

ARKANSAS GENERAL ASSEMBLY

Arkansas Legislative Task Force on Athletic Training in Public Schools

Representative Keith Ingram, Chair

MEMORANDUM

TO: Members of the Senate Interim Committee on Education and the House Interim Committee on Education

FROM: Representative Keith Ingram, Chair, Arkansas Legislative Task Force on Athletic Training in Public Schools

SUBJECT: Final Report of the Arkansas Legislative Task Force on Athletic Training in Public Schools

DATE: December 30, 2010

Pursuant to the provisions of Act 1453 of 2009, we are submitting the Final Report of the Arkansas Legislative Task Force on Athletic Training in Public Schools for your review. The Task Force worked diligently towards completion of the responsibilities assigned to it by Act 1453. The Task Force conducted a series of meetings, heard testimony from a number of experts in the fields of athletic training, sports medicine, athletic directors, and athletic associations.

We hope you find this report useful. Please do not hesitate to contact me or the staff person assigned to the Task Force, Karen Holliday, if you have any questions or need additional information. Karen's telephone number is 501-537-9167.

Attachment

ARKANSAS GENERAL ASSEMBLY

FINAL REPORT

***ARKANSAS LEGISLATIVE TASK FORCE ON
ATHLETIC TRAINING IN PUBLIC SCHOOLS***

**SUBMITTED
TO THE**

**HOUSE INTERIM COMMITTEE ON EDUCATION
AND THE
SENATE INTERIM COMMITTEE ON EDUCATION**

DECEMBER 30, 2010

FINAL REPORT

Arkansas Legislative Task Force on Athletic Training in Public Schools

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 - 6. October 26, 2010

**ARKANSAS LEGISLATIVE TASK FORCE
ON ATHLETIC TRAINING IN PUBLIC SCHOOLS
(total of 20 members)**

Voting Members

1. Three members appointed by the Chair of the Senate Education Committee
 - a. **Senator Johnny Key**
1105 Delwood Lane
Mountain Home, AR 72653
870-424-3058
 - b. **Senator Mary Anne Salmon**
29 Heritage Park Circle
North Little Rock, AR 72116
501-753-4521
 - c. **Senator Shane Broadway**
201 S. E. 2nd
Bryant, AR 72022-4025
501-682-6050
2. Three members appointed by the Chair of the House Education Committee
 - a. **Representative Mark Perry**
P. O. Box 97
Jacksonville, AR 72078
501-982-4561
 - b. **Representative Linda Tyler**
40 Richland Hills Drive
Conway, AR 72034
501-329-8644
 - c. **Representative Keith Ingram**
P. O. Box 1028
West Memphis, AR 72303
870-735-9580
3. Three members appointed by the Chair of the Senate Public Health Committee
 - a. **Senator Steven Bryles**
Room 320, State Capitol
Little Rock, AR 72201
870-838-4405
 - b. **Senator Sue Madison**
573 Rockcliff Road
Fayetteville, AR 72701
479-442-2997

- c. **Senator Jack Crumbly**
1823 SFC 414
Widener, AR 72394
870-792-8486

- 4. Three members appointed by the Chair of the House Public Health Committee
 - a. **Representative Gregg Reep**
409 N. Walnut St.
Warren, AR 71671
 - b. **Representative Curren Everett**
9600 Highway 9 South
Salem, AR 72576
 - c. **Representative Johnny Hoyt**
15 Country Lane
Morrilton, AR 72110

Non-voting Members

- 1. One member from the Department of Workforce Education
Never appointed
- 2. One member from the Department of Education
Dr. Dee Cox
- 3. One member from the Department of Higher Education
Brooks Harrington
- 4. One member from the Arkansas Athletic Trainers Association
BJ Maack
- 5. One member from the Arkansas School Nurses Association
Paula Smith
- 6. One member from the Arkansas Activities Association
Joey Walters
- 7. One member from the Arkansas Rural Education Association
Jim Loyd
- 8. One member from the Arkansas Association of Educational Administrators
Mike Mertens

A chair shall be selected by majority vote of all voting members at the first meeting of the task force. Only voting members of the task force are eligible to chair the task force. The chair shall vote only in the case of a tie vote.

- 1. Chair: Representative Keith Ingram

ACT 1453 of 2009

CHARGE TO THE TASK FORCE

The Arkansas Legislative Task Force on Athletic Training in Public Schools shall:

- (1) Study health care issues concerning secondary school student athletes;*
- (2) Evaluate the current athletic training curriculum and recommend changes to the athletic training curriculum;*
- (3) Monitor the standards of care for student athletes; and*
- (4) Explore funding opportunities for potential pilot programs.*

ARKANSAS GENERAL ASSEMBLY

Arkansas Legislative Task Force on Athletic Training in Public Schools (Act 1453 of 2009)

The members of the Arkansas Legislative Task Force on Athletic Training in Public Schools (herein referred to as the Task Force) strongly believe that providing for the safety and welfare of students who participate in school athletics of any type is of foremost importance. Schools must be encouraged to develop plans and guidelines and put them in place before a tragic event occurs. Schools must become proactive rather than reactive regarding safety issues for their athletes.

Every school should write and implement a plan or program to deal with athletic healthcare issues, for both practices and games for every sports activity. This includes, but is not limited to, concussion recognition and management, environmental issues (heat and lightning), communicable diseases (MRSA), and for dealing with an emergency (a 911 plan). The best solution to assist schools in accomplishing these goals is to have an athletic trainer on staff. If economically feasible, districts should give serious consideration to employing athletic trainers.

The Task Force proposes submitting legislation during the 2011 legislative session to extend the Task Force for an additional two years. Members feel there are still a number of issues that need studied, evaluated, and monitored.

PILOT PROGRAM

The Task Force recommends establishing a two-year pilot program to place one or more athletic trainers in school districts without consistent access to an athletic trainer. The pilot program could be implemented through one of the state's education service cooperatives that includes multiple rural school districts at the 4A level or below. The schools within the cooperative could be approached about sharing one or more athletic trainer through the cooperative, including sharing the cost of the trainer's salary. Each school sharing the trainer would need to provide a room or office area, plus furnish supplies with which to equip the athletic trainer.

The Task Force recommends that within the next two years every junior high and senior high school with athletic programs draft a plan outlining how they would begin to place athletic trainers in their school district or on individual school campuses.

An organization or institute would be needed to monitor the pilot program. The universities that offer Athletic Trainer degrees could be approached to determine if one might be willing to oversee the pilot program. The benefit would be immediate and future increased job availability for students graduating with an Athletic Trainer's degree.

The Task Force recognizes there are not enough certified athletic trainers present in the state to place one in every school at this point. The Task Force recommends encouraging the Arkansas Department of Higher Education to persuade the state's colleges and universities to expand their Athletic Trainer degree programs. One possibility would be to offer a dual degree that would allow a person to both teach and be an athletic trainer. There is a shortage of biology and science teachers. Someone holding a dual degree, which includes certification to teach science courses, might provide an option to small schools who can't afford a full-time athletic trainer.

It was suggested that the Office for Education Policy at the University of Arkansas at Fayetteville be contacted to see if they might be interested in doing a study of athletic safety plans, sports management plans, developing a model for rural schools, or overseeing a pilot program to ascertain the importance and need for athletic trainers to be present on all school campuses.

HEALTH AND SAFETY ISSUES

It has been noted that the Arkansas Activities Association (AAA) is recommending schools put in place a plan or policy on how to handle health issues that might arise during sports practices and games that are played in high heat conditions. They are also encouraging schools to establish guidelines on how to handle student athletes who have sustained a concussion. It is now understood that adolescent athletes are particularly vulnerable to the effects of concussion. The Task Force strongly believes that schools should be directed to incorporate guidelines on dealing with dehydration and heat related illness and also concussions as part of their permanent policies.

The Task Force recommends that schools have the freedom to draft their own plans, guidelines, or policies so they may tailor them to their specific needs and situation. The plans could be submitted to either the AAA or the Arkansas Department of Health for review and monitoring. Plans cannot be submitted to the Arkansas Department of Education because the Department does not regulate interscholastic activities.

It was suggested that the AAA might be willing to help schools write their plans. AAA already has model plans available. AAA could collaborate with each school on the contents of their plan.

The Task Force highly recommends that coaches take the courses offered by the AAA at a minimum of every two years as part of their 60 hour professional development requirements. A component could be included to train coaches to educate parents on sports safety issues; for example, how to recognize heat related problems and potential concussion side effects.

FURTHER RECOMMENDATIONS

The Task Force recommends coordinating its efforts and goals with the Arkansas Activities Association (AAA).

It was suggested that a sports writer be contacted to see if they might be willing to write an article about the efforts of the Task Force, especially the pilot program. This might help generate outside interest and disseminate the ideas and information to a wider audience.

The Arkansas Department of Health was contacted to see if they have a grant that could be used to fund a sports medicine division or a pilot program. Health Department staff responded saying they are not aware of any grants available through their agency or any other agencies that would be of assistance in this area.

Guest Speakers

February 25, 2010

1. Jim Rowland, Athletic Director, Fort Smith School District
2. B. J. Maak, President, Arkansas Athletic Trainers Association (AATA)
3. Jason Cates, certified Athletic Trainer

April 14, 2010

1. Kembra Mathis, Athletic Trainer, Bentonville High School—Sports Medicine Curriculum
2. Dr. Darrel Nesmith, Sports Medicine Team, Adolescent Center, Arkansas Children's Hospital

May 19, 2010

1. Dean Weber, Athletic Trainer, University of Arkansas Fayetteville
2. David Strickland, Athletic Trainer, University of Central Arkansas
3. Joey Walters, Arkansas Activities Association (AAA)
4. Steve Forbush, Arkansas Physical Therapy Association

July 8, 2010

1. B. J. Maak, President, Arkansas Athletic Trainers Association (AATA)

August 25, 2010

1. Dr. James Bryan, Sports Medicine Physician, Little Rock

October 26, 2010

1. Patti James, mother, and son Will James (heat stroke victim), Pulaski Academy
2. Judy Pulice, Liaison for Governmental Affairs, National Athletic Trainer's Association

APPENDIX A

ACT 1453 OF 2009

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

Act 1453 of the Regular Session

1 State of Arkansas

As Engrossed: H4/3/09

2 87th General Assembly

A Bill

3 Regular Session, 2009

HOUSE BILL 2129

4
5 By: Representative Everett

6
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8 For An Act To Be Entitled

9 AN ACT CONCERNING THE CREATION OF THE ARKANSAS
10 LEGISLATIVE TASK FORCE ON ATHLETIC TRAINING IN
11 PUBLIC SCHOOLS; AND FOR OTHER PURPOSES.
12
13
14

15 Subtitle

16 CONCERNING THE CREATION OF THE ARKANSAS
17 LEGISLATIVE TASK FORCE ON ATHLETIC
18 TRAINING IN PUBLIC SCHOOLS.
19
20

21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
22

23 SECTION 1. TEMPORARY LANGUAGE - DO NOT CODIFY.

24 (a) There is created the Arkansas Legislative Task Force on Athletic
25 Training in Public Schools.

