

## MINUTES OF THE IHSA SPORTS MEDICINE ADVISORY COMMITTEE MEETING

April 19, 2017

The IHSA Sports Medicine Advisory Committee met at the IHSA office in Bloomington, Illinois on Wednesday, April 19, 2017, beginning at 10:00 a.m. Committee members present were: Gregory Gaa; Dr. Cynthia LaBella; Dr. Darr Leutz, Chris Murphy, Lombard (Glenbard East); Todd Wilson (Rantoul); and Associate Executive Director Kurt Gibson. Not present were members William Dill, Dr. Darren Hancock, and Dr. Preston Wolin.

### RECOMMENDATIONS:

#### **1. Pre-Participation Physical Examination Form**

**Recommendation:** The committee recommends the use of the current Pre-Participation Physical Examination (PPE) Form.

**Rationale:** The committee believes the available form is still current and serves a valuable purpose. The committee does believe the form should be required for all student-athlete athletic physical exams and will pursue a by-law proposal to that effect for the fall of 2017.

**Approved**

#### **2. Continuation of the IHSA PES Testing Program**

**Recommendation:** The committee recommends the continuation of the IHSA PES Testing Program and Policy.

**Rationale:** The committee believes the PES Testing Program and Policy are still important initiatives and continue to serve a vital role in helping student-athletes make good decisions regarding their training for interscholastic athletics.

**Died for Lack of Motion**

#### **3. Licensed Athletic Trainer/Medical Practitioner Passes - Football**

**Recommendation:** The IHSA SMAC recommends that schools competing in the football state championship game be allowed to request two (2) medical passes for either a licensed physician(s) or a certified athletic trainer(s).

**Rationale:** The committee believes that, because of roster size, many schools utilize more than one medical provider for their football team, particularly during the post-season. Allowing schools who play in the state championship game to request an additional medical pass for an appropriate and certified individual will allow the team to have proper medical coverage for the state championship. The committee does not believe this modest increase in passes will unduly impact the sideline area.

**Approved**

#### 4. Licensed Athletic Trainer/Medical Practitioner Passes - Soccer

**Recommendation:** The IHSA SMAC recommends that schools competing in the boys' and girls' state soccer finals be allowed to request two (2) medical passes for either a licensed physician(s) or a certified athletic trainer(s).

**Rationale:** The committee believes that, because of roster size, many schools utilize more than one medical provider for their soccer team, particularly during the post-season. Allowing schools who play in the state finals to request an additional medical pass for an appropriate and certified individual will allow the team to have proper medical coverage for the state finals. The committee does not believe this modest increase in passes will unduly impact the sideline area.

**Approved**

#### ADMINISTRATIVE RECOMMENDATIONS:

##### 1. Recommendation: pre-game medical talk

Who is involved: game officials, head coaches, captains, and event medical provider; if no event medical provider (AT, team physician), then host school administrator or his/her designee

When: during pre-game sportsmanship meeting for all athletic contests that conduct these meetings (head official/referee calls for the meeting)

Topics covered:

1. Possible head injuries (who is present for both teams to RTP)
2. Location of AT, team physician, or administrator in case of emergency/injury
3. Severe Weather plan (if necessary)
4. EAP
  - a. who will stop contest in case of emergency/injury?
  - b. where should teams go (if necessary)?
  - c. where will emergency vehicles arrive?
  - d. location of nearest AED?

