



REDUCING RISK AND PROTECTING AGAINST UNDUE INJURIES AND WRONGFUL DEATHS

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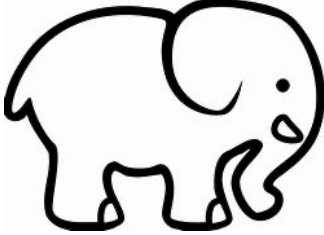
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- **Identify safety best practices for your practice environment**
- **Define NATA position statement that apply to catastrophic injury prevention**
- **Develop strategies to evaluate and assess your readiness status and capacity to be compliant with standards**
- **Identify solutions to roadblock in the implementation of prevention strategies**





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HOW DO YOU EAT AN ELEPHANT?



ONE BITE AT A TIME!

 TWIN CITIES
ORTHOPEDICS 

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NATA BEST PRACTICES

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NATA BEST PRACTICES - CONSENSUS STATEMENT

- Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges (2014)

https://www.nata.org/sites/default/files/inter-association_consensus_statement_on_best_practices_for_sports_medicine_management_for_secondary_schools_and_colleges.pdf

Endorsed by the

- American Academy of Pediatrics,
- American College Health Association,
- American Medical Society for Sports Medicine,
- American Orthopaedic Society for Sports Medicine,
- College Athletic Trainers' Society,
- National Association of Collegiate Directors of Athletics,
- National Association of Intercollegiate Athletics,
- National Athletic Trainers' Association (NATA),
- National Federation of State High School Associations
- National Interscholastic Athletic Administrators Association.



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INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

1. Duties and responsibilities of the athletic trainer and team physician
2. Supervisory relationships and the chain of command within the sports medicine team
3. Decision-making authority regarding approval for participation of student-athletes, as well as injury management and return to sport participation status after injury or illness;
4. Administrative authority for the selection, renewal, and dismissal of related medical personnel
5. Performance-appraisal tools for the sports medicine team.



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INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

10 principles to Guide Administration of Sports Medicine Athletic Training Services

- 1. The physical and psychosocial welfare of the individual athlete must always be the highest priority of the athletic trainer and the team physician.**
2. Any program that delivers athletic training services, including outreach services provided to secondary schools or other athletic organizations, must always have a designated medical director.
3. Sports medicine physicians and athletic trainers must always practice in a manner that integrates the best current research evidence within the preferences and values of each athlete.



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INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

10 principles to Guide Administration of Sports Medicine Athletic Training Services Cont.

4. The clinical responsibilities of an athletic trainer must always be performed in a manner that is consistent with the written or verbal instructions of a physician or standing orders and clinical management protocols that have been approved by a program's designated medical director.
5. Decisions that affect the current or future health status of an athlete who has an injury or illness must only be made by a properly credentialed health professional (eg, a physician or an athletic trainer who has a physician's authorization to make the decision).
6. In every case that a physician has granted an athletic trainer the discretion to make decisions relating to an individual athlete's injury management or sports participation status, all aspects of the care process and changes in the athlete's disposition must be thoroughly documented.



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INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

10 principles to Guide Administration of Sports Medicine Athletic Training Services Cont.

7. To minimize the potential for occurrence of a catastrophic event or development of a disabling condition, coaches must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations.

8. An inherent conflict of interest exists when an athletic trainer's role delineation and employment status are primarily determined by coaches or athletic program administrators, which should be avoided through a formal administrative role for a physician who provides medical direction.



INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

10 principles to Guide Administration of Sports Medicine Athletic Training Services Cont.

9. An athletic trainer's professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack health care expertise, particularly in the context of hiring, promotion, and termination decisions.

10. Universities, colleges, and secondary schools should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of athletes.



INTER-ASSOCIATION CONSENSUS STATEMENT ON BEST PRACTICES FOR SPORTS MEDICINE MANAGEMENT FOR SECONDARY SCHOOLS AND COLLEGES (2014)

10 principles to Guide Administration of Sports Medicine Athletic Training Services

8. An inherent conflict of interest exists when an athletic trainer's role delineation and employment status are primarily determined by coaches or athletic program administrators, which should be avoided through a formal administrative role for a physician who provides medical direction.
9. An athletic trainer's professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack health care expertise, particularly in the context of hiring, promotion, and termination decisions.
10. Universities, colleges, and secondary schools should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of athletes.



