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TASK FORCE ON MIDDLE SCHOOL INTERSCHOLASTIC ATHLETICS

Minutes of the 1st Meeting of the 2012 Interim

July 16, 2012

Call to Order and Roll Call

The 1st meeting of the Task Force on Middle School Interscholastic Athletics was held on Monday, July 16, 2012, at 1:00 PM, in Room 129 of the Capitol Annex. Representative Carl Rollins II, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Mike Wilson, Co-Chair; Representative Carl Rollins II, Co-Chair; Senator Joe Bowen, Representative Joni L. Jenkins; Kevin Brown, Adam Lantman, Barry Lee, Elizabeth Miles, Greg E. Mitchell, Rita Muratalla, Dan Seum, Jr., and Julian Tackett.

Legislative Guest: Senator Dan Seum.

Guests: Dr. Trevor Wilkes, Orthopedic Surgeon, Lexington Clinic; Myron Thompson, Director of Risk Management, Kentucky School Boards Association; and John Roberts, Vice-President, R. J. Roberts, Inc.

LRC Staff: Bryce Amburgey, Greg Hager, Janet Stevens, and Stella Mountain.

Welcome and Introduction of Task Force Members

Representative Rollins said the Task Force on Middle School Interscholastic Athletics was created as a result of HCR 155, enacted in the 2012 Regular Session of the General Assembly. It was established to study the current oversight of middle school athletics and to produce a final report by December 7, 2012, including findings and recommendations to improve middle school athletics.

Representative Rollins welcomed and thanked the members for serving on the task force. Senator Wilson expressed his pleasure of serving on the task force. The members introduced themselves.

Presentation: The Middle School Athlete: Unique Health Concerns

Dr. Trevor Wilkes, orthopedic surgeon with the Lexington Clinic and fellowship trained in sports medicine, said evidence-based medicine aims to apply the best available evidence gained from the scientific method to guide clinical decision making. The

Prevention programs for the general conditioning of youth carry over into athletics. Multiple high quality studies confirm the value of preventive pre-season conditioning programs that focus on areas such as the knee with regard to ACL tears, overhead athlete's shoulder, and jumper's knee (Evidence Category A).

Results of new research indicate that, contrary to previous thinking, youth do not have less effective thermoregulatory ability compared to adults during exercise in the heat when adequate hydration is maintained. Middle school athletes should follow heat guidelines (Evidence Category A) and target modifiable risk factors such as frequent breaks, daily weigh-ins, gear, and rest between efforts.

Little research is available on patients under 14 regarding the influence of concussions and there is no established baseline data to guide return to play. There is concern for the role that the cognitive damage of concussion plays on the rapid brain development of athletes in the middle school age group. Some data indicate that from 1997 to 2007, sport-related concussions doubled. A British study found a minimum of three months of symptoms after a confirmed concussion; an Australian study showed two or more concussions statistically lowered the athlete's GPA; and children under the age of 20 have a higher risk of the potentially fatal Second Impact Syndrome.

Volume of pitches per game and season is the most important factor in baseball pitchers' injuries (Evidence Category A). Technique is also important; according to a Los Angeles study, the risk of injury increases eight fold if two out of five parameters defined are incorrect. USA Baseball has published evidence-based guidelines for middle school baseball: 75 pitches per game; 600 pitches per season; 2,000 pitches per year; no throwing for three months per year; only one overhead sport per season; no breaking pitches until age of 14; and never play the positions of pitcher and catcher on consecutive days.

In response to a question from Senator Bowen, Dr. Wilkes defined overhead sport as football quarterback, baseball, volleyball, swimming, and any weighted activity with hands above the head. In response to a question from Representative Rollins, Dr. Wilkes said that basketball does not qualify as an overhead sport. He can provide a list of overhead sports.

Strength training is recommended as part of the conditioning program for middle school athletes since it has no harmful effect on growth plates. Body weight exercises, core stability, and low weight – high repetition should be emphasized. Middle schools with strength and conditioning programs need to implement lower standards per body weight compared to high schools.

