



Sports Medicine Breakout

Critical Issues:

Concussions

Energy Drinks

Certified Athletic Trainers



Concussions



Concussion: Changing Perspectives

- Concussion recognition, evaluation and treatment has changed
 - No longer associated with unconsciousness
 - No such thing as having your “bell rung”
- Disruption of the brain’s normal function
 - Academic concerns
- Echoed by increased attention and concern.
 - Media, Congress, and General Assembly



Concussions

- VA Senate Bill 652
 - Passed by both Senate and House
- Five areas of importance
 - Education
 - Parent/Guardian acknowledgement of education
 - Removal for suspected concussion or brain injury
 - Return to play
 - Protection of volunteers



Education

Development of guidelines including

- Nature and risk of concussions
- Criteria for return to play
- Risks of not reporting the injury and continuing to play



Student and Parent/Guardian Acknowledgement

Requirements for Student/Athlete Participation

– Student Requirement

- Review annually information on concussions provided by the local school division which includes the short and long term health effects of concussions.
- Sign a statement acknowledging receipt of such information.

– Parent/Guardian Requirement

- Review annually information on concussions provided by the local school division which includes the short and long term health effects of concussions.
- Sign a statement acknowledging receipt of such information



Removal from Participation

- A student/athlete suspected of sustaining a concussion or brain injury in a practice or a game shall be removed from the activity at that time
- The student once suspected shall not return to play that day



Returning to Play

- Student/athlete must be evaluated by a licensed health care provider trained in the evaluation and management of concussions
- Student/athlete **MUST** receive a written clearance to return to play from such licensed health care provider



Protection of Volunteers

The licensed health care provider trained in evaluation and management of concussions may be a volunteer

Volunteers are protected under local School Board Policy with regard to liability.



What does all of this Mean for VHSL Member Schools?

- The Board of Education (named in the bill) and the VHSL Sports Medicine Committee will likely identify the appropriate language for member schools
- Once determined the language along with location for appropriate signatures will likely be added to the VHSL Athletic Participation/Parental Consent/Physical Examination Form as a fifth page which will ensure compliance as established by Senate Bill 652
- Because review of this form falls under the duties of the Sports Medicine Committee appropriate updates will be that groups responsibility



What does all of this Mean for VHSL Member Schools?

If Senate Bill 652 does not pass what is the best protocol:

- Students should never return to play the day of a suspected concussion nor until evaluated by a licensed health care provider.
- Coaches and parents/guardians are not qualified to make these decisions.
- Because of the nature of concussions symptoms may not be present for several days.



Energy Drinks



Recommendation of the VHSL Sports Medicine Committee

**Energy drink possession and consumption
be prohibited by athletes during
participation in VHSL practices and
competitions**



What Are Energy Drinks?

- Beverages containing carbohydrates and caffeine/herbal ingredients acting as a central nervous system stimulant
- Examples:
 - Red Bull
 - Monster
 - Rockstar



What's the Problem?

- Growing concern that consumption may be unsafe for adolescent athletes.
- Being used for fluid replacement.
 - Instead of water or sports drinks
- High level of caffeine is primary concern.
 - Central nervous system stimulant.
 - Elevates blood pressure and heart rate.
 - Easy to consume too much over a short period of time.
- Herbs and other ingredients can heighten stimulant effect
- Potential for significant medical consequences.



NFHS Position Statement

- Energy drinks should not be used for hydration.
- Energy drinks should not be consumed by athletes who are dehydrated.
- There is no regulatory control over energy drinks, thus their content and purity cannot be insured. This may lead to adverse side-effects, potentially harmful interactions with prescription medications (particularly stimulant medications used to treat ADHD), or positive drug tests.



Other Key Points

- NCAA bans stimulants at concentrations exceeding 15 micrograms/ml in urine.
- Common soft drinks contain between 2 and 4 mg/fluid ounce of caffeine.
- Several brands of energy drinks available contain over 30 mg/fl oz. with some containing up to 400 mg/fl oz.
- Caffeine acts as a diuretic when the body is at rest, thus inhibiting the body's ability to re-hydrate after exercise.
- Many energy drink labels contain the statement "not intended for consumption by persons under 18 years of age".



