



SPORTS MEDICINE ADVISORY COMMITTEE
Thursday, October 24, 2024
Video (ZOOM) Conferencing

Members Present:

Dr. Camy Chapin, Lansing
Candace Cox, Quincy
Dr. Corey Dean, Ypsilanti
Brian Gordon, Royal Oak
Dr. Dallas Lintner, Owosso

Jason Malloy, Westland
Brian Osborn, Howell
Kelly Salter, Birmingham
Mitch Smelis, Fenton
Lauren Westmore, Gladwin

MHSAA Staff

Dan Hutcheson
Cole Malatinsky
Kathy Vrugink Westdorp (Recorder)

WELCOME, GENERAL REVIEW AND PURPOSE OF THE COMMITTEE

The 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 committee remains aware of the comprehensive scope of MHSAA's work and its connection to students in grades 6 – 12, ensuring proposals align with the educational mission of member schools

INFORMATION RECEIVED FROM THE MEDICAL AND SCHOOL COMMUNITIES

Members of the medical community provided updates on current injuries and illnesses observed in clinics and hospitals. Dr. Camy Chapin reported a higher incidence of illnesses such as pertussis and Mycoplasma, as well as more secondary pneumonias. Dr. Corey Dean echoed these concerns, emphasizing the importance of immunizations and early intervention. The team also discussed the increasing vaccine hesitancy, with Dr. Chapin noting that more people are becoming more selective about vaccinations.

Dr. Kornoelje shared a success story about a marathon runner who survived a heart attack, underscoring the effectiveness of an Emergency Action Plan (EAP) in critical situations. Two additional stories were shared, demonstrating successful use of EAPs and CPR training during MHSAA events. In both incidents, the emergency action plans were activated immediately, contributing to positive outcomes.

Jason Malloy discussed his recent efforts to secure three new AEDs for his school and highlighted the impact of hiring a new athletic trainer, who has become a valuable asset. He noted that other districts are also considering hiring athletic trainers directly. The ongoing shortage of certified athletic trainers in high schools and the need for funding to provide competitive compensation packages were also key topics of discussion.

Additional conversation included HB 5527 and 5528, which require schools to have people trained in CPR and AEDs at all school buildings and events to respond to emergencies. This requirement would ensure all coaches are trained in CPR and AED use and that all school facilities have enough AEDs available.

UPDATES

MHSAA staff presented the 2023-24 Head Injury Reporting Summary, noting that overall head injury reporting rates remain consistent with prior years. As in previous data collections, six sports reported the highest head injury rates per 1000 participants: 11-player football, 8-player football, girls' soccer, ice hockey, wrestling, and girls' basketball. These six sports have consistently shown the highest rates since tracking began, excluding the period impacted by COVID-19.

Initial data from two modifications to the Head Injury Report form were reviewed. Following a recommendation from the MHSAA Football Committee and with input from the Sports Medicine Advisory Committee, the MHSAA began collecting head injury data on special teams starting with the 2023-24 school year. The initial focus on this question was football-related, however all sports were required to submit an answer. With only one year of data, trend identification remains limited. Additional data over time will help enhance coaches' education and inform potential adjustments to practice policies and game rules to improve athlete safety.

A new response option was added to the incident report regarding whether students were initially examined at the time of a suspected head injury. Initial data revealed that students were not initially examined at the time of suspected injury for 21.7% of all the reported concussions, and in 25.4% of concussions, the student was not removed from activity at the time of the event. This data does not imply mismanagement, as students may not report symptoms, may hide symptoms, or symptoms may present after the event. This data will be closely monitored to improve immediate identification and ensure every suspected concussion receives appropriate and timely care. The committee briefly discussed the MHSAA's continued efforts in tracking head injury data across all sports and focused on developing strategies to improve the immediate identification and management of head injuries to protect students' health and well-being.

A summary of the NFHS High School RIO report was provided and a few things identified:

- Sample patterns of injury by sport – most common diagnosis of injury is strain and sprain.
- Three exceptions are Swimming and Diving (tendonitis), Cross Country (tendonitis) and Cheerleading (concussion).
- Consistent with the 2022-23 academic year, the head/face was the most commonly injured site in eleven sports.
- Girls wrestling had the highest proportion of injuries that kept the athlete out of play for more than three weeks.
- Boys ice hockey had the highest proportion of injuries that resulted in surgical repair in 2023-24.