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NATA POSITION STATEMENTS

DOMAIN I: Risk Reduction, Wellness and Health Literacy

[Lightning Safety for Athletics and Recreation](#) (March 2013 - Replaces 2001 statement)

[Environmental Cold Injuries](#) (Nov. 2008)

[Reducing Intentional Head-First Contact Behavior in American Football Players](#) (February 2022 – Replaces 2004 Statement)

[Prevention of Anterior Cruciate Ligament \(ACL\) Injury](#) (pdf) (February 2018)

[Prevention of Pediatric Overuse Injuries](#) (April 2011)

[Preparticipation Physical Examinations and Disqualifying Conditions](#) (February 2014)

[Management of the Athlete with Type 1 Diabetes Mellitus](#) (pdf) (Dec. 2007)

[Anabolic-Androgenic Steroids](#) (Sept. 2012)

[Evaluation of Dietary Supplements for Performance Nutrition](#) (February 2013)

DOMAIN II: Assessment, Evaluation and Diagnosis

[Evaluation, Management, and Outcomes of and Return-to-Play Criteria for Overhead Athletes With Superior Labral Anterior-Posterior Injuries](#) (pdf) (April 2018)

[Management of Asthma in Athletes](#) (pdf) (Sept. 2005)

[Skin Diseases](#) (July 2010)

[Preventing, Detecting, and Managing Disordered Eating in Athletes](#) (Feb. 2008)

[Management of Sport Concussion](#) (pdf) (March 2014)

[Management of Sport-Related Concussion](#) (pdf) (March 2024)



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NATA POSITION STATEMENTS

DOMAIN III: Critical Incident Management

[Exertional Heat Illnesses](#) (2015 - Replaces 2002 statement)

[Emergency Planning in Athletics](#) (pdf) (March 2002)

[Preventing Sudden Death in Sports](#) (pdf) (Feb. 2012)

[Acute Management of the Cervical Spine-Injured Athlete](#) (May 2009)

[Immediate Management of Appendicular Joint Dislocations](#) (pdf) (December 2018)

[Preventing and Managing Sport-Related Dental and Oral Injuries](#) (October 2016)

DOMAIN IV: Therapeutic Intervention

[Conservative Management and Prevention of Ankle Sprains in Athletes](#) (July 2013)

[Management of Individuals with Patellofemoral Pain](#) (pdf) (September 2018)

[Management of Acute Skin Trauma](#) (December 2016)

[Safe Weight Loss and Maintenance Practices in Sport and Exercise](#) (June 2011)

[Fluid Replacement for the Physically Active](#) (pdf) (October 2017)

DOMAIN V: Health Administration and Professional Responsibility

[Facilitating Work-Life Balance in Athletic Training Practice Settings](#) (pdf) (August 2018)



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OTHER GOVERNING BODY GUIDELINES

NCAA Sports Science Institute best Practices and Recommendations

- [Cardiac Health](#)
- [Concussion](#)
- [Doping and Substance Abuse](#)
- [Mental Health](#)
- [Nutrition, Sleep and Performance](#)
- [Overuse Injuries and Periodization](#)
- [Sexual Assault and Interpersonal Violence](#)
- [Athletics Health Care Administration](#)
- [Data-Driven Decisions](#)
- [Other Health and Safety Issues](#)
 - [Preventing Catastrophic Injury and Death in Collegiate Athletes](#)
 - [Air Quality](#)
 - [Sickle Cell Trait](#)
 - [Skin Safety](#)
 - [Inclement/Hazardous Weather](#)
 - [Athletic Trainer Workforce](#)



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OTHER GOVERNING BODY GUIDELINES

National Federation of State High School Associations (NFHS)

<https://www.nfhs.org/sports-resource-content/nfhs-sports-medicine-position-statements-and-guidelines/>

[Suggested Guidelines for Management of Concussion in Sports](#) - October 2023

[A Parent's/Guardian's Guide to Concussion](#) - October 2023

[Position Statement on Physical Activity, Air Quality and Wildfires](#) - April 2023

[Sport Specialization Position Statement](#) - April 2023

[NFHS Statement on Medical Devices](#) - April 2023

[Soft Headgear in Non-Helmeted Sports Position Statement](#) - April 2023

[Position Statements: A Guiding Document](#) - October 2022

[Position Statement and Recommendations for Mouthguard Use in Sports](#) - October 2022

[Position Statement and Recommendations for Maintaining Hydration to Optimize Performance and Minimize the Risk for Exertional Heat Illness](#) - April 2022

[Heat Acclimatization and Heat Illness Prevention Position Statement](#) - April 2022

[General Guidelines for Sports Hygiene, Skin Infections and Communicable Diseases](#) - January 2022

[Sports Related Skin Infections Position Statement and Guidelines](#) - January 2022

[Guidelines on Handling Practices and Contests During Lightning or Thunder Disturbances](#) - January 2021

[Position Statement and Recommendations for the Use of Energy Drinks by Young Athletes](#) - January 2021



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OTHER GOVERNING BODY GUIDELINES

(NFHS Guidelines Cont.)

