



**Tuesday, November 15, 2022 – 9:30 a.m.**  
**SPORTS MEDICINE ADVISORY COMMITTEE**  
**Video (ZOOM) Conferencing**

**Members Present:**

Dr. Camy Chapin, East Lansing  
Candace Cox, Quincy  
Dr. John Evans, Ann Arbor  
Dr. Monica Goble, Lansing  
Dr. Edwin Kornoelje, Grand Rapids  
Dr. Dallas Lintner, Fenton  
Sandra Noto, Grand Rapids  
Meaghan Rourke, Allen Park  
Meg Seng, Ann Arbor  
Mitch Smelis, Fenton  
Pat Watson, Bloomfield Hills

**Members Absent:**

Nicole Carter, Novi  
Kristi Nowka, East Jordan  
J.D. Wheeler, Hartland

**MHSAA Staff:**

Cody Inglis  
Cole Malatinsky (Recorder)  
Kathy Vruggink Westdorp (Recorder)

**WELCOME, GENERAL REVIEW AND PURPOSE OF THE COMMITTEE**

The MHSAA Sports Medicine Advisory Committee (SMAC) exists to serve the MHSAA membership while emphasizing the health and safety of students in interscholastic sports. The goals of this committee include:

1. To advise and work cooperatively with the Representative Council, Executive Committee, staff and sport committees on medical and safety issues as they relate to interscholastic sport's rules writing, regulations and guidelines.
2. Monitor, evaluate and disseminate current sports medicine information to the MHSAA and its member schools.
3. Evaluate existing resources while developing new educational measures provided through the MHSAA for member schools.
4. Work cooperatively with MHSAA sport committees to address sports medicine issues and the impact on the health and risk management of its participating students.
5. Assist the MHSAA in identifying, prioritizing and researching sport medicine issues.

The Sports Medicine Advisory Committee continues to be cognizant and reviews the full picture of what the MHSAA does and is aware of the culture of what the MHSAA does in connection with schools and students in grades 6 – 12. The process in which the Representative Council considers proposals and how the proposals relate to the educational mission of member schools continues to be a priority.

**INFORMATION RECEIVED FROM THE MEDICAL COMMUNITY**

Members of the medical community provided insight regarding what types of illnesses are currently being seen in the clinics and hospitals. Dr. Monica Goble provided updates and indicated that in spite of the initial concerns about myocarditis following COVID and vaccination, research and data suggest that there is no significant risk of cardiac related issues following COVID infections in children and young adults.

In addition, Dr. Goble promoted the MI HEARTSafe Schools program which is endorsed to assist in preventing sudden cardiac death in the young. Dr. Goble also reiterated the importance of not only having a cardiac emergency plan in place to utilize in school facilities, but also practicing that plan. Support was added by Meg Seng who indicated that her school athletic trainer does a cardiac emergency drill with every sport team, each year with middle and high school teams.

Current MHSAA coaching requirements were also discussed, especially related to CPR certification and health/safety education training – inclusive of the new requirement for all high school head coaches (varsity and subvarsity ) to have a valid, current CPR certification. Candy Cox indicated that local health departments were seeing an increase in schools requesting CPR training for coaches, which is likely related to this new MHSAA policy.

Both Dr. Chapin and Dr. Goble provided updates regarding current concerns over RSV, influenza and other respiratory illnesses. Hospitals and pediatrician offices are overwhelmed with RSV cases and are expecting a wave of Flu infections. While RSV and Flu have always been around, the increase in young children struggling with these illnesses is due to decreased exposure and immunity following the COVID stay at home order. Typically, newborns and infants are the group of particular concern and while there are some isolated cases of individuals struggling with the illness, it should not be a significant issue for middle school and high school athletes.

As indicated, Influenza was nearly nonexistent during the height of the COVID-19 Pandemic but is now making a significant comeback and earlier in the year than normal. It is recommended by the AAP and the AAFP that early testing for those who are symptomatic to differentiate the Flu from COVID-19. Most antiviral medications against the Flu are most effective if started in the first 48 hours. The hallmark of prevention is yearly vaccination and good hygiene.

