

2025-26 MHSAA SPORTS MEDICINE ADVISORY COMMITTEE

Thursday, October 23, 2025, 9:30 a.m. – Virtual

MEMBERS PRESENT

Dr. Corey Dean, Ypsilanti
Julie Felten, Frankenmuth
Dr. Dallas Lintner, Owosso
Dr. Matthew Lorincz, Brighton
Jason Malloy, Westland
Derrick Nelson, Detroit
Kelly Salter, Birmingham
Mitch Smelis, Fenton

Eric Talsma, Hamilton
Dr. Arnetta Thompson, Wyoming
Cindy Tyzo, West Bloomfield
Dr. Alyssa Vermeulen, Lansing

MHSAA STAFF

Cole Malatinsky
Kathy Vrugink Westdorp (Recorder)

The MHSAA Sports Medicine Advisory Committee (SMAC) serves the MHSAA membership by focusing on one central mission — supporting the health, safety, and well-being of students who participate in interscholastic athletics. SMAC provides guidance and expertise on medical and safety issues that impact school sports across Michigan. The committee works closely with the Representative Council, MHSAA staff, and sport committees to ensure that policies, rules, and recommendations reflect current best practices in sports medicine.

The committee goals include:

1. Offer advice and collaboration on medical and safety concerns related to interscholastic sport rules, regulations, and guidelines.
2. Monitor, evaluate, and distribute up-to-date information on sports medicine and student health to member schools.
3. Review and create resources that help schools promote safe participation and informed decision-making.
4. Partner with MHSAA sport committees to identify and address issues that affect athlete health and safety.
5. Help prioritize and research new areas in sports medicine that may influence school athletics.

SMAC's work reflects the educational mission of the MHSAA and the unique needs of students in grades 6–12. Every recommendation aims to enhance the safety, learning, and overall experience of student-athletes across the state.

DISCUSSION ITEMS

INFORMATION RECEIVED FROM THE MEDICAL AND SCHOOL COMMUNITIES

Members of the medical community provided updates on current injuries and illnesses observed in clinics and hospitals. A report received from Dr. Ed Kornoelje (U of M Health West) included an overview of his organization's continued support for athletic trainers across 17 high schools. Physicians from U of M Health West are assisting with sideline coverage and ensuring athletic trainers can quickly schedule appointments with doctors when needed. Dr. Kornoelje also highlighted upcoming continuing educational opportunities for athletic trainers. Dr. Cory Dean reiterated that athletic trainer coverage remains a significant challenge throughout the state. Financial constraints within hospital systems have led to sports medicine – and particularly athletic training – being among the first services reduced. He expressed concern for smaller, rural communities not connected to large healthcare networks, where schools risk losing access to athletic trainers entirely. The discussion centered on how schools might begin hiring athletic trainers directly, rather than relying solely on contracts with hospital systems. Dr. Dean also noted

an increase in on-field injuries potentially linked to facilities and outdated turf surfaces, suggesting that injury data related to field conditions be collected for analysis.

Kelly Salter discussed the ongoing collaboration between the MIAAA and MHSAA, highlighting shared committee participation and joint advocacy efforts. She emphasized that many individuals in education and government still do not fully understand the critical role athletic trainers play in primary care. Despite the availability of funding opportunities, such as grants, some positions remain unfilled. For example, a current grant-funded school position, supported through the Corey Stringer Institute, has yet to attract applicants due to the community's small size and limited candidate pool.

Cindy Tyzo shared the officials' perspective, noting that athletic trainers are often stretched thin, which can create challenges in ensuring adequate coverage and accessibility during competitions.

Dr. Arnetta Thompson shared her experience as a superintendent, expressing gratitude for the current systems in place, but highlighting concerns about concussions and injuries in smaller school districts. The discussion highlighted the crucial role of athletic trainers in preventing injuries and providing prompt care for athletes. She also expressed appreciation for the FinalForms system, which provides injury reporting data that supports district-level oversight. The group further discussed the challenges in hiring and retaining athletic trainers in schools, with Jason Malloy and Derrick Nelson highlighting initial difficulties in securing trainers despite efforts to express their importance to administrative teams.