Time Spent 1:00-2:00

**Rationale:** Both the IHSA SMAC and Player Safety Advisory Council favor this idea. In general, both groups think something along these lines may be happening currently, but in most cases, it is a contest official having/leading the discussion. This framework would take that responsibility out of the official's hand. This 'best practice' kind of initiative is something that would be easy and quick to handle during the pre-game sportsmanship meeting. Getting all stakeholders on the same page regarding a few key medical items should help with the administration of the event. (NOTE: for multiple school events like tournament, invites, etc., the host school can cover this information at either any pre-event gathering of coaches and officials or by distributing written information before the event.) *Since this is an administrative*

*recommendation/best practices initiative, there is no penalty on a school nor any report that must be filed by an official in the event such a meeting doesn't occur as described.*

### **ITEMS OF GENERAL DISCUSSION:**

1. The committee reviewed its current meeting schedule and agreed to adjust their meeting schedule for the 2017-18 school term. The committee agreed to meet electronically on October 4, 2017, from 4:30-5:30 p.m., in person at the IHSA Office on January 17, 2018, beginning at 10:00 a.m., and then for a final time in April of 2018 in a format (in-person or electronically) to be determined at the January meeting. The committee would like to be in a position to meet prior to those months when the IHSA Board of Directors approves advisory committee recommendations and believes this schedule will allow the committee more flexibility to respond to committee recommendations that may need their review.
2. The committee reviewed the minutes of the following meetings:
  - a. The December 2016 SMAC meeting
  - b. The March 30th PSPH Advisory Council meeting
3. The committee discussed the recent amendment to the Youth Sports Concussion Safety Act that would allow nurse practitioners and advance practice nurses to make a RTP/RTL determination on a student-athlete who has suffered a concussion. The committee suggested that if, ultimately a certification on concussion identification/management could be developed, the 'type' of person (M.D./D.O./AT, etc.) would be less necessary and important. The committee asked IHSA staff to monitor national developments to see if other states have created such a certification/training.
4. The committee discussed the following two items with the IHSA Wrestling Advisory Committee:
  - a. The IHSA Skin Condition Evaluation and Authorization Form: as part of this discussion, IHSA staff agreed to work on revised form that the committees can review prior to June 1st. Discussion regarding the form centered on making clarifications to the form that would make the form more current and user-friendly for medical professionals, schools, and licensed officials.
  - b. The committees discussed developing a rules proposal that would allow additional time in a wrestling match for an approved health care professional to evaluate a wrestler who may have sustained a head injury. After thoughtful discussion and sharing of ideas, the SMAC agreed to develop a draft of a rules proposal that may eventually be submitted to the NFHS Wrestling Rules Committee for that group's review in the spring of 2018.

5. The committee discussed investigating acclimatization protocols for sports other than football. This topic will be an agenda item for the committee's next meeting. The committee requested IHSA staff to find out and bring back protocols currently being used in other states.
6. The committee discussed developing a by-law proposal that would require the use of the IHSA's PPE form. The committee will meet electronically in early October to consider a proposal that they could move forward to the IHSA Legislative Commission in the fall of 2017.
7. Committee member Gaa asked the committee to continue its work on a 'Best Practices' document concerning live contact/game play/rest for football players. The document is a continuation of the discussion the committee has had with the Illinois High School Football Coaches Association over the past few years.
8. The committee was asked to forward to IHSA staff any ideas they might have concerning the next cycle of concussion training/education for coaches, concussion oversight team members, and licensed officials, which is scheduled to begin in April of 2018.
9. The committee requested IHSA staff to write each approved concussion education providers to communicate with those providers the committee's expectations for updates prior to the next training/education cycle, which will begin in April of 2018.
10. IHSA staff gave the committee an over-view of the pitch-count reporting process through the first month of the baseball season. To date, the transition into using the new reporting mechanism has gone reasonably well, with only a few exceptions of schools forgetting to report following games having occurred.
11. The committee reviewed a summary report through the fall and winter seasons of special reports submitted by licensed officials following contests in which a player was removed with a possible head injury. Through the winter season, a total of 443 reports have been submitted by licensed officials, and of that number, 358 (81%) of those student-athletes removed from a contest did not return to that contest.
12. The committee heard a report from IHSA staff concerning concussion reporting this year by member schools. Beginning this year, the IHSA has created a reporting mechanism in which all member schools can report anonymous concussion information on all student-athletes who sustain a concussion. Beginning next year, the IHSA is required by state law to make a report on concussions to the General Assembly from a sub-set of the entire membership.