinion 5: He should not have played after Game 7

From November 22, 2024 on, Cameron was practicing and competing on a fractured navicular. Loading an undiagnosed high-risk stress fracture risks displacement, nonunion, and progression to a fracture that requires surgery, which is what happened here. His appearances in Games 8 through 19 reflect a missed diagnosis, not medical fitness to compete. Medically, Cameron's 2024–25 season ended on November 22, 2024, after seven games.

6. Conclusion

I hold each of the opinions in this letter to a reasonable degree of medical certainty. They are based on the materials listed above and, on my education, training, and experience as a foot and ankle surgeon. If additional records become available, including the operative report or the complete athletic training records, I will review them and supplement this letter if they change any of my opinions.

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Please contact me if the Subcommittee has questions.

Sincerely,



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Section Chief
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Attachment A — Curriculum Vitae of Carroll P. Jones III, M.D.

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