



TSSAA Sports Medicine Advisory Committee Meeting

Unofficial Minutes

Wednesday, October 21, 2015

1. Introduction, Role of the Committee, Review of Contact Information, Terms of Service
 - a. Present: Wade Denney, Brett Burchwell, Andrew Gregory, Tim Hoskins, Tripp Turner, Dara Trotter, Brad Rohling, Emily Crowell, Mark Reeves
 - b. Committee Composition/Objectives: The committee recommended that a game official always have a place on the committee. Dr. Denney brings this presence to the committee now, but an official should be added before his term expires. The committee discussed the need of a medical review process in the event of a death of a high school student athlete in TN (in addition to current UNC studies). The hope is that this process might be something that will help prevent similar circumstances. There was no resolution on what type of inquiry this would be, or, who would be responsible for the conduction of this inquiry. The committee discussed the need for an open line of communication with TSSAA if a medical professional feels that a policy is not being followed.
2. Approval of Minutes from the 2014 Meeting – motion to accept minutes from Andrew Gregory, second from Tim Hoskins - approved
3. Follow up from 2014 meeting – Recommended changes that were discussed at last year’s meeting will be covered in the review of policy later in the agenda.
4. Review TSSAA Website...Sports Medicine Content
 - a. Sports Med link under Resources tab
 - i. 3 primary sections –
 1. Policies – Big 3 (Head, Heart, Heat)
 2. Education/Professional Development content
 - a. Links for coaches and links for parents (maybe under Resources for parents)
 3. Resources – link to NFHS, Dept of Health, CDC
5. Date for Next Year (**Wednesday, October 19, 2016**)
6. Review Current TSSAA Policies
 - a. Heat Policy

Mark reviewed the changes in the documents that TSSAA will be posting on the website when the Sports Medicine portion is re-worked.
 - b. Concussion Policy
 1. Dr. Denney discussed the need for this document to be sent in the registration packet to all officials to increase awareness of the policy. This may help officials who make

the decision to remove an athlete from play to not be questioned by coaches – this is state law, not just TSSAA guidelines.

2. (Return to Play Guidelines –Language on TSSAA Form)

If there is a diagnosed concussion, Tennessee state law requires the return to play plan. If the doctor clears the child for return to play after a diagnosis of a concussion, the gradual return to play plan must be followed. TSSAA should mention on the return to play form that the gradual return to play plan is mandated by TN State Law when concussion is diagnosed (include link?)

3. King-Devick Test – Baseline testing for concussions

The committee is familiar with some physicians that are currently doing baseline neuro-psych, but not King-Devick test.

- c. Lightning Policy – NFHS Policy (go with most restrictive policy if more than one at site) The committee pointed out a contradiction in wording (lightning and thunder before suspension). TSSAA needs to get clarification from NFHS on their intent. The committee discussed who has the responsibility for administering the lightning policy.

d. Football Practice Regulations

The committee felt that the new regulations seem to be well received by the schools. The committee suggested that the title could be clarified to say Football Practice Limits and Acclimatization Policy. The committee felt that TSSAA should review rationale behind special teams not counting when considering the eight quarter limit. Perhaps it could be specifically defined by position (kicker, holder, punter)

7. Review Sudden Cardiac Arrest Legislation

The committee discussed the components of the Sudden Cardiac Arrest Legislation and the role of TSSAA in educating schools on the requirements.

8. UMMC Telehealth Program (Mississippi)

The committee discussed the webinar program that Mississippi has started. The committee members were not sure how this is legally possible. The committee expressed the need for schools to designate one coach as sport safety person when trainer not an option. At the minimum, this person should be First Aid/CPR certified.

Mark discussed that many schools will pay for a trainer's services on the sidelines if just knew how to access them. TSSAA could be the one to communicate if this type of service becomes available to member schools.

9. NFHS Sports Medicine Advisory Committee Agenda

Mark discussed the role of the NFHS Committee. Dr. Cindy Chang is the representative on this committee for Section 3 & 7. TSSAA can send her topics for discussion.

10. NATA Equipment Removal Position Statement

The committee recommended that the NATA Equipment Removal Statement should be sent to schools along with the corresponding information from NFHS. Statement has not been retracted; problem that it states 3 trained people (probably will not have 3 trained people)

11. Pre-Participation Physical Evaluation Forms / PrivIT Update

The committee feels that there are no revisions necessary to the current forms that Tennessee schools complete with PrivIT. The committee felt that there needs to be

clarification on the current TSSAA Clearance forms and whether or not the detailed Pre-Participation Physical Information must also be kept on file by schools.

12. TSSAA Coaches Education Initiative

Mark discussed the current initiative for TSSAA to encourage school systems to approve online courses that address sports medicine concerns for inclusion in teacher professional development plans who are coaches for the school system.

13. Wrestling Sports Calendar adjustments

Mark explained that TSSAA will be making a proposal to the Legislative Council that, if approved, will limit the number of matches an individual can compete in during the regular season.

14. Wrestling Skin Check Procedures

Mark explained the current TSSAA philosophy on the duration time that a NFHS Skin Release Form can be considered valid. The committee had no objections to the current 14 day guide. Mark explained the NFHS rule change this year which clarifies that coaches cannot perform skin checks. Skin checks must be performed by an on-site designated health care provider (physician, nurse practitioner, or physician's assistant). Certified athletic trainer can perform skin checks but cannot sign form or overrule a form signed by physician. The committee had no issues with female certified athletic trainers doing male skin checks or reverse because all wrestlers have to be covered. Mark explained the TSSAA position that a referee cannot make a diagnosis contrary to that which appears on a valid NFHS Skin Form. He/she can only disqualify if the form is not valid. Examples of forms that are not valid are covered in TSSAA Rules Meetings with officials and coaches. The committee expressed the need to continually improve the process for the State Championships. Tim Hoskins recommended that coach should accompany athlete when being evaluated by on-site provider; on-site provider should photograph the lesion to accompany form for if questioned later. The committee expressed some concern with the issue of tampering with a photograph of the lesion. The committee agreed that having a dermatologist on site is the best scenario. TSSAA is working with Vanderbilt Sports Medicine in an effort to secure one for the 2016 championships.

15. Baseball Pitch Count

The committee discussed the implementation of a pitch count for high school baseball in Tennessee. The committee indicated that there is a pitch count USA Baseball has implemented for ages 15-18. The committee discussed that the administration of a pitch count would probably not be much of an issue and would be a better guide than the current policy which limits innings. TSSAA will continue to gather information from other states and the NFHS regarding recommended policy.

16. System of Communication with Stakeholders

The committee discussed the need to identify the best points of contact within the medical community for dissemination of information that TSSAA sends to its member schools. TMA, Tennessee AP (Ruth Allen), TATS (Clint Sanders or Scott Byrd)

17. EKG Testing of Athletes

The committee discussed a recent meeting Mark had with a company promoting portable EKG device at a cost of about \$10 a kid. The committee explained that an EKG requires specific MD interpretation. The committee stated that the computer algorithm on the

machines are notoriously wrong on kids. The system would need the same people interpreting data to be effective. The committee advised against anyone other than a trained cardiologist being used to interpret the data. The committee stated that EKG testing could be good if you have the right people interpreting. If you do not have the right people interpreting, you could wrongly withhold a significant number of kids from playing. The committee agreed that the money and effort spent toward EKGs would be better spent toward developing better Emergency Action Plans.

18. For the Good of the Order