26 (b) The task force shall consist of the following:

27 (1) Voting members:

28 (A) Three (3) members of the General Assembly appointed by
29 the Chair of the Senate Committee on Education;

30 (B) Three (3) members of the General Assembly appointed by
31 the Chair of the Senate Committee on Public Health, Welfare, and Labor;

32 (C) Three (3) members of the General Assembly appointed by
33 the Chair of the House Committee on Education; and

34 (D) Three (3) members of the General Assembly appointed by
35 the Chair of the House Committee on Public Health, Welfare, and Labor; and



1 (2) Nonvoting members:

2 (A) One (1) member from the Department of Workforce

3 Education;

4 (B) One (1) member from the Department of Education;

5 (C) One (1) member from the Department of Higher

6 Education;

7 (D) One (1) member from the Arkansas Athletic Trainers

8 Association;

9 (E) One (1) member from the Arkansas School Nurses

10 Association;

11 (F) One (1) member from the Arkansas Activities

12 Association;

13 (G) One (1) member from the Arkansas Rural Education

14 Association; and

15 (H) One (1) member from the Arkansas Association of
16 Educational Administrators.

17 (c)(1) A chair shall be selected by majority vote of all voting
18 members at the first meeting of the task force, which shall be held within
19 thirty (30) days of the effective date of this act.

20 (2) Only voting members of the task force are eligible to chair
21 the task force.

22 (3) The chair shall exercise his or her vote only in the case of
23 a tie vote.

24 (d) Meetings of the task force shall be held at least one (1) time
25 every three (3) months but may occur more often at the call of the chair or
26 by petition by a majority of the voting members.

27 (e) The task force may solicit, accept, and expend gifts and grants.

28 (f) If a vacancy occurs on the task force, the vacancy shall be filled
29 by the same process as the original appointment.

30 (g) The task force shall establish rules and procedures for conducting
31 business.

32 (h) Legislative members of the task force shall be entitled to receive
33 reimbursement for expenses and per diem at the same rate and from the same
34 source as provided by law for members of the General Assembly attending
35 meetings of interim committees.

36 (i) A majority of the members of the task force shall constitute a

1 quorum for transacting any business of the task force.

2 (j) The Bureau of Legislative Research shall provide staff for the
3 task force.

4 (k) The task force shall be abolished on December 31, 2010.

5
6 SECTION 2. TEMPORARY LANGUAGE - DO NOT CODIFY

7 (a) The Arkansas Legislative Task Force on Athletic Training in Public
8 Schools shall:

9 (1) Study health care issues concerning secondary school student
10 athletes;

11 (2) Evaluate the current athletic training curriculum and
12 recommend changes to the athletic training curriculum;

13 (3) Monitor the standards of care for student athletes; and

14 (4) Explore funding opportunities for potential pilot programs.

15 (b) The task force shall submit a written report to the House
16 Committee on Education and the Senate Committee on Education no later than
17 November 1, 2010.

18
19 /s/ Everett

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21 APPROVED: 4/10/2009
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APPENDIX B

MINUTES OF THE MEETINGS

February 25, 2010

April 14, 2010

May 19, 2010

July 8, 2010

August 25, 2010

October 26, 2010

**ARKANSAS LEGISLATIVE TASK FORCE ON ATHLETIC TRAINING IN
PUBLIC SCHOOLS
ACT 1453 of 2009**

**FEBRUARY 25, 2010
MINUTES**

The Arkansas Legislative Task Force on Athletic Training in Public Schools met Thursday, February 25, 2010, at 3:00 p.m., Room 138, State Capitol, Little Rock, Arkansas.

Legislative Task Force Members Present: Representatives Keith Ingram, Mark Perry, Linda Tyler, and Senator Shane Broadway

Non-legislative Task Force Members Present: Mr. B.J. Maack, President, Arkansas Athletic Trainers Association,

Representative Ingram called the meeting to order.

Agenda item #1: Representative Ingram recognized Mr. Jim Rowland, Athletic Director of the Fort Smith School District, as guest speaker. Mr. Rowland spoke of how having two athletic trainers in the Fort Smith School District has been very beneficial. He said both trainers are provided a car. He then described many of the trainers' responsibilities. The trainers are responsible for the prevention and care of all the athletes in all the district's sports programs. Each year they plan and organize physicals for 2,000 student athletes from the 7th through the 12th grades. He explained that all the physicals are done in one day by 30 doctors using facilities at the Advanced Health Education Center (AHEC) and Health South clinics in Fort Smith. The clinics close down for the day and the trainers have busses carry the students to and from school. Mr. Rowland said there is a minimal charge of \$10.00 to each athlete. The trainers also file and track the physicals and the parent permission forms. The trainers ensure athletes receive proper treatment and rehabilitation following injuries. Mr. Rowland explained that both trainers have close contact with doctors in the community. They advise the schools' coaches when an athlete should return to competition following an injury. Mr. Rowland said there are 70 coaches in their district who rely on the trainers to make decisions in medical situations. The trainers inventory all athletic medical supplies, and report and file all athletic injury reports. They make sure all insurance claims are filed. They are present at practices and games for all of the schools. Mr. Rowland explained that during athletic practices the trainers are on-site at the high schools the majority of the time. The junior high schools are located nearby allowing time for trainers to respond to calls from junior high school coaches as needed. Should a catastrophic injury occur, both trainers assist administrative personnel until paramedics arrive. Their training also includes evaluation for cervical injuries, concussions, application of Cardiopulmonary Resuscitation (CPR), and the operation of an Automated External Defibrillator (AED). Both trainers have AED's in their vans. Mr. Rowland said that when an athlete is injured the trainers make immediate referrals to doctors in the area. Following an injury, the trainers mediate between the doctors, coaches, and the parents. Another responsibility the trainers have is ordering all medical supplies for the school year for all the schools. They help maintain proper medical equipment. They inspect all athletic facilities to ensure the safety of the athletes. Mr. Rowland explained that the certification for the trainers is a rigorous process and he feels their school district is fortunate to have two certified athletic trainers. Mr. Rowland told the Task

Force that Fort Smith's first athletic trainer started in 1983. Until two years ago, Sparks Medical Center and St. Edwards Hospital provided the trainers to the schools at no cost to the district. Due to the economy, both hospitals stopped providing the trainers. Mr. Rowland said when the hospitals were no longer able to provide the trainers he went to the District's school superintendent. He said the superintendent of schools recognized the value and importance of the trainers to the schools and chose to include the salaries and costs of two trainers in the district's budget. Mr. Rowland said another service the trainers provide is training students to be assistants beginning in the 10th grade. He noted that many of these students go on to college to pursue a career in the athletic trainers field. He told of a student who went on to be an athletic trainer at the University of Arkansas at Fayetteville. Mr. Rowland then answered questions from Task Force members. One question was whether or not the trainers work during the summer when schools are closed? Mr. Rowland said they are not on 12 month contracts and not paid in the summer, but they do provide rehabilitation and assist as needed throughout the summer. Another question was whether or not the district has information on insurance costs savings compared to schools who do not have trainers? Mr. Rowland said he did not have specific information but believes having trainers to maintain insurance claims and keep reports current is beneficial. It was suggested comparing schools with athletic trainers to those without trainers would benefit the Task Force.

Agenda item #2: Representative Ingram recognized Mr. B.J. Maack, President, Arkansas Athletic Trainers Association, (AATA) who addressed the task force about statistics of injuries suffered by athletes. He said 2008 through 2009 statistics showed over 400,000 concussions suffered by high school athletes. Mr. Maack said reports indicated that some athletes who suffered multiple concussions resulted in permanent damage. Mr. Maack then reported on a national summit held recently with 29 health care and sports associations which resulted in a report of 7 recommendations for student athletes. Exhibit A lists the recommendations. Mr. Maack described one of the recommendations as providing access to health care professionals qualified to make assessments and decisions, and another recommendation is to eliminate the culture of "playing through pain", emphasizing the difference between pain and serious injury.

Agenda item #3 Mr. Maack spoke to the task force about the beneficial assets of athletic trainers. He said trainers are able to assist anyone on school campuses by attending sporting events, and extra-curricular activities. Mr. Maack was asked about the relationship between athletic trainers and school nurses? He responded that the trainers work closely with school nurses but do not dispense medication or assume any of the duties of the school nurses.

Agenda item #4: Representative Ingram introduced Exhibit C. Mr. Jason Cates, certified Athletic Trainer said a previous task force had requested bill tracking. He told the Task Force the National Athletic Trainers Association had been contacted about legislation enacted around the country. He also said a previous Task Force had shown interest in legislation for states bordering Arkansas. Mr. Maack added that there are 11 states with pending legislation on concussion management, AED issues, and safety issues of student athletes. Mr. Maack also said the goal of the Athletic Trainers Association is to place an Athletic Trainer in all Arkansas schools.

Agenda item #5: Representative Ingram recognized Mr. Maack to discuss Exhibit D, athlete fatalities. Mr. Maack told the task force that most of the reported fatalities throughout the country had occurred in schools where no qualified medical professionals were on staff. He said statistics have shown that having certified trainers on-site greatly improves the chance of survival following injuries.

Agenda item #6: Mr. Mack spoke about Act 1453 of 2009 which created the Task Force. He said the report they prepare could provide recommendations in addition to its findings. He also said there had been some discussion in the past about funding from the state for a pilot program to fund athletic trainers in school districts around the state, using a sample of about 10 programs in different areas of the state and different classifications of schools. The pilot program would fund the positions for two years, have a central data collection administrator to look at injury statistics and injury rates, and measure public feedback over 2 years. He said the trainers association would like the Task Force to research ways of obtaining grant money. Mr. Mack said there are six undergraduate programs and one graduate program in Arkansas, but most graduates have to go out of state to find a job.

Representative Ingram said he would like the Task Force to look at some pilot programs that have already been started, including Hawaii and Kentucky. He wants the Task Force to work with Mr. Maack to review those programs and discuss whether or not they could be replicated in Arkansas. He also said he would like to have discussion on Career Pathways. The Task Force might consider legislation to mandate Athletic Trainers in every school district.

Representative Ingram said that members would be notified of the next meeting date.

The meeting adjourned at 4:05 p.m.

**ARKANSAS LEGISLATIVE TASK FORCE ON ATHLETIC TRAINING
IN PUBLIC SCHOOLS
ACT 1453 of 2009**

**APRIL 14, 2010
MINUTES**

The Arkansas Legislative Task Force on Athletic Training in Public Schools met Wednesday, April 14, 2010, at 9:00 a.m., Room 138, State Capitol, Little Rock, Arkansas.

Legislative Task Force members present were Representatives Keith Ingram and Mark Perry.

Non-legislative Task Force members present were Mr. B.J. Maack, Mr. Brooks Harrington, Mr. Jim Loyd, Mr. Mike Mertens, and Mr. Joey Walters.

