Summary of
NMAA Sports Medicine Advisory Committee Meeting
November 17, 2018
9:00 a.m.
Santa Ana Star Center, Rio Rancho, NM

A regular meeting of the NMAA Sports Medicine Advisory Committee was held on Saturday, November 17, 2018 at the Santa Ana Star Center in Rio Rancho, NM.

The following were in attendance:

Roberto Carreon, MD, SW Bone and Joint Institute (via conference call)
Mike McMillan, AT, SW Bone and Joint Institute
Allan Rickman, MD, Champion Orthopaedics (via conference call)
Rod Williams, HC, Cibola High School
Scott Owen, NMAA, SMAC Chair

Welcome and Introductions

NMAA Updates – Report provided by Scott Owen

- **NMAA Lightning Policy** – Reviewed the updated NMAA Lightning Policy, which is in line with the new NFHS Policy, that requires games be suspended whenever lightning is within a 10-mile radius of the venue. Schools did see more postponements this fall due to the extended radius however, most seem to be adapting well. There are still concerns about who has the final decision to postpone games as well as when to cancel a game when lightning is persistent. The committee recommended providing more clarification to the policy in these particular areas for the future.

- **Wrestling Weight Management Program** – After careful consideration and evaluation, the NMAA opted to employ Tanita’s new wrestling body fat scale, the TBF-300WA Plus, to their wrestling weight management program. The NMAA evaluated the InBody 120, the Tanita TBF-300WA (older model) and the Tanita TBF-300WA Plus (new model) using 41 New Mexico wrestlers and testing their body weights and body fat percentages on all three scales. All three scales have been validated in research as excellent alternatives to the gold standard for body fat assessment, air displacement plethysmography however, in the NMAA study; the two Tanita scales provided more consistency than the InBody 120. This factor, along with the familiarity of the Tanita and input from assessor and coaches, led the NMAA to remain with Tanita scales for body fat assessments.

- **Medical Group Partnership** – Discussed a potential partnership with a local medical group. Committee discussed and reviewed how such a partnership might best be employed and fit the needs of both the association and its student-athletes. Discussions will be ongoing as the NMAA works to create such a partnership.

- **State Event Medical Coverage** – Reviewed the NMAA/NMATA partnership/policy for medical oversight during state events. Committee continues to have concerns about allowing chiropractors and physical therapists to overrule the onsite athletic trainer on return to play decisions. The NMAA will follow up with legal counsel for an opinion on their status at NMAA state events.
Discussion Items

- **Consent to Treat** – Committee discussed how a blanket consent to treat statement might best be employed for all NMAA student-athletes across the state. There are concerns from school ATs that legally they cannot treat or evaluate minors without written consent. Committee was in favor of implementing a consent to treat form as part of the NMAA’s pre-participation requirements to ensure all athletes have access to care as well as to protect those health care providers who are providing the care. Committee also recommended including this form as part of the NMAA Physical packet and requiring that the NMAA packet be used for pre-participation purposes.

- **AED/EAP Requirement for State “Activity” Event Hosts** – Discussed whether activity state events should also be bound to the same AED/EAP requirements that athletic state events are. Activity sponsors are concerned that many of their events use multiple venues and it may be difficult to ensure each facility has an AED and this may create a hardship for them. Committee also discussed that athletic events are required to have these requirements in place due to the heightened risk of injury or medical emergencies and that risk is minimal for activity events. Committee suggested a legal opinion to determine if creating a medical standard for athletic events also creates a medical standard for activity events.

- **Coach Concussion Training Frequency** – Reviewed the frequency of coach concussion training. Committee felt that since the current training is minimal in scope and vital to ensuring coaches are aware of the concussion law, that coaches should continue to take the training annually.

- **Supplemental Coach Trainings** – Discussed whether additional health/safety trainings should be required for coaches, specifically cardiac arrest awareness. No recommendation provided at this time from the committee but the NMAA will continue to monitor this for the future.

- **Telemedicine** – NMAA inquired about telemedicine opportunities. None of the committee members present are using telemedicine at this time but shared concerns that there are some significant liability issues associated with telemedicine which have prevented them from pursuing this opportunity further. Committee suggested the NMAA continue to evaluate future opportunities but did not recommend pursuing at this time.

OTHER ITEMS

- **Next Meeting**

  March – State Basketball Championships, March 16, 2019

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