In response to a question from Representative Rollins, Dr. Wilkes said that instruction for coaches on strength training varies. Mr. Tackett said that it is not required

Mr. Seum mentioned a football player and two basketball players dying from enlarged hearts. In response to his questions, Dr. Wilkes said enlarged hearts in young athletes are common and cardiac death is the single most common cause of sudden traumatic death from sports. The PPE includes a stethoscope examination and a student is referred to a specialist when a problem is detected. On a practical level, PPEs are done on many students in a short period of time. Performing EKGs on all students has been proposed but this is not an evidence-based recommendation; it is a controversial topic and the cost effectiveness would have to be taken into account. The best that coaches can do is to observe students who do not look well.

Mr. Tackett said that over-usage is a big problem. He gave an example of a basketball team playing 51 ball games in a season. Some kind of limitation needs to be implemented.

In response to a question from Mr. Tackett, Dr. Wilkes said he would like to see the same standards set for contact sports to be applied to all middle school sports because he sees concussions also in cheerleaders.

In response to a question from Representative Jenkins, Dr. Wilkes said that there is consensus that those providing PPEs be knowledgeable and have sports-related expertise, and do PPEs to stay competent.

In response to a question from Representative Jenkins, Dr. Wilkes said that cardiologists recommend that automatic external defibrillators (AEDs) be present at every feasible event. Having AEDs available at all school facilities is the minimum recommendation.

In response to a question from Mr. Lee, Dr. Wilkes said that the guidelines for high school athletics should be the minimum for middle schools. Some guidelines should be different, such as pitch counts and strength training.

In response to a question from Mr. Lee, Dr. Wilkes said that recognition is the main factor for the numbers of concussions almost doubling. Other reasons for the increase are more participation and the emphasis on being bigger and stronger in a shorter period of time.

Mr. Mitchell said that based on his experience as a coach, middle school sports are different. Minimum standards are needed but middle school sports should not be overregulated.

for free to school board members. KSBA does not have a recommended model or disclosure for financial accountability; that is something that needs to be addressed.

In response to questions from Mr. Mitchell, Mr. Thompson said that if the school district has jurisdiction over a middle school athletic event or activity, authorized volunteers under the direction of a school employee are covered by the Kentucky School Boards Insurance Trust (KSBIT) general liability policy. KSBIT does not cover participants. The insurance policy does not contain any requirements for a PPE or release forms. KSBA does not have any specific middle school insurance coverage requirements.

In response to questions from Senator Bowen, Mr. Thompson said that practices may start too early in the season and contribute to injuries and deaths. Practices need to build up gradually to get student athletes acclimated to the weather. Overlapping of different sports may also be a contributing factor and may warrant an evaluation.

In response to a question from Mr. Lee, Mr. Thompson said that district policies and procedures must be followed in order to be covered by the KSBIT policy.

In response to a question from Mr. Seum, Mr. Thompson said that coaches need to use caution when providing transportation to a student athlete and not to engage in a pattern that could be perceived negatively.

In response to a question from Mr. Tackett, Mr. Thompson said that non-public schools participating in athletics are not insured by KSBIT. Non-public schools would need individual insurance policies and would need to adhere to those policy provisions.

Presentation: Student Accident Insurance & Industry Changes

Mr. John Roberts, Vice President of R. J. Roberts, Inc. insurance agency, said that his agency provides accident insurance to over 130 school districts and colleges, and is also the agent for the Kentucky High School Athletic Association (KHSAA) Catastrophic Program. This coverage pays the medical bills when athletes are injured. Any middle school athlete playing up to the high school level is covered by the KHSAA Catastrophic Program. Districts may have a separate student accident program to cover their athletes. Middle school athletes may also be covered by their parents' personal insurance or by a voluntary plan purchased through the school district. All student accident insurance rates are increasing because of the increase in the numbers of claims. As a result, fewer schools are purchasing coverage, creating a huge coverage gap. Districts may require individual insurance, but monitoring is weak.

The current KHSAA Catastrophic Program is a \$5 million maximum benefit for 10 years with a \$25,000 deductible. It is a medical benefits policy; it pays 100 percent of usual and customary charges in excess of other insurance in force and includes a \$20,000 death benefit. This coverage is for students participating in interscholastic competitions