Representative Ingram called the meeting to order. Minutes from the February 25, 2010 meeting were approved by acclimation.

Representative Ingram introduced Ms. Kembra Mathis to address Worker's Compensation issues. Ms. Mathis is an athletic trainer at Bentonville High School. She has implemented the first-ever Sports Medicine Curriculum in the state. She described a study done regarding the impact of athletic trainers on health care. She said 96% of companies she studied reported an impact on their Worker's Compensation numbers. Ms. Mathis said that in 2009, in her own school district, 60% of all injuries reported were muscular-skeletal, most of which could have been treated in-house. Athletic Trainers could work with injured school employees for the initial treatment course rather than immediately filing a Worker's Compensation claim. She asked the Task Force to consider the idea of encouraging part-time athletic trainers to also serve as part-time teachers, which would allow money for their salaries to come from different sources.

Representative Ingram asked Mr. Jim Loyd what he found in his district concerning Worker's Compensation claims, and if he thinks Ms. Mathis' suggestion would be a viable alternative to an outside funding source. Mr. Loyd said the Arkansas School Board Association's Worker's Compensation Committee, which he serves on, discussed the idea of athletic trainers treating staff injuries in addition to student injuries. They believe it would work as long as the trainer is approved through Worker's Compensation Association.

Representative Ingram said Ms. Mathis comments about part-time athletic trainers also serving as part-time teachers is what Mr. Maack is interested in promoting to help schools afford Athletic Trainers. Athletic Trainers could also provide a possible alternative to opening a Worker's Compensation claim if they could be allowed broader leeway in treating injuries. Mr. Maack confirmed. He said Ms. Mathis ran some numbers in 2009 on the Bentonville School District which showed \$25,000 in Worker's Compensation claims reported by school staff for muscular-skeletal injuries, similar injuries that occur to athletes on the field. Again, these types of injuries could be addressed by athletic trainers.

Mr. Mike Mertens with the Arkansas Association of Education Administrators asked Ms. Mathis to talk about athletic trainers' education. She said to become a certified trainer requires a four year degree, plus pass a national certification exam, and secure a state license. Some trainers get a teaching degree along with the athletic trainer degree. This allows them to teach Sports Medicine courses and introduction to medical terminology. Mr. Mertens asked if there is a way to find out the number of Athletic Trainers in Arkansas who also have teaching degrees? Ms. Mathis said the numbers are very low. Most trainers in Arkansas with teaching degrees have transferred in from other states. There are very few dual certified people.

Representative Ingram asked if there is an overlap between athletic trainers and physical therapists? Mr. Maack said there is some overlap in rehabilitation of injuries and some prevention issues where training is the same. He said athletic trainers have more training and qualifications in emergency medicine issues and physical therapists have more non-sports therapy training. Physical therapists have post graduate education and athletic trainers have undergraduate degrees. Physical Therapists don't have as much training in muscular injuries.

Representative Ingram next recognized Dr. Darrel Nesmith. Dr. Nesmith is a physician with the Sports Medicine team at the Adolescent Center at Children's Hospital. He spoke about concussions and said research has shown the injury to be much more serious than previously thought. He also talked about the science of concussions and changing attitudes, particularly not allowing athletes to continue to play following a concussion. The Centers for Disease Control and Prevention (CDC) and other sources provide statistics on sports concussions. Annually 300,000 sports concussions occur and 85% go undiagnosed. For 15 to 24 year olds, sports concussions are second only to motor vehicle accidents in causing traumatic brain injuries. Concussion rates are increasing in high school sports. Young athletes are more susceptible to concussions and take longer to recover, upwards of a week, with some taking up to several weeks. Dr. Nesmith said that re-injury is a big concern. When an athlete has a concussion, they are more susceptible to re-injury, particularly soon after the first concussion or during the recovery phase. Dr. Nesmith said he sees a lot of the post-concussion syndrome in his clinic at Children's Hospital,

especially when an athlete has had a second concussion. Even with the improvement of equipment, kids are now bigger and stronger, and hit harder. Newer, stricter guidelines for managing concussions in young athletes are based on new data and statistics concerning recovery from concussion. Key elements in protecting student athletes from the consequences of a concussion are proper recognition of the injury by trained personnel, objective means of assessing concussion severity, medically-guided return to play, and educating athletes, coaches, and parents on the significant impact of concussions. Mr. Joey Walters with the Arkansas Activities Association mentioned there are now other athletes susceptible to concussion. Those are cheerleaders, gym dance, and wrestling, a fairly new sport in Arkansas.

Mr. B.J. Maack with the Arkansas Athletic Trainers Association addressed a handout from Judy Pulice with the National Athletic Trainers Association. She reported that in 2010 there are 21 states with 45 pieces of legislation pending regarding athlete safety. A number of parent activist groups are also seeking legislation. The Parent Heart Watch wants to mandate a national database of sudden youth athlete deaths. The National Cheer Safety Foundation wants to create a cheerleading database of cheerleading injuries. The Brain Injury Association is seeking tighter requirements for concussions and return to play decisions. The Taylor Hooten Foundation wants to mandate steroid testing. Advocates for Injured Athletes want athletic trainers at all youth sports venues. There are new standards for treating and responding to concussions, heat-related injuries and other types of sports-related injuries. Mr. Maack said Athletic Trainers having been trained in these areas, would be valuable to school districts and a good reason to have athletic trainers at every school.

Mr. Joey Walters with the Arkansas Activities Association mentioned a website called "No Concussions" that their association has partnered with to receive educational materials. He also said he agrees with Mr. Maack that there is a strong momentum nationwide to educate coaches, students, school personnel, and parents concerning concussions and athlete safety.

Mr. Jason Cates, Arkansas Athletic Trainers Association, remarked that the salary for an athletic trainer can range from \$32,000 to \$50,000. But they are in competition with money schools want to spend on sports related things like field turf and JumboTrons, forcing schools to choose between those and putting athletic trainers in schools. Mr. Joey Walters gave a follow-up comment saying the majority of schools in Arkansas are not looking at turf and JumboTrons, they are just trying to hire teachers and provide programs.

The meeting adjourned at 10:05 a.m.

**ARKANSAS LEGISLATIVE TASK FORCE ON ATHLETIC TRAINING
IN PUBLIC SCHOOLS
ACT 1453 of 2009**

**MAY 19, 2010
MINUTES**

The Arkansas Legislative Task Force on Athletic Training in Public Schools met Wednesday, May 20, 2010, at 1:30 p.m., Room 272, State Capitol, Little Rock, Arkansas.

Legislative Task Force members present were Representatives Keith Ingram, Chair, Mark Perry, Gregg Reep, and Senator Sue Madison.

Non-legislative Task Force members present were Mr. B.J. Maack, and Mr. Joey Walters.

Representative Ingram opened the meeting. Minutes from the April 14, 2010 meeting were approved as submitted.

Representative Ingram recognized Mr. Dean Weber, longtime athletic trainer from the University of Arkansas at Fayetteville. Mr. Weber described several employment avenues for students majoring in athlete healthcare, 1) outreach programs through private clinics, 2) dual positions as trainers/teachers, which is a substantial workload for a trainer, and 3) trainers on-site at schools to facilitate the management of injuries, evaluate field conditions, provide CPR and AED training, and help with referrals to the correct doctor based on type of injury.

Mr. Weber was asked what he thinks the legislature can do to emphasize to schools the need for athletic trainers. He said the legislature could mandate certified trainers in every school, and he believes parents and school associations could find ways to fund the trainers and their salaries. He believes parents whose children participate in athletics expect good healthcare for their children and would support the effort. He also believes once schools have trainers on-site they could also manage workers compensation injuries, negotiate fee discounts with healthcare providers in the community, helping to reduce costs to schools to mitigate the cost of athletic trainers. Mr. Weber was asked if he thinks athletic trainers are needed at the junior high school level? He said trainers are needed for both junior and senior high athletes. He believes trainers could oversee both junior and senior high schools in smaller school systems. Mr. Weber was also asked to talk about trainers acting as mentors to students as a career pathway. He said that many students who are interested in becoming assistants to athletic trainers go on to get a degree in Athletic

Training. Mr. Weber noted that some student assistants opt to go to work at clinics, universities, or pharmaceutical companies.

Mr. David Strickland, athletic trainer for the University of Central Arkansas at Conway, addressed the Task Force. He said over the past several years 5 to 10 students have graduated each year as athletic trainers. However, they cannot find jobs in the state. He said both Texas and New Mexico require athletic trainers in their schools and many of those schools do not require the trainers to teach in addition to their trainer responsibilities. Mr. Strickland said there are 7 universities in Arkansas with students graduating as athletic trainers. Many Arkansas graduates leave the state to find work.

Mr. Joey Walters, Arkansas Activities Association (AAA), was asked if the Association has discussed the need for athletic trainers. Mr. Walters responded there had been discussions, and two years ago the Association began a Sports Medicine Advisory Committee partnered with the Athletic Trainers Association to provide information to schools about the need for athletic trainers. He said as far as any mandates or accreditation requirements, those are left up to the Department of Education. He said the main focus of the Activities Association has been to educate schools about the value of athletic trainers and the experience and knowledge they can provide concerning heat illnesses, concussions, and communicable diseases. He said the Activities Association's main thrust has been to inform and educate not just coaches, but students, parents, and administrators regarding the need for good healthcare for student athletes. Mr. Walters was asked if he thought the Activities Association would go on record urging the legislature to mandate athletic trainers in schools. Mr. Walters said as far as a mandate, he doubted that would happen. He said that often the conversations about trainers has revolved around the 30 largest schools in the state. He said the Activities Association represents all schools and each school gets 1 vote. Of the Activities Association member schools, 80% have 500 students or less and the costs for athletic trainers would be prohibitive to those schools.

Representative Ingram recognized Steve Forbush with the Arkansas Physical Therapy Association. Mr. Forbush said he appreciated being invited to the meeting. He said his concerns parallel those of the Task Force members.

The meeting adjourned at 2:25 p.m.

**ARKANSAS LEGISLATIVE TASK FORCE ON
ATHLETIC TRAINING IN PUBLIC SCHOOLS
ACT 1453 of 2009**

**AUGUST 25, 2010
MINUTES**

The Arkansas Legislative Task Force on Athletic Training in Public Schools met Wednesday, August 25, 2010, at 10:00 a.m., Room 272, State Capitol, Little Rock, Arkansas.

Legislative Task Force members present were Representatives Keith Ingram, Chair, Curren Everett, Johnny Hoyt, Mark Perry, Gregg Reep; and Senators Jack Crumbly and Sue Madison.

Additional legislative members present were Senators Denny Altes and Larry Teague; Representatives Billy Gaskill, Nathan George, Donna Hutchinson, and Butch Wilkins.

Non-legislative Task Force members present were Brooks Harrington, Jim Loyd, B.J. Maack, and Joey Walters.

Representative Ingram opened the meeting. Minutes from the May 19, 2010 meeting were approved as submitted.