The continued emphasis was on the need to think outside the box and collaborate to address the shortage. The conversation included exploring grant opportunities, promoting direct hire models, and considering school benefits to bridge pay gaps, with a focus on the care model rather than just coverage.

CONCUSSION DATA AND REPORTING CHALLENGES

MHSAA staff presented the 2024-25 Head Injury Reporting Summary, noting that overall head injury reporting rates remain consistent with prior years. It was asked as if specific protective equipment like Guardian Caps was collected, and while currently it is not tracked, a survey could be conducted through the coaches association if needed. There were some concerns about the under-reporting or lack of reporting of concussions in sideline cheerleading. MHSAA staff noted a slight decrease in overall injury reports compared to the previous year, with consistent rates in football but better reporting (between sideline and competitive cheer) as well as gender differences in concussion rates in wrestling.

STUDENT ATHLETE HEALTH RESOURCES

Updates were provided regarding the HeadStrong Insurance program, which covers concussion-related medical costs for all students participating in MHSAA-sponsored activities. Also provided was information on HeadQuarters, a free telehealth platform for schools that supplements concussion management with remote specialists and team communication – particularly valuable in underserved areas. Also addressed were several mental health resources, as well as research and availability of resources for eating disorders. These were underscored by the importance of early detection, education, and communication between schools, families, and healthcare providers.

NFHS HIGH SCHOOL RIO REPORT

A summary of the NFHS High School RIO report was provided, and a few things were identified:

- Sample patterns of injury by sport – the most common diagnosis of injury is strain and sprain.
- Two exceptions are ice hockey and cheerleading (concussion).
- Highest injury rate per 1000 athletic exposures – 14.6 in competition (boys' football).
- Lowest injury rate per 1000 athletic exposures – 1.0 in practice (girls' cross country).

The NFHS Coaches Association report was reviewed and included the following:

1. Coaches have expressed concern about the quantity and quality of officials at all levels of play.
2. Coaches and athletic directors would like more information on how to hire an athletic trainer for their schools. Specifically, are there many schools that receive financial assistance from the community or directly through the school?
3. There is a continued concern with the lack of athletic trainers in high schools.
4. Practicing Emergency Action Plans for specific sports and different venues allows the athletic department to be more prepared.
5. Most coaches and athletic directors feel that their staffs are better prepared for an emergency situation than they have been in the past.

2025-26 EQUIPMENT AND SAFETY

The group reviewed the 2025-26 "Uniforms, Equipment, and Facilities" changes/requirements, and three specific points were made:

2025-26 Ice Hockey: All players shall properly wear a neck laceration protector that shall not be modified from its original manufactured state and shall be worn as intended by the manufacturer. (Michigan adopted this in 1999.) Bodychecking is intended to gain puck possession – not to punish or intimidate. Boarding and checking from behind remain two of the most dangerous plays. Responsibility lies with the player initiating contact. The following are illegal and must be eliminated: Hits to the head, Fighting, Blindside hits, Late hits, and unnecessary contact.

2025-26 Swimming & Diving: As of the 2025-26 school year, NFHS state associations may adopt rules permitting the use of backstroke ledges during high school swimming competitions, provided the facility meets specific requirements, including a minimum water depth of 6 feet at the starting end to at least 16 feet, 5 inches from the wall. This decision is grounded in the goal of reducing risks while aligning with national and international standards for competitive swimming.

2025-26 Cross Country: Cross country runners may use cell phones to monitor glucose levels with a waiver accommodation from state associations.

The meeting adjourned at 11:20 a.m.

2025-26 MEETING DATES

The next meeting date is Thursday, April 16, 2026, at 9:30 a.m.