This report is utilized for continued evaluation of the effectiveness of several NFHS rule changes.

Mental health resources were discussed including the BeNice resource and B#4 Foundation, U.S. Council for Athletes' Health, NFHS #We See You Mental Health Campaign, and the NFHS Learn online course "Student Mental Health and Suicide Prevention.

The NFHS Officials Association report was reviewed and included the following message:

- *Fan involvement with officials, players, and coaches, specifically related to indoor venues, is becoming a growing concern among officials. There are increasing reports of fans interacting both verbally and physically with those involved directly with the game. Fans, including students and adults, are, at times, entering the playing surface in response to player interactions, foul calls, etc., resulting in a potentially unsafe environment. An emphasis on game management with athletic directors is recommended as a strategy to combat the growing number of spectators from crossing the line from bleachers to the court.*

The NFHS Coaches Association report was also reviewed and included the following message:

- *There is continued concern with the lack of athletic trainers in high schools. Emergency Action Plans continue to be a point of emphasis for school athletic programs. Football related, there are questions regarding the kickoff procedure and injuries.*

Various other topics were discussed including an article regarding Preventing Exertional Heat Stroke in Football which provided a few conclusionary points (also discussed at the NFHS Summer Conference).

- All training and conditioning should be position specific.
- Physical activity should be modified per the heat load.
- Understanding that some players have a “do or die” mentality that supersedes their personal safety.
- Never use physical exertion as punishment.
- Eliminate conditioning tests, serial sprints, and any reckless drills that are inappropriate for linemen.
- Consider air-conditioned venues for linemen during hot practices.

The authors called for a paradigm shift and to train linemen for the game they actually play, and that all football practice training and conditioning sessions should be position specific. The article also called for a review of conditioning workouts and weather conditions as risk factors.

The committee discussed skin lesions (e.g., impetigo, cellulitis, and staph) in sports and whether these conditions require a specific "sit-out period" or if there is an official policy. While no direct policy exists, Dan Hutcheson outlined the protocol used in wrestling, which includes a medical release form for wrestlers with skin conditions. This form is not a standard doctor's note but rather a tool for assessing skin issues, though it can still be overridden by an on-site official. Additionally, it was clarified that simply covering a communicable skin condition does not make a wrestler eligible to participate.

Additional discussion included various topics, including the risk vs. reward of sports specialization and that research has clearly shown that athletes who are highly specialized are at greater risk of serious injuries and are more likely to report a previous injury. Often the sport specific injuries occur while athletes are participating in athletic activities that are outside of the interscholastic umbrella, but bring their injuries into the inter-scholastic realm by seeking care for their injuries from athletic trainers and other medical providers affiliated or employed within their schools.

During an update from the Michigan Athletic Trainer's Society (MATS), the committee discussed the importance of ongoing efforts to customize each school's Emergency Action Plan (EAP) to specific sports and venues. Additionally, they emphasized the need for a standardized protocol and blueprint to promote consistent best practices across all MHSAA member schools. The committee also reviewed the MHSAA concussion policy, and whether consideration should be provided to address both return-to-learn and return-to-play progressions. There was further discussion about including certified athletic trainers in the list of approved medical examiners authorized to clear students for activity following a suspected concussion. MATS leadership recommended that their organization continue its work related to emergency action planning and concussion management, ensuring alignment with current MHSAA policy and best practices.

The group reviewed the 2024-25 “Uniforms, Equipment and Facilities changes/requirements and three specific points were made:

- In ice hockey, the longstanding MHSAA ice hockey playing rule adaption that required neck laceration protectors has now been confirmed by the NFHS and is now a required piece of playing equipment as of the 2024-25 hockey season.
- In girls' lacrosse, all eyewear on the playing field must be SEI certified and will be listed on the SEI website. Eyewear must bear the SEI mark for certification by 01/01/25.
- In all sports, schools may permit the wearing of head adornments or leggings covering the legs because of firmly held religious reasons by the student without advance MHSAA approval. Head adornments must be securely fastened and not affixed with non-yielding fasteners (i.e., pins). Hijabs and leggings must be of a single color and not be a safety risk for the students or opponents. This is in accord with NFHS regulations that eliminate the need for officials to remove securely fixed items (e.g., beads) from an athlete's hair or regulate the hair length of a participant.

The meeting adjourned at 11:30 a.m.

2024-25 MEETING DATES

The next meeting date is 9:30 a.m. on Thursday, April 17, 2025.