

2019-20 SPORTS MEDICINE ADVISORY COMMITTEE MEETING
MHSAA Office - East Lansing
October 23, 2019

Members Present:

Nicole Carter, Novi
Candace Cox, Quincy
Dr. John Evans, Ann Arbor
Dr. Monica Goble, East Lansing
Dr. Edwin Kornoelje, Grand Rapids
Dr. Dallas Lintner, Owosso
Sandra Noto, Wyoming
Kristi Nowka, East Jordan
Meaghan Rourke, Allen Park
Meg Seng, Ann Arbor

Dr. Michael Shingles, East Lansing
Mitch Smelis, Fenton
Pat Watson, West Bloomfield
Dr. Neal Weinberg, Ypsilanti
J.D. Wheeler, Hartland

MHSAA Staff:

Tony Bihn
Cole Malatinsky
Mark Uyl
Kathy Vruggink Westdorp (Recorder)

GENERAL REVIEW AND PURPOSE OF THE COMMITTEE

The newly formed MHSAA Sports Medicine Advisory Committee (SMAC) exists to serve the MHSAA membership while emphasizing the health and safety of students in interscholastic sports. The goals of this committee include:

1. To advise and work cooperatively with the Representative Council, Executive Committee, staff and sport committees on medical and safety issues as they relate to interscholastic sport's rules writing, regulations and guidelines.
2. Monitor, evaluate and disseminate current sports medicine information to the MHSAA and its member schools.
3. Evaluate existing resources while developing new educational measures provided through the MHSAA for member schools.
4. Work cooperatively with MHSAA sport committees to address sports medicine issues and the impact on the health and risk management of its participating students.
5. Assist the MHSAA in identifying, prioritizing and researching sport medicine issues.

The Sports Medicine Advisory Committee was reminded to be cognizant and look at the full picture of what the MHSAA does as well as to be aware of the culture of what the MHSAA does in connection to schools and students in grades 6 – 12. Additionally, the process in which the Representative Council considers proposals and how the proposals relate to the educational mission of member schools was explained. This committee was charged with the review and discussion of six specific topics. These included: MHSAA pre-participation physicals, opioid awareness and prevention, MHSAA concussion policy, mental health initiatives, emergency action plans and epidemic policy.

PRE-PARTICIPATION PHYSICALS

Provided for the committee were both of the MHSAA Physical Forms, as well as a list of options provided from the Michigan Chapter-American Academy of Pediatrics and a copy of the Minnesota Annual Sports Health Questionnaire. Also included were letters from MHSAA constituency regarding the physical forms. Disseminated at the meeting was a five-page Minnesota State High School League Sports Qualifying Physical Examination Medical Eligibility Form as well as a 2017 NFHS SMAC State Association Survey on the Pre-participation Physical Evaluation (PPE). Also reviewed was the 2019 American Academy of Family Physicians Physical Examination Form.

Staff provided a historical perspective of the pre-participation file and the forms that are currently used and also gave the group some additional accounting as to how the two different current forms were developed. There has been some review and questions regarding pre-participation physicals over the last decade. The committee was advised that the expressions of our constituents is sometimes different from the policies of other states and the policies of various organizations. Discussion regarding pre-participation physicals developed into three areas:

1. Should a firm date be provided (currently April 15) for pre-participation physicals or, should the date align with a period of time (August 1, November 1, March 1), or the individual's birthdate? (When?)

2. Should the pre-participation physical be allowed to be provided in schools or at a primary care physician's office; or should the requirement that physicals only be provided at a physician office? (Where?)
3. How should the physicals be retained? Should an electronic process be put into place to "house" physicals? (How?)

Conversation included that schools may be the only connection that a student has when finding a place to have a physical. Additional opinion included that physicals provided in a school setting do not provide a detailed exam inclusive of mental health screening by the primary care physician. Also discussed was the need for an electronic system to be researched and possibly utilized through the individual schools or the MHSAA. The committee indicated that they were satisfied with starting with a review of whether the date (currently April 15) should be adjusted. With the differing views, it was determined that there would be two or three different scenarios shared with a sub-group to assist with understanding the various date options. These will be sent in November, 2019.

OPIOID AWARENESS AND PREVENTION

Staff provided updated information regarding Senate Bill 307 which proposes the Department of Health and Human Services (DHHS) should develop, adopt, or approve educational materials on the risk of opioid addiction to youth athletes who were prescribed opioids after suffering injuries while participating in athletic activities. This bill would also require coaches and young athletes to watch a specific opioid addiction video and be given pamphlets on the dangers of taking opioids. This bill was written to mirror the same framework that was used to funnel information on concussions to coaches and young athletes and would be additional signature for all students in the schools.