What You Need to Do

- Review mechanisms to ensure compliance with SB 652
- Support the VHSL Sports Medicine recommendation prohibiting the use by athlete's during VHSL activity
- Recommendations
 - Begin to develop preseason educational programs
 - Audience
 - Students, Parents, Coaches
 - Topics
 - Steroids
 - Energy Drinks
 - Concussion
 - Ask appropriate medical professionals to provide this information



Certified Athletic Trainers





Athletic Healthcare Options

- Evaluate your school's athletic healthcare delivery options
 - EMS/911
 - Availability?
 - Staff trained in first aid, CPR/AED
 - Expertise?
 - Limitations in care based on education
 - Athletic Health Care Team (AHCT)
 - Team physician and on-site health care provider
 - AMA and others identify ATC as most appropriate on-site provider
- Which option best meets the needs of your program?
 - Availability after school/during practices and contests
 - Level of care provided



Who are Certified Athletic Trainers?

- Nationally certified, state licensed medical professionals
 - On-going continuing education requirements
- Possess BS in Athletic Training
 - Most have at least a Master's degree
- Experts in...
 - Immediate/emergency care
 - Injury/illness prevention
 - Injury/illness evaluation
 - Injury rehabilitation/reconditioning
 - Athletic health care administration
 - Medical record keeping/injury data collection



The Real Value of an AT

Additional services

- Collection and review of pre-participation physicals
- Emergency action plan development
- Educational programs for students, parents, coaches and staff
- Concussion baselines/follow-up testing
- MRSA/communicable skin infection prevention
- Strengthening/Conditioning programs
- Nutritional services
- Ongoing health screenings
- Equipment and field safety
- Individualized action plans (asthma, diabetes, etc)
- Environmental safety planning

Benefits to parents/students

- On-site rehabilitation
 - Patients/athletes return to play faster and stronger
 - Improved attendance – students receive treatment in school instead of missing classes to visit outside medical facilities
 - Athletic trainers monitor progress under the direction of a physician
- Reduced health care costs and co-pays as most conditions can be treated by the athletic trainer at school
- Timely and safe return to play



Full-time Athletic Trainer

- Description
 - Athletic trainer hired to provide athletic training services
- Benefits
 - Athletic Trainer accessible during the school day
 - Increased availability at practices/games
 - Improved opportunity for comprehensive, on-site rehabilitative treatments
 - Consistency of care
 - Improved communication with parents, coaches and physicians regarding the status of injured athletes
- Considerations
 - Logistics of creating a brand new position



Outreach Athletic Trainer

- Description
 - Hospital, clinic or physician office sends the athletic trainer to schools for game coverage
- Benefits
 - Lower cost to the school
- Considerations
 - Coverage limitations
 - May not always be available each afternoon/evening depending on contract
 - Who “owns” the employee?



Teacher/Athletic Trainer

- Description
 - Teacher during the day; athletic trainer during the afternoon/evening
- Benefits
 - School-based employee
 - One person, two roles
- Considerations
 - Burnout
 - Majority of new athletic trainers do not have teaching credential



VA's CTE Sports Medicine Class

- Developed in 2006 to expand health/medical course offerings through CTE
- Creates a unique mechanism to hire an AT
 - Teaching familiar content
 - Requires Technical Professional License
 - 9 credits of coursework plus VA Board of Medicine license
 - Compare to 30+ hours of coursework for Collegiate Professional license
- Funding available through CTE sources, including Carl Perkins funds



Funding Options

- Add one teacher's salary
- Vocational education budget – add a sports medicine course
- Community grants from hospitals, large employers or booster clubs
- Shared cost with a local hospital or clinic
- Add a small surcharge to sports admission fees
- Add a small surcharge to student activity fees



Suggestions for Hiring an AT

- Determine which employment option best fits your school
- Advertise
 - NATA Career Center: www.nata.org
- Verify candidates are:
 - Certified by the BOC (possess the ATC credential)
 - Licensed by the VA Board of Medicine
 - BEFORE working!
- Prepare interview questions specific to an AT
 - ATs expect to utilize all of their skills



Resources

- The Virginia Athletic Trainers' Association (www.vata.us)
 - John.reynolds@fcps.edu
- The National Athletic Trainers' Association (www.nata.org)
 - *Position Proposal Guide for Certified Athletic Trainers in Secondary School Athletics Programs*
 - *Position Improvement Guide for the Secondary School Athletic Trainer*
 - *Appropriate Medical Care for the Secondary School Aged Athlete*
 - *Employment Grant Program*
 - http://www.nata.org/careercenter/ss_grantprogram.htm
- Virginia Board of Medicine
 - License Lookup:
<http://www.dhp.state.va.us/medicine/default.htm>