A regular meeting of the NMAA Sports Medicine Advisory Committee was held on Saturday, November 12, 2016 at the Santa Ana Star Center in Rio Rancho, NM.

The following were in attendance:

Tim Acklin, AT, NMATA (conference call)
Roberto Carreon, MD, SW Bone and Joint Institute
Reagan Dunahoo, PA, Ben Archer Health Center
Leigh Reddinger, AD, APS
Aaron Stem, AT, Piedra Vista High School
Rod Williams, HC, Cibola High School
Scott Owen, NMAA, SMAC Chair

Welcome and Introductions

NFHS UPDATE – Report provided by Dr. Carreon

- Teams with coaches certified in the NFL Heads Up Football program are showing a decrease in injuries and concussions.
- Baseline testing for concussions is becoming more common in state associations across the country. Aaron Stem mentioned a new, more affordable baseline testing program called BrainCheck (http://braincheck.com/) which syncs with the injury tracking program Sportsware through CSMI Solutions (http://www.csmisolutions.com/). Aaron recommended this program as an alternative to ImPACT baseline testing.
- Onside kick research has not shown an increase in overall injury rates amongst those players involved.
- The implementation of contact limits during the week in high school football has shown an overall decrease in injuries. There was some concern that the reduced time in instruction during practice may lead to an increase in game day injuries. So far this has not been the case.
- A medical identification policy for officials is an effective way at identifying known conditions of a potentially unfamiliar official when working contests. The NMOA currently recommends officials carry medical identification information while working contests but it is not mandated.
- HS RIO is showing an increase in Girls’ Soccer Injuries. Causation currently unknown.
- The NATA is still continuing to work on releasing a statement on best practices for the transportation and stabilization of head/neck injured athletes. Once released the NMAA will share the statement with member schools to assist them as they work with their local EMS on emergency head/neck injury situations.
NMAA Updates – Report provided by Scott Owen

- **Think Safe AED Program** – The NMAA has secured a contract with Think Safe, Inc. ([www.think-safe.com](http://www.think-safe.com)) to provide discounted AEDs to member schools. The NMAA will be providing information on the program shortly. Schools will have access to new and recertified AEDs at highly discounted rates in addition to AED program management and medical oversight provided by Think Safe. The NMAA has been advocating for AEDs in athletic facilities at schools and will be strongly promoting the Think Safe program.

- **Cardiac Arrest Awareness** – Discussed ways in which the NMAA can begin to increase cardiac arrest awareness with concerns that legislation may eventually pass mandating the ways in which schools address cardiac arrest awareness. Discussed creating an awareness form similar to the concussion form that all coaches, parents and athletes must sign. The cardiac arrest form would function in a similar capacity.

- **Coaching Licensure** – Reviewed the recent addition of the NFHS 1st Aid, Health and Safety course that is now required for new coaches or those coaches renewing their licensure to level two. The committee is very satisfied with this addition but does have some concerns with the ever-increasing requirements for coaches and worries if this will have an effect on coaching numbers in the future.

- **Anyone Can Save a Life** – Program was provided to all school athletic directors during the summer meeting. The program serves as a “recipe” book for creating site and sport specific EAPs using a team’s individual athletes and coaches, and is recommended by both the NFHS SMAC and the NMAA SMAC. Dr. Carreon did mention it may be prudent to also provide information on these types of programs directly to school superintendents.

- **Identifying School-based Medical Personnel** – NMAA has created an identification process for school based medical personnel including school AT’s and physicians. Thus far participation is fairly limited, having only identified roughly 40 AT’s and less than 20 physicians. NMAA will continue to examine ways to increase/identify medical personnel for help during state championship events.

- **Standing Orders for State Events** – The NMAA SMAC has created a set of state-event specific standing orders to be utilized by hired ATs. Per state licensure ATs may only practice under the standing orders of an oversight physician. Dr. Allan Rickman and Joel Sievers of the NMAA SMAC have signed the orders in effect for all ATs working NMAA state events. Discussion ensued during the meeting on how to make the orders more comprehensive. Dr. Carreon suggested including a treatment log for ATs that would be filled out for every individual treated. Those forms could then be supplied to the supervising SMAC physicians for review. It was also discussed whether physical therapists were approved to make return-to-play decisions, not including concussion, and the SMAC recommended further investigation to clarify. The NMAA will review and consider the recommendations/questions.
• **Amateur Athlete Protection Act** – Discussed possible federal legislation that would protect volunteer health care providers who administer emergency care during amateur athletic events. Also discussed the inter-state reciprocity act that would allow ATs licensed in one state to practice in another.

• **PA Announcements at State Events** – With recommendations from the SMAC, public address announcements were implemented during state events to inform the public about medical coverage on site.

• **Heads Up Football Certification** – The NMAA is one of a handful of states across the country mandating the Heads Up Certification for football coaches. Coaches will be required to take the course every four years. During this first year of implementation only head coaches will be required to take the course. In subsequent years, all coaching staff members will be required to be Heads Up certified. The cost is $10 per certification and the NMAA is absorbing all costs.

• **Wrestling Weight Management Program** – Reviewed the BodyMetrixWR machine, a potential replacement method for the wrestling weight management program. The machine functions by taking ultrasound measurements of three areas, the tricep, the scapula and the waist. Validation studies have shown this method to be almost as accurate as hydrostatic weighing. The NMAA will be receiving a model to test at which point more discussion can take place regarding the future of the wrestling weight management program. Due to the Tanita TBF-300WA’s eventual discontinuation there is a strong likelihood that the program will include multiple body fat assessment methods in the future. The testing of the BodyMetrixWR system will provide more insight going forward.

**CONCUSSION UPDATE**

• **UNM Concussion Surveillance** – Dr. Rick Campbell provided all ADs information on the concussion surveillance study during the summer clinic and requested their participation in the program, also offering a $75 incentive to any school that participated in the study and submitted information. Thus far participation has been minimal. The SMAC discussed limited time/resources as principle factors in low participation.

• **SB137** – Continue to examine concussion legislation and the new 240-hour sit. It is a concern of the SMAC that students may hide any symptoms that aren’t obviously apparent for fear of the repercussions, however the SMAC agrees that a conservative and consistent approach to this legislation is best and that if signs or symptoms of a concussion are present after a direct blow to the head students should begin the 240-hour return-to-play protocol.

• **Concussion Evaluation in Wrestling** – Discussed the potential for an increased window of time to evaluate potential head injuries during a wrestling injury time out. Wrestling only affords two minutes for injury time out. Once that time expires the wrestler must either continue or default the match. Some medical personnel have argued this isn’t a
sufficient amount of time to evaluate and determine the severity of the injury and whether or not a TBI has occurred. The NFHS SMAC has agreed that the health and safety of the student is paramount and if a medical professional is unable to definitely rule out a concussion during the two-minute time out they should err on the side of caution and remove the athlete from play. As such, the NMAA will not be advocating for an amendment to this current playing rule.

- **Head Strong Concussion Insurance** – Discussed Dissinger Reed’s concussion insurance for schools. The rate is $1.50 per student and functions similarly to secondary insurance, covering whatever the individual’s primary insurance doesn’t. Provides access to concussion specialists as well as long term care. Right now only two states are taking advantage of this insurance, Michigan and Montana. The NMAA SMAC has advised a bit more research before New Mexico moves forward on this initiative.

**OTHER ITEMS**

- **Next Meeting**

  March – State Basketball Championships at The Pit

**ADJOURN**