MHSAA CONCUSSION POLICY

MHSAA Protocol for Implementation of National Federation Sports Playing Rules for Concussions was received and reviewed by the committee. As noted on the form, unconditional written authorization from a physician (MD/DO/PA/NP) as well as consent from the student and parent/guardian must be completed prior to return to activity. The Post-Concussion Consent Form is kept on file at the school and also sent to the MHSAA. Additional information included detail of the MHSAA Concussion Care Insurance which pays up to \$25,000 per claim in paid medical expenses resulting from a suspected concussion sustained while participating in an MHSAA covered activity and also corresponds with the MHSAA Accidental Medical Insurance Policy which now pays up to \$1 million dollars for medical expenses left unpaid by other insurance, after a deductible of \$25,000.

In addition, summary reports were provided from the Michigan High School Athletic Association Head Injury Reporting System for the 2018-19 school year relative to sport specific injuries and the explanation was provided as to the utilization of these reports in MHSAA sport committee meetings. Staff provided information regarding concussion reporting as well as the established protocol that was in place. 99% of MHSAA member schools have been in compliance with concussion reporting.

Concussion education has been included in the health and safety portion of the online and face-to-face sport rules meetings. This includes content from a variety of sources. The MHSAA is the only state that provides free (no charge to schools or student-athletes) concussion care insurance.

The reporting of concussions has been part of a three-pronged advance by the MHSAA in concussion care which started in the 2015-16 school year. In the spring of 2017, the MHSAA completed the largest-ever state high school association sideline concussion testing pilot program with a sample of schools from across the state who over two years used one of two screening tests designed to detect concussions – at no cost to the schools. The MHSAA is also the first state association to provide all participants at every member high school and junior high school with insurance intended to pay accident medical expense benefits – covering deductibles and co-pays left unpaid by other policies – resulting from head injuries sustained during school practices or competitions and at no cost to either schools or families.

MENTAL HEALTH INITIATIVES

Documents were shared regarding the MHSAA Speaker's Bureau, a recent co-sponsored Student Mental Health Summit and a Student Mental Health School Assessment Survey. Additionally, the NCAA Mental Health Workshop Planning Kit was received by the committee. Currently, all MHSAA rules meetings

include video from the “Be Nice” sponsored program on mental health. The MHSAA “benchmarks” has as the cover story: “Ahead of the Curve – Focusing on the Mental Wellness of Student-Athletes” which also includes an article on the “BLND” Health Group and the “Be Nice” health experts.

Several of the committee members spoke to their own initiatives that were occurring in secondary schools including the focus on skill building, mindfulness, coping issues, and a referral network. Several schools are in the beginning stages of having Mental Health committees. The MHSAA Coaches Advancement Program includes a section on Emotional and Mental Health and Wellness and also provides coaches additional resources to utilize.

EMERGENCY PREPAREDNESS AND EMERGENCY ACTION PLANS

A document which covers underlying emergency preparedness principles and sets out the MHSAA’s approach to understanding risks and mitigation while providing guidance to the response process utilized to prepare for and respond to disasters and critical incidents that could occur at school athletic events was reviewed by the committee. This plan includes six steps to athletic event emergency preparedness planning which include: (1) Solicit and Obtain Buy-In, (2) Vulnerability Assessment, (3) Creating the Plan, (4) Warning and Communications, (5) Funding and (6) Force Multipliers.

Additional information which was shared included a number of emergency action plans that are contained in the MHSAA Coaches Advancement Program as well as an “Anyone Can Save A Life – Emergency Action Plan Worksheet”.

Game suspension policies due to inclement weather and or tornado watch/warning were also discussed. There was some deliberation as to who makes the call on weather related issues. When calls are made regarding inclement weather, current policy designates that it is usually a tournament venue and administrative issue. It was noted that some schools are using weather apps and others are adhering to the visual of seeing lightning or hearing thunder.

EPIDEMIC POLICY

Included on the agenda was information regarding the Eastern Equine Encephalitis (EEE) virus. Current MHSAA policy includes that for regular season events, within the restrictions of the governing health authority, that the local superintendents of schools or designees within that county will determine if their facilities may host interscholastic events and if their students and spectators will be permitted to participate in interscholastic events at other locations within the county or in other counties not directly affected by the health authorities’ restrictions.

Additionally, for MHSAA tournaments, within the restrictions of the governing health authority, the MHSAA executive director or designee will determine which, if any, schools within that county may host MHSAA events and which, if any, schools’ students and spectators may participate in interscholastic events at other locations within the county or in other counties not directly affected by the health authorities’ restrictions.

PLAN OF ACTION

The committee determined that additional discussion would need to occur on several of the noted issues. In some cases, a small task force will be created and in other areas, situations will be developed for review by a small group of committee members. The meeting adjourned at 1:30 p.m. and the next meeting is scheduled for April 20, 2020.