Representative Ingram recognized Mr. B.J. Maack, Arkansas Athletic Trainers Association (AATA), to talk about current health issues players experience because of the extreme heat during fall football practice. Mr. Maack told the Task Force three student athletes were hospitalized at Arkansas Children's Hospital. Two of the students are being treated for heat related illnesses. A third student is being treated for a staph infection. Mr. Maack said two of the students are in critical care. The third student, with a heat related illness, is expected to be released from the hospital this weekend.

Shortage of Athletic Healthcare Standards in the State

Representative Ingram recognized Dr. James Bryan, a sports medicine physician, for a presentation. Dr. Bryan told the Task Force he gives pre-participation physical evaluations to the Little Rock School District's student athletes. He said there is no standardization in the physical evaluation forms currently being used by the Little Rock schools. He said the forms do not represent the latest treatment recommendations.

Dr. Bryan then described two high profile health incidents involving student athletes, one fatal and one non-fatal. He explained that in the fatal incident a student athlete suffered a cardiac collapse during a basketball game. Dr. Bryan said the most highly qualified health professional present to attend to the student was a nurse from a visiting school. Also, there was a long delay in the initiation of appropriate support care. In the non-fatal incident, Dr. Bryan said the student athlete collapsed last year during a basketball game. However, in that situation an AT from a visiting school was able to initiate a very rapid response, began CPR, and arranged for emergency medical assistance.

Dr. Bryan talked about Automated External Defibrillators (AEDs) which are now being placed in many Arkansas schools. He told the Task Force the hearts of young student athletes are much more likely to be able to be resuscitated. He said heart conditions, heat related illnesses, and head injuries are the main health concerns for student athletes. Dr. Bryan said the prevention of subsequent head injuries due to concussions is extremely important. He suggested the Task Force require schools to develop emergency action plans and rehabilitation recovery plans for student athletes who suffer a concussion.

Dr. Bryan told the Task Force he serves as the Medical Director for the Athletic Training Education program at Henderson University. He tells his AT students there are very few AT jobs available in Arkansas, and most of those jobs are not very secure. A question was asked about costs to schools for a bare bones athletic program? Mr. Joey Walters, Arkansas Activities Association, responded saying that in the Paris, Arkansas schools they try not to use district funds for their football and basketball programs. Instead, they use gate receipts from their football and basketball games to pay for equipment, supplies, and game official's salaries. But, they have to use district funds to pay for their volleyball, cheerleading, tennis and golf programs because those programs do not generate enough money.

Mr. Walters told the Task Force the Paris schools have a total of five coaches for all seventh grade, junior, and senior high school athletic programs. All their coaches teach three to four classes each day in the core curriculum. Mr. Walters said that although salaries for coaches and ATs would be comparable, if schools are required to substitute a full-time AT for a coach, it would mean the loss of a teacher.

Task Force members discussed funding options for hiring ATs. One method is to somehow include ATs in the school funding formula. Another method is to seek funds from private organization, or educational school cooperatives.

Representative Ingram spoke about the news articles he has gathered from across the country concerning injuries and illnesses to student athletes. He told the Task Force that after having read through the news articles and listening to

testimony presented to the Task Force over the last few months, he is convinced of the following:

- o coaches would like to have athletic trainers in their schools
- o the legal community will soon force this issue to be addressed
- o a proactive approach in providing for the health of student athletes would cost much less than a reactive approach

Mr. Maack Reviewed His "Talking Points" For the Final Report

Mr. Maack addressed each of the following:

- ✓ option 1) the Task Force could require schools to submit a plan of how they will provide for athletic health care
- ✓ option 2) the Task Force could mandate that all class 5A, 6A, and 7A schools hire an AT, or require the schools to have access to an AT through a contract
- ✓ option 3) the Task Force could mandate schools with football programs to have an AT on its staff
- ✓ option 4) the Task Force could ask for state funding of a "Pilot Program" to place four to six ATs in schools for a two-year period at a cost of about \$650,000. The pilot program would gather information and report its findings at the end of the two-year period
- ✓ option 5) the Task Force could set a sunset date requiring schools to hire an AT by the year 2020, or contract with an outside provider

Representative Gregg Reep discussed the merits of the first option requiring all schools develop their own plan to provide for the health care of the student athletes.

Mr. Maack also reviewed a section in his handout concerning how to hire an AT, plus the value of having an AT on staff. He reviewed the following list:

- ◆ employ an AT using the same method used by the Fort Smith schools
- ◆ sports med curriculum - under medical technologies program, hire an AT to also teach sports medicine classes sanctioned through the Arkansas Department of Workforce Education approved curriculum
- ◆ shared teacher duties - hire an AT to teach other classes, as well as their AT duties
- ◆ educational co-op – a school could share an AT with another school through their local educational co-op

Representative Ingram asked Mr. Joey Walters, Arkansas Activities Association (AAA), and Mr. Maack to address what is being done in other states regarding the issue of heat related illnesses during football practices. Representative Ingram said he understands Kentucky and Tennessee both have policies to suspend football practice when the heat index reaches a certain level. Mr. Joey Walters, AAC, responded to Representative Ingram and said Arkansas currently does not have a policy on heat. He said the AAC is working on a survey of fifty states to determine what is being done across the country. Mr.

Walters also said the AAC hopes to have the results of the survey by the end of October, 2010. The AAC plans to present the survey results to the AAC membership in January 2011.

Representative Ingram said the next step for the Task Force is to review the talking points discussed at today's meeting and begin consolidating the recommendations for potential legislation.

There was further discussion about how to provide funding for ATs in the schools. Incorporating salaries of ATs in school funding formulas is a potential solution. Another option might be funding could come from private organizations. Dr. Bryan suggested a possible source of funds might come from the Arkansas Department of Health, or area medical clinics. Also suggested were obtaining funds through public health grants, federal grants, or from Tobacco Settlement funds.

The meeting adjourned at 11:15 a.m.

DRAFT

ARKANSAS LEGISLATIVE TASK FORCE ON ATHLETIC TRAINING IN PUBLIC SCHOOLS ACT 1453 of 2009

OCTOBER 26, 2010 MINUTES

The Arkansas Legislative Task Force on Athletic Training in Public Schools met Tuesday, October 26, 2010 at 10:00 a.m. in Room 272 of the State Capitol, Little Rock, Arkansas.

Legislative Task Force members present were Representatives Keith Ingram, Chair, Gregg Reep and Mark Perry.

Non-legislative Task Force members present were Brooks Harrington, Jim Loyd, B.J. Maack, Mike Mertens, and Joey Walters.

Representative Ingram opened the meeting. Minutes from the August 25, 2010 meeting were approved as submitted.

Comments by Ms. Patti James

Representative Ingram recognized Ms. Patti James, a guest speaker for today's meeting. Ms. James introduced her son Will, who attends Pulaski Academy. Ms. James told the Task Force her focus is on health and safety issues in high school sports. She explained how her son suffered a heat stroke on August 13, 2010 during football practice. When she and her husband reached the Arkansas Children's Hospital, Will was in a medically induced coma. Will remained in a coma for ten days. He suffered liver damage, was in intensive care for one week, and his kidneys began to fail. Ms. James said Will has fully recovered following three weeks of hospitalization, and three weeks of out-patient dialysis. Ms. James told the Task Force that Will recovered because of Todd Ross, an Athletic Trainer (AT) on the staff of Pulaski Academy, who was present at the football practice. She said Mr. Ross knew the correct steps to take when Will collapsed, instituted those steps immediately, and that is what saved Will's life. She also told the Task Force there were four other student athletes at other schools who all experienced health problems that same day. Ms. James asked the Task Force to strongly encourage schools to place ATs in every school. She said she is aware of the high cost of placing ATs in all the schools.

Ms. James spoke next about Tyler Davenport, a student from Lamar, Arkansas, who collapsed from heatstroke two days before her son Will suffered his heatstroke. Tyler later died. Ms. James said the difference between Will and

Tyler was the Lamar school had no AT on its staff, and was not familiar with currently recommended procedures for heatstroke when Tyler collapsed. Ms. James said she spent many weeks at the Arkansas Children's Hospital with Tyler's parents, Mark and Tina Davenport. Ms. James said Mr. and Mrs. Davenport had prepared a written statement and asked her to bring it to today's Task Force meeting.

Representative Ingram asked Mr. B.J. Maack to read the letter written by Mr. and Mrs. Davenport. Mr. Maack read the following:

"over the course of the sixty days Tyler was in the hospital he would have great days where we would have a lot of hope for him walking out of the hospital. Then he would get an infection and take a turn for the worst. It was an emotional roller coaster that we never want another parent to go through. On the morning of October 12, 2010, Tyler lost his battle with heat stroke, but became a true warrior in our eyes. This letter is not to put blame on anyone. However, we would like to see some changes made, specifically practicing outside in extreme heat. Tyler has an eleven-year old brother named Hunter. He is very athletic and plays all sports. We want to see some changes made so we can send him to a practice or a game without the fear of losing him the way we lost Tyler."

Comments by Ms. Judy Pulice, Liaison for Governmental Affairs, National Athletic Trainer's Association

Representative Ingram recognized Ms. Judy Pulice, National Manager, State and Government Affairs, National Athletic Trainer's Association (NATA). Ms. Pulice discussed a report detailing the number of student athlete deaths throughout the country in 2010, which included two deaths in Arkansas. Ms. Pulice noted the experts in sports medicine have said that deaths resulting from heat illnesses and concussions are 100% preventable, if immediate and knowledgeable medical assistance is available. Ms. Pulice spoke about the importance of having trained Athletic Trainers (ATs) in schools. She complimented the Task Force for the work it has been doing on this important issue and offered to help the Task Force prepare legislation.

Discussion of the final report of the Task Force

Representative Ingram suggested the Task Force discuss what it wants included in its final report. He wants the Task Force to have its recommendations ready to be presented to the House and Senate Education committees in December, plus have possible legislation ready for the 2011 legislative session.

Mr. Maack suggested the Task Force members review minutes of its previous meetings, consider testimony given by speakers, and include the talking points presented at the August 25, 2010 Task Force meeting.

Mr. Maack highlighted the following recommendations:

- Representative Gregg Reep's suggestion of requiring schools to develop a health care plan for its student athletes
- Create a pilot program in selected schools where there has been no health care for student athletes, plus ask the state to provide funding

Mr. Maack spoke about the possibility of obtaining state funding for a pilot program, or implementing an incentive program, or find matching funds. Mr. Maack told the Task Force the goal of the Arkansas Athletic Trainers Association (AATA) is for every school to have an AT on its staff.

Representative Reep said he thinks any school with an athletic program should be required to develop a health care plan for its student athletes. The schools should submit their plans to a state agency for review, possibly the Arkansas Department of Education (ADE).