[Post Event Toolkit](#) - August 2020

[Position Statement on Appearance and Performance Enhancing Drugs and Substances](#) - May 2020

[Position Statement on Smokeless Tobacco](#) - May 2020

[Invasive Medical Procedures on the Day of Competition Position Statement](#) - May 2020

[Position Statement on Emerging Technology and Risk Minimization](#) - May 2020

NFHS Task Force Reports

[The Essentials Initiative](#) - October 2016

[Recommendations and Guidelines for Minimizing Head Impact Exposure and Concussion Risk in Football](#) - October 2014 Sports Medicine Summit Reports

[NFHS Injury Epidemiology Summit Executive Summary](#) - September 2019 COVID-19 Guidance

[Updated NFHS-AMSSM Guidance Statement on Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic](#) - January 2022

[COVID-19 Aerosol Study](#)



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OTHER GOVERNING BODY GUIDELINES

Minnesota State Highschool league (MSHSL)

<https://www.mshsl.org/health-and-safety>

Competition and Practice Guidelines

- Lightning/Threatening Weather
- Competition and Practice Guidelines for Cold
- Competition and Practice Guidelines for Heat
- Competition and Practice Guidelines for Air Quality
- Return to Participation Interpretation -- Bylaw 107.02 provided by the MSHSL Sports Medicine Advisory Committee.

Resources on MSHSL Website

- Concussion resources
- COVID
- Communicable Conditions
- Anabolic steroids
- Injury Intervention and treatment
- Emergency action Plan
- Heat and Hydration Information
- Mental Wellness
- Improving sports performance



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**DEVELOP STRATEGIES TO EVALUATE AND ASSESS
YOUR READINESS STATUS AND CAPACITY TO BE
COMPLIANT WITH STANDARDS**

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PROFESSIONALISM

- Read
- Understand
- Ask questions
- Advocate
- Involve the physician that signs your protocol



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EVALUATE CURRENT PROGRAM

- Understand professional standards and perform a self evaluation
 - Documentation and injury tracking, EAP, Coverage dynamic, Cardiac policy, asthma management, Heat, Concussion, HIPAA FIRPA
- Be aware of all NATA, NCAA, NFSH, MSHL and other governing bodies health and safety related legislation, Interassociation recommendations and resources
- Share health and safety legislation, Interassociation recommendations and resources with **stakeholders within your athletics department and on your institution.**
- Monitor your athletics department health and safety policies and practices to ensure compliance with NATA, NCAA, NFSH, MSHL and other governing bodies legislation, recommendation and establish consistency with Interassociation best practice guidance.



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REALLY! HOW DO I DO IT

- Identify allies and peers to assist
 - AT's within your district or conference
 - AT's within you organization
 - AD's or conference commissioners
 - Outside organizations
 - Independent consultants
 - Peers advise



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**IDENTIFY SOLUTIONS TO ROADBLOCK
IN THE IMPLEMENTATION OF
PREVENTION STRATEGIES**

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ROAD BLOCKS

- **Money**
 - Grants
 - State, Local, professional organization...
 - Partnership
 - Cost share and economy to scale
- **Lack of Knowledge**
 - Tradition
 - We have never done it that way, why now
 - Education
 - Find ways to connect back to improved performance and athletic success
 - Power/Control
 - Education
 - Find ways to connect back to improved performance and athletic success
 - May need to pull the liability card

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REMEMBER TO

- **Know your audience**
 - Treat this process like building any relationship
 - It needs to be well thought and as palatable
- **Document your efforts and roadblocks**
 - Have a discussion
 - If administration is engaged
 - follow-up with a thanks you and a plan
 - If administration is dismissive (be polite)
 - Email a desire to meet on a specific topic
 - Outline the following
 - Topic and concern
 - Provide commonsensical first steps
 - Be aware of the push back that may come with this
 - If asked why indicate, you are protecting your self and your physician from liability concerns

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DISCUSSION AND QUESTIONS

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RESOURCES

1. Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges (2014) https://www.nata.org/sites/default/files/inter-association_consensus_statement_on_best_practices_for_sports_medicine_management_for_secondary_schools_and_colleges.pdf
2. NCAA Sports Science Institute <https://www.ncaa.org/sports/2021/5/24/sport-science-institute.aspx>
3. Minnesota State Highschool League health and Safety web page <https://www.mshsl.org/health-and-safety>
4. National Federation of State High School Associations Sports medicine position statement and guidelines <https://www.nfhs.org/sports-resource-content/nfhs-sports-medicine-position-statements-and-guidelines/>

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