Dr. Kornoelje stated that although COVID was still simmering in the background, he continues to principally see normal sport injuries. This fall has been as normal as it has been in years, and he is not seeing an increase in high velocity injuries or injuries related to athletes deconditioning or changes in training/interruptions caused by COVID. He indicated that it will be interesting to see the injury data over the next few years.

### **YOUTH MENTAL HEALTH REPORTS AND RESOURCES**

Dr. John Evans and Sandy Noto provided updates on several mental health resources currently available including “Sack the Stigma,” which is a collaborative awareness campaign by the Soho Youth Club and Valiant, which is aimed to destigmatize mental health, specifically amongst students and student-athletes. With support from the University of Michigan football team, the program looks to further the conversation around mental health within the athletic arena and beyond. Dr. Evans also provided a link to “Competition Recovery: Nutritional, Psychological and Conditioning Factors.”

Pat Watson indicated that school officials in Oakland County have seen an increase in school threats in the past calendar year. These shooting/bomb threats are posted on social media, written on walls, and spoken. The Oakland County Prosecutor’s Office has charged many cases over the past year. With social media and phone usage playing a significant role in this issue, schools have looked at banning cell phone use in schools – with resistance from parents. The parents role and responsibility in relation to threats and online behavior was also discussed.

### **PHYSICAL FORM AND UPDATE**

The committee was provided an updated MHSAA physical form which meets the conditions of the 5<sup>th</sup> Edition of the Preparticipation Physical Evaluation form provided by the American Academy of Pediatrics. The committee also received an update on the MHSAA preparticipation physical policy. The MHSAA plans to survey schools on technology/compliance software that is currently being used. This information will be important as the MHSAA continues to review the current policy as well as consideration of any future changes.

### **POSITION STATEMENTS/GUIDELINES/WET BULB GLOBE**

MHSAA staff provided resources and position statements regarding the recommendations for mouthguard use in sports as well as a post-event toolkit. Both of these are great resources from the NFHS. Information was also provided regarding the distribution of Wet Bulb Globe Thermometers to high schools around the United States, courtesy of a NFHS grant. There are a few of these left and MHSAA staff will request assistance from MATS in identifying criteria for schools to receive these remaining devices.

### **2021-22 MHSAA CONCUSSION INFORMATION**

MHSAA staff provided the 2021-22 Head Injury Summary which included the ranking of head injuries per sport, head injury reports by sport and year in both higher incidence and lower incidence sports, and head injury reports per 1000 participants by sport and year. Currently the summary reflects that 11-player football has the highest incidence of head injury reports per participants, followed by 8-player football, girls soccer, girls lacrosse, girls basketball, and wrestling.

## **EMERGENCY ACTION PLANNING**

Information regarding the importance of emergency action plans was provided. It is essential that every school institute an emergency action plan for managing serious and potentially life-threatening injuries that are developed specifically for each venue, including appropriate contact information for EMS, facility location and/or specific directions to the venue. Personnel and their responsibilities must be identified to carry out the plan of action with a designated chain of command. All schools should have a written and rehearsed Emergency Action Plan for all sponsored activities and venues which also includes a protocol for defining the need for and providing safe transport of an injured athlete.

## **ADDITIONAL REVIEWS**

MHSAA staff again provided a Competition and Practice Guidelines for Cold Weather in Alpine Skiing, modeled after the Minnesota policy, which will be moved to Representative Council for review in December.

Additional discussion included competition and practice guidelines for cold weather during outdoor spring and fall sports. The committee did not feel any statewide cold weather policy was necessary and determined that these decisions and policies should be set locally. Also discussed was the double bag in softball. Injury data related to first base collisions comparing use of the standard and double bag will be continued to be reviewed by the softball committee. Wearable technology in sport was also discussed and Dr. Kornoelje reported on his experience with the Grand Rapids G League team, which uses wearable technology on some of its athletes, mainly for training load and injury prevention purposes. While the data captured by wearable technology has the potential to become very useful from a performance and sports medical perspective, Dr. Goble also warned of unintended consequences and that data needs to be considered carefully and within context. Ultimately, NFHS rules will dictate the use of wearable technology during competition.

The MHSAA Sports Medicine Advisory Committee Meeting adjourned at 11:25 a.m. The future MHSAA Sports Medicine Advisory Committee meeting date is Thursday, April 20, 2023.