Representative Mark Perry said unfunded mandates do not work, plus there are not enough certified ATs currently in Arkansas to place one in every school. Representative Perry suggested the Task Force encourage the Arkansas Department of Higher Education (ADHE) review its AT degree program and consider including teaching credits, which would allow an AT to both teach and function as an AT. Task Force members discussed the number of certified Athletic Trainers (ATs) in Arkansas at this time. Mr. Maack said there are a total of 189 ATs in various employment settings. Only 10 ATs are employed full-time in schools. There are only twelve seniors graduating each year with an AT degree. All the AT graduates leave the state to find work. It was also noted there are 329 school districts in the state. Representative Ingram suggested the Task Force focus its recommendations on the health and safety of student athletes, an issue that comes ahead of new Astroturf, or new indoor practice facilities.

Mr. Mike Mertens said he believes a pilot program would help raise awareness. It could also help answer some of the questions people still have concerning the need for ATs in schools. Mr. Mertens said it would be helpful to determine how to place ATs into smaller schools who have limited budgets. It would also be helpful to learn how school districts are currently handling injury issues.

Task Force members discussed forming a subcommittee to meet and draft recommendations for its final report. It was agreed that Representative Ingram will choose Task Force members to serve on the subcommittee. He appointed himself, Representative Perry, B. J. Maack, and Mike Mertens to serve.

There being no further business, the meeting adjourned at 11:00 a.m.

Dual Licensure Option for Athletic Trainers

Task Force on Athletic Training
in Public Schools

April 18, 2012

Karen Cushman
Asst. Commissioner, ADE

ACT 1178 OF 2011

- ◆ Provides for a new pathway to licensure: Provisional Professional Teaching License – PPTL

Requirements

- ◆ At least a bachelor's degree
- ◆ Minimum of 3 years of work experience in the content area they wish to teach
- ◆ Evidence of offer of employment
- ◆ A statement of justification from the applicant relating the applicant's experience to teaching in the content area in which the applicant seeks to teach

Requirements Cont'd

- ◆ 2 professional letters of recommendation submitted by the applicant's references
- ◆ A passing score on the content knowledge and pedagogical tests for the content area in which the applicant seeks to teach
- ◆ Successful completion of the criminal background checks and Child Maltreatment Central Registry check

What does this mean for Athletic Trainers?

- ◆ Athletic trainers could apply for licensure in Health/P.E. through PPTL pathway to licensure

Other Options –Career & Technical

- ◆ Career and Technical has a Sports Medicine Permit
- ◆ Under this Permit a Licensed Athletic Trainer or Physical Therapist can teach the following classes:
 - Sports Medicine I
 - Sports Medicine II
 - Sports Medicine III
- ◆ These are not to be taught as stand alone classes, but must be taught as a Program of Study. An application for a new program must be submitted and approved prior to beginning program

Career & Technical- Another Option

- ◆ Career and Technical also has an Anatomy and Physiology course; A person with a 611 code (MedPro/ Health Science) or 625 (Sports Med) can teach Anatomy and Physiology; however, this course falls under CTE frameworks and does not count as a science credit for graduation

Options Under Consideration

- ◆ ADE is in the process of revising all of its licensure rules
- ◆ While ADE has never licensed for a specific course, currently the option of licensing athletic trainers to teach Anatomy & Physiology for science credit is under review

Questions?

karen.cushman@arkansas.gov

501.683.4095



Stricken language would be deleted from and underlined language would be added to present law.

Act 1178 of the Regular Session

1 State of Arkansas

As Engrossed: H3/18/11 S3/23/11

2 88th General Assembly

A Bill

3 Regular Session, 2011

HOUSE BILL 1893

5 By: Representative Hobbs

6 By: Senator Holland

For An Act To Be Entitled

9 AN ACT TO AMEND THE ARKANSAS TEACHER LICENSURE AND
10 RECIPROCITY LAWS; AND FOR OTHER PURPOSES.

Subtitle

14 TO AMEND THE ARKANSAS TEACHER LICENSURE
15 AND RECIPROCITY LAWS.

18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

20 SECTION 1. Arkansas Code § 6-17-403 is amended to read as follows:

21 6-17-403. Provisional ~~certification~~ licensure for teachers trained and
22 ~~certified~~ licensed in other states.

23 (a) The State Board of Education ~~is authorized to~~ may issue a one-year
24 nonrenewable provisional ~~certificate~~ license to any teacher who seeks
25 Arkansas ~~certification~~ licensure and is trained in and ~~certified~~ licensed by
26 a state other than Arkansas.

27 (b)(1) Any person who has not successfully completed ~~the National~~
28 ~~Teacher's Examination or a similar~~ an examination designated by the state
29 board under § 6-17-601 et seq. and who has not previously held an Arkansas
30 ~~certificate~~ license but meets degree, course work, and experience
31 requirements for a standard ~~certificate~~ license and who otherwise qualifies
32 to teach in the public schools of this state may receive a one-year
33 nonrenewable provisional ~~certificate~~ license and be employed by any public
34 school district in this state for a period not to exceed one (1) year.

35 (2) ~~Any~~ A school district that hires a teacher who has not
36 successfully completed the examination shall not be penalized by the state

board provided that the length of employment of the teacher while
~~noncertified~~ nonlicensed does not exceed one (1) year.

(c) The state board shall issue a standard five-year teaching license to an individual who furnishes the Department of Education proof of the following:

(1) A valid, standard teaching license or its Arkansas equivalent that:

(A) Was issued in another state; and

(B) Has been in good standing during the most recent two (2) years of the applicant's teaching experience;

(2) Successful completion of the criminal records checks and Child Maltreatment Central Registry check under § 6-17-410;

(3) Higher education transcripts evidencing the award of at least a baccalaureate degree;

(4) Reports evidencing test scores required for licensing by the licensing state;

(5) Completion of a program for:

(A) Teacher education at a regionally accredited institution of higher education;

(B) Teacher education accredited by the National Council for Accreditation of Teacher Education; or

(C) Certification from the National Board of Professional Teaching Standards; and

(6) Payment of applicable licensure fees.

SECTION 2. Arkansas Code § 6-17-409 is amended to read as follows:

6-17-409. Nontraditional licensure ~~certification~~.

(a) The ~~Department~~ State Board of Education may offer and operate a nontraditional licensure program.

(b)(1) The ~~department is hereby authorized to~~ Department of Education ~~may~~ provide grants of financial assistance to entities that train individuals seeking to obtain nontraditional licensure ~~certification~~ through the nontraditional ~~certification~~ licensure process administered by the department.

(2) The department shall pay the grants from funds appropriated by the General Assembly to the department for such purpose.

1 (c) ~~The department is hereby authorized to~~ state board shall
2 promulgate rules and regulations to determine eligibility for and amount of
3 awards of the grants concerning the operation of the nontraditional licensure
4 program authorized by this section and for such other purposes as may be
5 necessary in carrying out the intent of this section.

6 (d) If the ~~department~~ state board requires an applicant for
7 nontraditional licensure ~~certification~~ to complete one (1) or more additional
8 college-level courses and the applicant has obtained a bachelor's degree, the
9 required course or courses shall meet one (1) or more of the following
10 conditions:

11 (1)(A) Each course shall be offered at every state-supported,
12 two-year institution of higher education.

13 (B) If more than one (1) course is required, all courses
14 shall be offered in a one-semester block; or

15 (2) Each course shall be available as an online course, a
16 traditional face-to-face course, or a hybrid course that is part online
17 instruction and part face-to-face instruction, as approved by the department.

18 (e)(1) The state board shall issue a standard five-year teaching
19 license to an applicant if the applicant has:

20 (A) Either:

21 (i) Successfully completed the two-year Teach for
22 America program; or

23 (ii) Been awarded a master's degree in teaching from
24 an accredited program at an institution of higher education; and

25 (B) Successfully completed the criminal records checks and
26 Child Maltreatment Central Registry check under § 6-17-410.

27 (2) The state board shall issue to an applicant who is in the
28 Teach for America program a provisional teaching license valid for the
29 entire two-year period that the applicant is:

30 (A) In the Teach for America program; and

31 (B) Teaching in an Arkansas public school.

32 (3) The state board may require an applicant who meets the
33 criteria of subdivision (e)(1) of this section to submit proof of the
34 following academic eligibility:

35 (A) A passing score, as set by the state board, on a
36 state-required pedagogical and content-area assessment; and

1 (B)(i) If required by the grade level and content area for
2 which the applicant seeks licensure, successful completion of courses in
3 Arkansas History or Methods of Teaching Reading, or both.

4 (ii) An applicant who has successfully completed the
5 two-year Teach for America program is exempt from the Methods of Teaching
6 Reading requirement;

7 (4) No academic or experience requirements for obtaining an
8 Arkansas teaching license in addition to those identified in this subsection
9 (e) shall be imposed on an applicant who otherwise meets the requirements of
10 this subsection (e) by:

11 (A) The state board;

12 (B) The department; or

13 (C) An Arkansas state-funded college or university.

14 (f)(1) The state board shall issue a three-year provisional
15 professional teaching license to an applicant who submits to the department
16 the following:

17 (A) Higher education transcripts evidencing the award of
18 at least a baccalaureate degree;

19 (B) Evidence of a minimum of three (3) years of employment
20 experience in the content area that the applicant seeks to teach;

21 (C) Evidence of an offer of employment to teach classes
22 for credit in an Arkansas public school;

23 (D) A statement of justification from the applicant
24 relating the applicant's experience to teaching in the content area in which
25 the applicant seeks to teach;

26 (E) Two (2) professional letters of recommendation
27 submitted by the applicant's references;

28 (F) A passing score on the content knowledge and
29 pedagogical tests for the content area in which the applicant seeks to teach;
30 and

31 (G) Successful completion of the criminal background
32 checks and Child Maltreatment Central Registry check under § 6-17-410.

33 (2)(A)(i) An individual who receives a three-year provisional
34 teaching license under this subsection shall pass the Praxis II Pedagogy
35 Assessment or have thirty (30) hours of training in pedagogy.

36 (ii) The thirty (30) hours of training in pedagogy

1 are in addition to and not considered a part of the sixty (60) hours of
2 professional development required for teachers by their employing school
3 district or public school.

4 (3) At the end of three (3) years of provisional licensure, the
5 licensee shall undergo a summative evaluation as required by Arkansas law.

6 (4)(A) The state board shall issue a standard five-year teaching
7 license to the licensee if the licensee successfully completes a performance-
8 based assessment that includes student achievement.

9 (B) The performance-based assessment shall be:

10 (i) Approved by the state board;

11 (ii) Paid for by the state; and

12 (iii) Administered no earlier than the completion of
13 the first academic school year of teaching and before the expiration of the
14 three-year provisional license.

15
16 SECTION 3. Arkansas Code § 6-17-2402, concerning definitions under the
17 Teacher Compensation Program of 2003, is amended to add an additional
18 subdivision to read as follows:

19 (3) "Master's degree" means a graduate degree awarded for
20 successful completion of a program at the master's level or higher related
21 to:

22 (A) Education;

23 (B) Guidance counseling; or

24 (C) A teacher's teaching content area.

25
26 /s/Hobbs

27
28
29 APPROVED: 04/04/2011

Stricken language would be deleted from and underlined language would be added to present law:

Act 1214 of the Regular Session

State of Arkansas

As Engrossed: H3/21/11 H3/24/11

88th General Assembly

A Bill

Regular Session, 2011

HOUSE BILL 1743

By: Representatives Ingram, Perry

For An Act To Be Entitled

AN ACT TO PROMOTE THE HEALTH AND SAFETY OF STUDENTS
IN PUBLIC SCHOOL ATHLETIC ACTIVITIES THROUGH THE USE
OF ATHLETIC TRAINERS AND PROFESSIONAL DEVELOPMENT FOR
COACHES; AND FOR OTHER PURPOSES.

Subtitle

TO PROMOTE THE HEALTH AND SAFETY OF
STUDENTS IN PUBLIC SCHOOL ATHLETIC
ACTIVITIES THROUGH THE USE OF ATHLETIC
TRAINERS AND PROFESSIONAL DEVELOPMENT FOR
COACHES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 6, Chapter 18, Subchapter 7 is amended
to add an additional section to read as follows:

6-18-708. Health and safety in public schools.

(a) A school district shall develop procedures concerning student
physical activity in its public schools that includes without limitation the
recognition and management of the following events or conditions that may be
encountered by a student during athletic training and physical activities:

(1) A concussion, dehydration, or other health emergency;
(2) An environmental issue that threatens the health or safety
of students; and

(3) A communicable disease.

(b)(1) Every three (3) years as part of the requirements for
professional development, a person employed by a school district as an

1 athletics coach shall complete training on the events and conditions
2 identified in subsection (a) of this section.

3 (2) The training may include a component on best practices for a
4 coach to educate parents of students involved in athletics on sports safety.

5
6 SECTION 2. DO NOT CODIFY. Public School Athletic Trainer Pilot
7 Program.

8 (a)(1) The Department of Education shall provide grants for providing
9 a access to one (1) or more athletic trainers to public schools in Arkansas
10 through the two-year Public School Athletic Trainer Pilot Program.

11 (2) The pilot program grants shall be awarded before the 2011-
12 2012 school year in order to allow time for program participants to employ
13 the athletic trainers.

14 (b) The department shall accept and review applications for
15 participation in the pilot program from:

16 (1) Any school that is classified as Class 6A or below by the
17 Arkansas Activities Association; and

18 (2) Education service cooperatives.

19 (c) To be eligible for participation in the pilot program, a school
20 shall agree to provide a room and supplies for the athletic trainer.

21 (d)(1) The grant recipients shall be selected by the department in
22 consultation with the Arkansas Legislative Task Force on Athletic Training in
23 Public Schools.

24 (2) At least one (1) rural education service cooperative shall
25 be selected to receive a grant.

26 (e) The pilot program shall:

27 (1) Begin with the 2011-2012 school year;

28 (2) Be implemented by the participating education service
29 cooperatives; and

30 (3) Be monitored by:

31 (A) The nonvoting members of the Arkansas Legislative Task
32 Force on Athletic Training in Public Schools, or their designee; or

33 (B)(i) A subcommittee of the House Committee on Education,
34 or its designee.

35 (ii) The subcommittee may be a joint subcommittee of
36 both the House Committee on Education and the Senate Committee on Education.

1 (e) At the end of the pilot program, the persons monitoring the pilot
2 program shall provide a report to the General Assembly containing an
3 evaluation of the pilot program and any additional recommendations for the
4 employment and use of athletic trainers in Arkansas public schools.

5
6 SECTION 3. DO NOT CODIFY. Section 1(k) of Act No. 1453 of the 2009
7 regular session of the 87th General Assembly, concerning the Arkansas
8 Legislative Task Force on Athletic Training in Public Schools, is amended to
9 read as follows:

10 (k) The task force shall be abolished on December 31, ~~2010~~ 2012.

11
12 SECTION 4. DO NOT CODIFY. Section 2(b) of Act No. 1453 of the 2009
13 regular session of the 87th General Assembly, concerning the Arkansas
14 Legislative Task Force on Athletic Training in Public Schools, is amended to
15 read as follows:

16 (b) The task force shall submit a written report to the House
17 Committee on Education and the Senate Committee on Education no later than
18 November 1, ~~2010~~ 2012.

19
20 SECTION 5. DO NOT CODIFY. (a) The Arkansas Legislative Task Force on
21 Athletic Training in Public Schools shall develop a web-based survey to be
22 completed by each public school in Arkansas through the Department of
23 Education website.

24 (b) The survey shall include without limitation questions concerning:
25 (1) The recruitment, hiring, and retention of athletic trainers;
26 (2) Professional development and certification or licensure of
27 athletic training personnel; and
28 (3) Procedures and training on the recognition and management of
29 the following events or conditions that may be encountered by a student
30 during athletic training and activities:


31 (A) A concussion, dehydration, or other health emergency;
32 (B) An environmental issue that threatens the health or
33 safety of students; and
34 (C) A communicable disease.

35 (c) The survey shall be reviewed by the nonvoting members of the
36 Arkansas Legislative Task Force on Athletic Training in Public Schools and a

1 report on the survey results and any additional recommendations shall be
2 included in the task force's report to the General Assembly.


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College Teams High Schools

August 3, 2011

Arkansas taking steps to combat heat & concussions

Luke Matheson
ArkansasVarsity.com Publisher

MORE FROM RIVALSHIGH: Experts: Heat deaths are preventable

If there is one thing on the mind of every Arkansan right now, it is the hot August heat. With many cities across the state breaking record highs this week, many are concerned about the health and welfare of high school football players. That is certainly understood.

Sadly, Arkansas saw tragedy strike last summer when Tyler Davenport, a lineman from Lamar, suffered a heat stroke at practice, and later succumbed to his injuries.

Since that time, the Arkansas Activities Association, and the Arkansas Athletic Trainers Association have taken extra measures to help make sure proper training is being applied at every school across the state.

"Everything started with Act 1214 back in May," said Jason Cates, the president of the Arkansas Athletic Trainers Association. (Cates was one of the trainers who gave tips on beating the heat at summer practices last summer.)

"What Act 1214 created was the encouragement of schools to hire athletic trainers, and mandated professional development every three years for all coaches, certified or volunteer," Cates said. "They are also required to take other training such as training on concussions, and MSRA (Methicillin-resistant Staphylococcus aureus or staph infections) training."

Cates stated that the Arkansas Activities Association gave its full cooperation in making sure the proper training was mandated across the state.

"The Arkansas Activities Association worked right along with the Arkansas Athletic Trainers Association to make sure these new rules were mandated," Cates said. "They worked with us to put together a professional development rule where all of the coaches are required to have training which teaches them the signs and symptoms of heat illness. The A.A.A. also mandated practice strategies to try to minimize the risk of heat injuries."

Cates also said that Dr. Doug Casa, the lead researcher for the Korey Stringer Institute, made a trip to the annual Arkansas Athletic Trainers meeting. Korey Stringer, whom the Institute is named after, was an offensive lineman for the Minnesota Vikings who died after heat injuries. His wife set up the Institute in his name.

"Dr. Casa came in and taught us about cold water immersion," Cates said. "He taught us that with kids, the first 10-minutes after a kid collapses are the most critical. What you do during that 10-minute time frame could determine if he or she survives. We integrated that into the coaches' education on this."

"Hopefully by teaching the coaches to read the symptoms, adjust practice schedules, we will not have any kids getting to that point. If we do have the unfortunate circumstance that a kid or a coach gets to that point, there are people trained to know you have to cool down first, and transport second. They have to lower the core body temperature before transport with cold water immersion."

Despite the fact that cold water immersion is a critical aspect to treating a heat related illness, Cates said it is not mandated at this time in the state of Arkansas.

"Each school is mandated to adopt a heat chart, and it is up to the schools to adopt that chart, and govern themselves," Cates said. They have to govern by determining if it is too hot to practice and if they are going to call practice off or schedule it for another time.

"They can amend practice and allow more breaks and have less practice time, so it is up to each school to put on paper what their plan of action is," Cates added.

Despite cold water immersion not being mandated, other things have been required, Cates explained.

"Each school must have an emergency action plan for each specific set of athletics," Cates said. "That plan includes practice sites and game sites. They must have an inclement weather policy. That policy must cover not only how they will take care of their players, but fans as well. They must have a hot weather policy, which is the heat chart and having a plan of action in writing which they must follow to help

Related Links:

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prevent heat injuries, and they must have a concussion policy."

New rules on concussions

The issue of concussions is another hot bed issue amongst parents, and the Arkansas Activities Association has taken steps to mandate new rules for this as well.

"The new concussion policy from the A.A.A. states that any kid suspected of having a concussion must be removed from participation and cannot reenter participation without being cleared by a health care provider," Cates said.

"A medical doctor or a certified athletic trainer can clear them. Once they are cleared, they can't just get back out there. There are steps which must be taken. It is a five-step process and you can't jump a step," Cates said. "If you see the kid having any reoccurring symptoms, then you can't move them forward a step, you have to stop, rest them, then start all over. If the kid is suspected of a concussion, they cannot return to a game until they are cleared."

Cates did say that if a player is suspected of having a concussion and is checked on the sidelines by a doctor or certified athletic trainer and found not to have a concussion, then that player can return to the game.

One other key point that Cates emphasized is the fact that game day officials will have the authority to make a call and remove a kid from participation if heat injuries or concussions are suspected.

"We have several officials on an advisory committee, and they have been taught what to look for," said Cates. "Not every school has a professional athletic trainer on the sidelines so then that falls on the coach's hands. Due to this, the officials have the right and ability to remove a kid from participation if they suspect he or she has a heat injury or a concussion."

Although heat injuries and concussions are difficult topics to deal with, Cates stressed that the changes made in Arkansas are indeed significant.

"I want people to know that the difference is not only the policies, but also the training available in Arkansas from this time last year to this time this year is like night and day," Cates said. "We are also working with Arkansas Children's Hospital and MEMS, and they are adopting the same policies as us so they can treat our kids in the proper ways."

MORE: Read the new mandates by the Arkansas Activities Association

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The training available in Arkansas from this time last year to this time this year is like night and day.

-Jason Cates, President of the Arkansas Athletic Trainers Association

To: Administrators, Athletic Directors, and Coaches

From: Joey Walters, Ed. D.

Date: June 2011

RE: New Sports Medicine Requirements

Enclosed is a complimentary copy of the NFHS Sports Medicine Handbook. **The handbook will be extremely useful** as you prepare to meet the new sports medicine requirements in accordance with ACT 1214 and the new Arkansas Activities Association sports medicine requirements. Please keep the handbook on file as we will be referencing it throughout each school year.

The Arkansas Activities Association Board of Directors approved the following guidelines effective immediately:

1. Football Pre-season Regulations

1. Football practice may begin on Monday of week #5.
2. Schools cannot have consecutive days of "two-a-day" practices.
3. Three days of conditioning with only football helmets and shorts are mandatory before full pads are worn.
4. Thursday of week #5 is the first permissible practice with full equipment.
5. Student athletes shall not engage in more than three hours of practice activities on those days during which one practice is conducted.
6. Student athletes shall not engage in more than five hours of practice activities on those days when more than one practice is conducted.
7. The maximum length of any single practice session is three hours.
8. On days when more than one practice is conducted, there shall be, at a minimum, one hour of rest/recovery time between the end of one practice and the beginning of the next practice.

When determining how to count time spent as "practice activities" please consult the following chart:

What Counts	What Doesn't Count
Actual on field/court practice	Meetings
Sport specific skill instruction	Weight training
Mandatory conditioning	Film Study
Voluntary Conditioning	Water breaks
	Rest breaks
	Injury treatment

No activities (including meetings, weight training, and film study) can occur during the one hour rest/recovery time between the end of one practice and the beginning of the next practice (on days when more than one practice is scheduled). **This time is exclusively for students to rest/recover for the following practice session.**

2. Emergency Action Plans and Procedures for Hot Weather Practice

Each member school must develop (1) emergency action plans for each individual athletic venue and (2) procedures for hot weather practices. The emergency action plans should be reviewed each year with staff and local EMS provider. The AAA will create a guide entitled, **"Sample Athletic Healthcare Plan Guide."** The guide will help member schools create and implement emergency action plans and procedures for hot weather practices, **it will be available on the AAA Website in the Sports Medicine Section Tuesday, June 14th.** The emergency action plans and procedures for hot weather practices must be completed by August 1st or six weeks prior to the beginning of their season.

3. Required Sports Medicine Training

Every three years all coaches of member schools are required to receive training on concussion, heat illness, and MRSA. The AAA will create the research based on-line professional development sessions. The training will be created over a three-year period: heat illness, concussion, and MRSA. In the 2011 – 2012 school year, heat illness and concussion training will be required by August 1st or six weeks prior to the beginning of their season.

The AAA will allow a school to use a certified athletic trainer to provide the heat illness training. The certified athletic trainer **MUST** use the curriculum created by the AAA Sports Medicine Advisory Committee. The online training for heat illness and concussion will be available July 18th.

Training dates for heat illness, emergency action plans, and procedures for hot weather practices:

AHSCA Coaches Clinic June 21 – 23 (Cosmopolitan Hotel, Fayetteville)

June 21 at 1:00 pm Town Center

June 22 at 8:30 am room 402

June 22 at 11:00 am Town Center

June 22 at 1:00 pm Town Center

June 23 at 8:30 am room 409

AAA Building (3920 Richards Road, North Little Rock Arkansas) in conjunction with Arkansas Education Service Centers via CIV:

July 6, 10:00 – 11:30 am

AAA Building

Dawson Education Service Center (Dawson #2)

Great Rivers Education Service Center (Great Rivers Computer Lab)

Northwest Arkansas Education Service Center

Ozarks Unlimited Resource Center (OUR 1)

South Central Education Service Center

Southwest Arkansas Education Service Center (SW Lab 1)

Wilbur D. Mills Education Service Center (Riverview High School)

July 18, 10:00 – 11:30 am

AAA Building

Dawson Education Service Center (Dawson #2)

Great Rivers Education Service Center (Great Rivers Helena)

Northwest Arkansas Education Service Center

Ozarks Unlimited Resource Center (OUR 1)

Southwest Arkansas Education Service Center (SW Lab 2)

Wilbur D. Mills Education Service Center

July 19, 10:00 – 11:30 am

AAA Building

Dawson Education Service Center (Dawson #2)

Northeast Arkansas Education Service Center (Sloan Hendrix and Marmaduke)

Northwest Arkansas Education Service Center

Ozarks Unlimited Resource Center (OUR 1)

Western Arkansas Education Service Center (WAESC #1)

Wilbur D. Mills Education Service Center (Room 1)

July 20, 10:00 – 11:30 am

AAA Building

July 22, 10:00 – 11:30 am

AAA Building

Dawson Education Service Center (Dawson #2)

Great Rivers Education Service Center (Great Rivers Computer Lab)

Northwest Arkansas Education Service Center

Ozarks Unlimited Resource Center (OUR 1)

Wilbur D. Mills Education Service Center (Room 1)

July 26, 10:00 – 11:30 am

AAA Building

4. Preseason Football Meeting with Parents and Students Concerning Heat Illness

Each member school football team will be required to conduct an annual preseason meeting with parents and students to review how to identify and treat heat illness. The AAA has partnered with the Kendrick Fincher Hydration Foundation to provide a short, informative, and research-based training program for member schools to utilize.

The program will be highlighted at the 2011 AHSCA Coaches Clinic. Rhonda Fincher will have a booth at the clinic to promote and share information about the program. The program will also be explained during the sessions at the AAA Building.

SPORTS MEDICINE

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NFHS Staff Liaison: Bob Colgate, Assistant Director

NFHS Sports Medicine Advisory Committee Chair/Editor: Michael C. Koester, M.D., ATC

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Fluid Replacement and Dehydration

By Colin Wallace, MSc, ATC, CAT(C)

- Athletic performance declines with dehydration, beginning with a fluid loss equaling one to two percent of the athlete's body weight.
- It is important for all athletes to begin each exercise session well-hydrated.
- Rehydration should consist of water, carbohydrates and electrolytes, as all are lost during exercise.
- Athletes should never be punished through the restriction of fluids.

SIGNIFICANCE

In order for an athlete to perform at an optimal level, close attention must be paid to the body's water and electrolyte levels. With many athletes focusing on specific aspects of their sport, along with the outcome of the event, many neglect the need for fluid replacement during activity. Many athletic events pose a challenge (e.g., very little rest) for the athlete to maintain optimal fluid levels, so it is important for athletes to have water or a sports drink close at hand in order to avoid poor performance or other detrimental physiological effects due to dehydration.

BACKGROUND

Minimal fluid loss can impair performance during exercise. At moderate exercise intensity, the human body generally produces 0.5 to 1.5 liters of sweat in one hour, but this may be higher in some individuals. The sweat rate increases as the intensity of exercise increases. During intense exercise in hot conditions, some individuals can lose up to three liters of sweat in one hour. A one percent drop in body weight due to fluid loss can lead to an increased core body temperature during exercise. When an athlete loses one to two percent of body weight due to fluid loss, aerobic exercise performance can decrease. When an athlete loses three percent or more of body weight, there is an increased risk for heat illness. Prevention of dehydration occurs before exercise begins, and should include a hydration protocol agreed upon by coaches, athletic trainers and all others involved in the well-being and performance of a team or athlete.

Pre-exercise Hydration

It is important for all athletes to begin each exercise session well-hydrated. Ideally, athletes should monitor their weight before and after exercise sessions in order to replace any fluids lost. It is recommended that an athlete consume 16 ounces (two cups) of water two hours before exercise begins. Another eight to 16 ounces (one to two cups) should be consumed 15 minutes prior to exercise.

Maintaining Hydration During Exercise

Fluid replacement during exercise should equal fluid lost through sweat and urine, at a rate no higher than 48 ounces per hour. As previously stated, fluid loss of one to two percent of body weight can decrease aerobic performance, so the goal of the athlete should be to minimize dehydration to less than two percent loss of body weight, with less than one percent loss of body weight being optimal.

Unfortunately, relying on the body's thirst mechanism cannot prevent dehydration, so thirst should not be relied upon to determine fluid intake. By the time a person becomes thirsty, he or she is already dehydrated. An athlete should drink early and often, and be allowed unrestricted fluid replacement. Athletes should never be punished through the restriction of fluids. Unrestricted access to water or sports drinks should lead to the consumption of four to eight ounces (one-half to one cup) of fluid every 15 minutes. It is important to remember that some athletes may have a higher sweat rate than others and require more fluids to remain well hydrated. These athletes can safely tolerate up to 48 ounces per hour.

Some sports present rehydration challenges, such as soccer or certain running events. A cross country race can last up to 30 to 40 minutes for some runners and water stations should be set-up with consideration given to the course and climate. In all settings, allowing athletes to drink as much fluid as they feel necessary is important.



Post-exercise Rehydration

Fluid replacement after exercise should aim at achieving the athlete's pre-practice or pre-event weight. Ideally, this should occur before the next practice session or competition. However, this may not be possible if there is minimal time between competition. Consumption of 16-20 ounces (2-2½ cups) of fluid for every pound lost during exercise will help achieve normal fluid state. Rehydration should consist of water, carbohydrates and electrolytes, as all are lost during exercise.

At the beginning of the fall sports season, athletes often participate in twice daily practices, and rehydration becomes even more important during this time. Athletes may be weighed prior to and after each practice session. If the athlete has not returned back to previous weight before the start of the second session, the athlete should be held out of participation in order to avoid dehydration-related illness.

Hyponatremia

Hyponatremia is extremely rare in high school athletics, but deserves mention. This is a potentially deadly disorder that results from the over-consumption of fluids (water and sports drinks). It is most commonly seen during endurance events, such as marathons, when adult participants consume large amounts of water over several hours in the absence of significant sweating. The opposite of dehydration, hyponatremia is a condition where the sodium content of the blood is diluted to dangerous levels. Affected individuals may exhibit disorientation, altered mental status, headache, lethargy and seizures. The diagnosis can only be made by testing blood sodium levels. Suspected hyponatremia is a medical emergency and EMS (Emergency Medical Services) must be activated. It is treated by administering intravenous fluids containing sodium.

RECOGNITION

Dehydration is common in all sports and can occur very rapidly, especially in a warm or hot environment or if the athlete starts activity less than fully hydrated. All coaches and athletes must be aware of the signs and symptoms of dehydration (Table 17). The volume and color of urine is an excellent way of determining if an athlete is well hydrated. A normal amount of nearly clear or light-colored urine indicates that an athlete is well-hydrated; small amounts of dark urine point to the need to increase fluid intake. A Urine Color Chart can be accessed at:

<http://at.uwa.edu/admin/UM/urinecolorchart.doc>.

Table 17. Signs and symptoms of dehydration.

- | | | |
|----------------|-----------------------|---------------------------------------|
| ▪ Thirst | ▪ Dizziness | ▪ Heat sensations in the head or neck |
| ▪ Irritability | ▪ Muscle cramps | ▪ Decreased performance |
| ▪ Headache | ▪ Chills | |
| ▪ Weakness | ▪ Nausea and vomiting | |

PREVENTION AND MANAGEMENT

Sports drinks and energy drinks are commonly seen in advertisements and differ in their ingredients. A sports drink is designed to provide re-hydration during or after an athletic activity. Most sports drinks contain six to eight percent carbohydrate solution and are a good source of electrolytes. Carbohydrate and electrolyte concentrations are formulated to allow the body's gastrointestinal tract to absorb the fluid as efficiently as possible.

Sports drinks can provide water, energy and appropriate electrolytes during competition. A carbohydrate concentration of six to eight percent can provide energy, while the higher concentration of carbohydrates found in juices and energy drinks will produce slow emptying of the stomach and may leave the athlete feeling bloated. The lower concentration of sodium found in sports drinks may also help avoid abdominal cramping. While sports drinks provide some benefits during exercise (Table 18), the main focus of an athlete's hydration protocol should be on water. With an adequate diet and water intake, athletes will be properly prepared for practice and competition.

Table 18. Indications for the use of sports drinks.

Traditional sports drinks with appropriate carbohydrates and sodium may provide additional benefit in the following general situations:

- Prolonged continuous activity of greater than 45 minutes
 - Extremely intense activity with risk of heat illness
 - Hot and humid conditions
 - Individuals who are poorly hydrated prior to participation
 - Individuals with an increased sweat rate
 - Individuals with poor caloric intake prior to participation
 - Individuals with poor acclimatization to heat and humidity
-

Energy drinks were originally marketed towards athletes as a means of rehydration and electrolyte replacement during activity. Companies that manufactured the energy drinks claimed they improved performance on the field – both in practice and games. In recent years, energy drink companies have targeted the general population and the market has been saturated with different energy drinks containing many different ingredients.

In 2006, nearly 500 new energy drink brands were introduced, often touting false claims of performance enhancement and improved recovery. Energy drinks may contain carbohydrates, caffeine, taurine and other substances that manufacturers claim enhance performance. Energy drinks **ARE NOT** recommended for pre-hydration or rehydration during or after activity. Some ingredients, such as caffeine, may act as a diuretic, and can lead to even greater fluid loss. Please see the NFHS Position Statement on The Use of Energy Drinks by Young Athletes.

References

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McKeag DB, Moeller JL. *ACSM's Primary Care Sports Medicine*. 2nd Ed, Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins, 2007.

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Position Statement and Recommendations on the Use of Energy Drinks by Young Athletes. *National Federation of State High School Associations; Sport Medicine Advisory Committee*. October 2008.



****2010-11 NFHS CONCUSSION RULE INFORMATION FOR MEMBER STATE ASSOCIATIONS****

2010-11 NFHS Rule Book Changes on Concussion

Portion to go into the rules section and replace current language:

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. (Please see NFHS Suggested Guidelines for Management of Concussion in the Appendix in the back of each NFHS Rules Book).

Approved by NFHS Sports Medicine Advisory Committee (SMAC) – October 2009

Approved by the NFHS Board of Directors – October 2009

****NOTE:** The above rules language on concussion will be formatted for each particular sport. For example, the word “athlete” may be replaced with player, contestant, competitor and the word “contest” may be replaced with the game, match or event. Please refer to each specific NFHS rules book for the exact concussion language that has been approved for that particular sport.

****NOTE:** The persons who should be alert for such signs, symptoms or behaviors consistent with a concussion in an athlete include appropriate health-care professionals, coaches, officials, parents, teammates, and if conscious, the athlete him or herself.

The rules language above, which will appear in all NFHS Rules Books for the 2010-11 school year, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion, but not a revision in primary responsibilities in these areas. Previous rules required officials to remove any athlete from play who was “unconscious or apparently unconscious.” This revised language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. However, the revised language does not create a duty that officials are expected to perform a medical diagnosis. The change in this rule simply calls for officials to be cognizant of athletes who display signs, symptoms or behaviors of a concussion from the lists below, and remove them from play. At that point, the official's job is done.

The determinations of who qualifies as an appropriate health-care professional, the length of time required before a return to play can be approved and the method of verification of clearance for return to play will be left to individual school districts, subject to controlling state law and/or rules promulgated by individual state associations.

Definition of a Concussion:

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

Behavior or signs observed indicative of a possible concussion:

- Loss of consciousness
- Appears dazed or stunned
- Appears confused
- Forgets plays

- Unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events prior to or after the injury

Symptoms reported by a player indicative of a possible concussion:

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

The following items need to be addressed as the 2010-11 NFHS Concussion Rule comes out for each sport:

STATE ASSOCIATIONS:

1. Need to define who is an appropriate health-care professional.

Past NFHS rules books have been inconsistent in the use of terminology for health-care professionals. Various terms have been used, including “physician (MD/DO),” “medical professional,” “medical staff,” and “medical provider.” Over the past year, the NFHS SMAC has led the effort to use the generic term “appropriate health-care professional” throughout all NFHS rules books.

The intent behind this effort is that the NFHS does not have a role in determining what a specific “level” of health-care professional can do, as this is dependent upon state law. In some states, nurse practitioners can practice independently of MD/DOs and often serve as primary care providers, as do physicians’ assistants. Certified athletic trainers provide a majority of sports medicine services in many high schools and may also be considered appropriate health-care professionals.

There are different methods in which state associations may handle this apparent dilemma. Both Oregon and Washington have state laws which require athletes to be cleared to return to play by a “health-care professional” or “health-care provider,” respectively, following a concussion. In Oregon, the state association (OSAA) chose to let this definition be made at the school district level, while in Washington, the state association (WIAA) **defined these individuals as certified athletic trainers, physicians (MD/DO), nurse practitioners, and physicians’ assistants**. In the specific case of concussion, state associations and school districts may also consider including neuropsychologists in addition to the aforementioned health-care professionals. If in doubt, state associations and school districts may choose to seek clarification from their state boards of healing arts.

2. Need to define return to play criteria.

The NFHS cannot mandate or dictate activity that occurs inside or outside the confines of a game, match, event or contest. The NFHS SMAC does suggest protocols to follow after an athlete sustains a concussion

during competition or practice. The following management protocol is based upon current research and expert opinion, and is included in the Appendix in the back of all 2010-11 NFHS rules books:

Suggested Concussion Management:

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.

3. Need to determine the mechanics for removal or re-entry for return to play for the same contest.

The NFHS concussion rule calls for the immediate removal of the participant from the contest. **It is important to note that the responsibility of the official is limited to activities that occur on the field, court, or mat. Once the participant has been removed from a contest due to a suspected concussion, the coach or appropriate health-care professional(s) assumes full responsibility for that athlete's further evaluation and safety.**

4. Need to educate member schools on concussion recognition and management.

State associations should continue to provide member schools with access to current information regarding concussion recognition and management. Such materials will be regularly updated and made available on Web sites maintained by the Centers for Disease Control (CDC), NFHS SMAC and/or each state association's SMAC.

5. Need to educate officials, parents, schools and athletes on concussion.

Information about the new NFHS 20-minute online coach education course – *Concussion in Sports – What You Need to Know*, the NFHS *Suggested Guidelines for Management of Concussion in Sports* brochure, the NFHS *Sports Medicine Handbook*, materials from the CDC Heads Up program and other materials should all be made available to officials, parents, athletes and schools. Particular note should be made of the fact that some materials from the CDC are available in Spanish.

6. Need to be aware of current state laws on concussion.

Washington, Oregon and New Mexico have all passed laws mandating specific procedures in the management of high school athletes who have had a suspected concussion. At this time, at least 15 other states are considering similar legislation. We strongly suggest that state associations keep abreast of all such legislative initiatives in their states, and when at all possible, work with legislators in developing legislation.

COACHES:

1. Educate coaches on concussion recognition and management.

The new NFHS 20-minute online coach education course – *Concussion in Sports – What You Need to Know*, is a useful tool for providing concussion education to coaches in all sports. The course contains supplemental information from the NFHS and the CDC. Also, information about the NFHS *Suggested Guidelines for Management of Concussion in Sports* brochure, the NFHS *Sports Medicine Handbook*, materials from the CDC Heads Up program and other materials should all be made available to all coaches. Particular note should be made of the fact that some materials from the CDC are available in Spanish.

2. Need to understand the role of the official and appropriate health-care professional(s).

Coaches should be presented with information regarding the role of the official in recognizing signs, symptoms and behaviors of a possible concussion, and respect any decision made by an official in this regard. In addition, coaches should respect the decisions made by appropriate health-care professionals regarding removal from play. Coaches should also be empowered to not allow athletes to return to practice or competition if they are still suffering signs and symptoms of a concussion, *even if they have been cleared to return to play by an appropriate health-care professional*.

3. Need to understand that they share a responsibility in recognition of concussion in competition and practice.

While the role of the official in the recognition of a suspected concussion has been emphasized in the 2010-11 rules books, **coaches must share this role with officials during contests, and are expected to play the lead role in recognizing possible concussions during all practices.** This message is emphasized repeatedly in the new NFHS 20-minute online coach education course – *Concussion in Sports – What You Need to Know*.

4. Need to follow school district and state association policies on return to play.

The NFHS *Suggested Concussion Management Guidelines* are highlighted in this and other NFHS documents, including the NFHS online coach education course – *Concussion in Sports – What You Need to Know*. While the NFHS SMAC believes these guidelines are well-drafted, state law and state association rules may differ. Coaches must be made aware of any such rules or policies that have been enacted at the state association or school district level.

OFFICIALS:

1. Need to be aware of current NFHS rules, state laws and state association rules in regard to the signs and symptoms of a concussion.

State officials' organizations should keep in close contact with state associations regarding any directives in concussion management that differ from NFHS rules and recommendations, as well as new developments in state laws.

2. Follow protocol from state association for compliance with Concussion Rule.

Officials must be aware of the protocol for their state for each sport they officiate. The actual protocol may vary from state to state.

APPROPRIATE HEALTH-CARE PROFESSIONALS:

1. Need to be aware of current NFHS rules, state laws and state association rules in regard to concussion management.

Each state SMAC should endeavor to educate appropriate health-care professionals throughout the state on NFHS and state association rules and regulations, as well as state laws, regarding concussion management.

2. Need to understand that they share a responsibility for recognition, removal and proper management of concussion in competition.

Coaches and officials must be supported by appropriate health-care professionals in the effort to identify and properly manage athletes with suspected concussions.

3. Need to update knowledge.

Concussion evaluation and management continues to evolve. It is important that appropriate health-care professionals keep up-to-date on the most current data and guidelines.

NFHS CONCUSSION RESOURCES:

The following NFHS Concussion Resources can be found on the NFHS Web site (www.nfhs.org) under Sports Medicine unless otherwise noted:

1. 2010 NFHS – *Concussion in Sports – What You Need to Know* (www.nfhslearn.com)-
2. 2008 NFHS Sports Medicine Handbook (Every State Association should have a copy)-
3. 2009 NFHS Concussion Brochure – *Suggested Guidelines for Management of Concussion in Sports*-
4. 2010-11 NFHS Rules Books Appendix – *Suggested Guidelines for Management of Concussion*-
5. 2010 NFHS SMAC Information – *A Parent's Guide to Concussion in Sports*-
6. 2010 Summer Issue of NFHS Officials' Quarterly Magazine – "*Concussion Recognition and Management*"
7. National Center for Catastrophic Injury Research- (2010)-
8. National High School Sports Injury Surveillance System- (2010)-
9. 2010 CDC - *Heads Up to Schools: Know Your Concussion ABCs* (www.cdc.gov/Concussion)-
10. 2010 CDC – *Concussion in Sports* (www.cdc.gov/concussion/sports/index.html)-
11. 2010 CDC – *Head Up: Concussion in High School Sports* (www.cdc.gov/concussion/HeadsUp/high_school.html)-

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