

Safeguarding Student–Athlete Health and Welfare Conference: Proceedings Summary

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The University of Tennessee at Chattanooga was the site of a national conference April 15 and 16, 2014, held to discuss administrative practices that ensure the effectiveness of sports medicine programs at all levels of competition. The conference was sponsored by the National Athletic Trainers' Association and Erlanger Health System. Panel members consisted of 2 physicians, 9 athletic trainers, and a nonclinician advocate for young athletes; each was selected on the basis of established expertise relating to administrative standards for protecting student–athletes' health and welfare (Table).

Formal presentations addressed guidelines to reduce the risk of acute, chronic, or catastrophic injury; the need to ensure a clear chain of command for delivery of medical services; and recommendations for selecting and evaluating clinician members of the sports medicine team. Brooke de Lench, executive director of MomsTEAM Institute, discussed plans to recognize youth sport programs that comply with safety standards and related experiences associated with production of her PBS documentary, *The Smartest Team: Making High School Football Safer*.¹ Michael Goldenberg, MS, ATC, athletic director and head athletic trainer at Lawrenceville High School, New Jersey, reviewed the sports safety checklist developed by the National Athletic Trainers' Association Secondary School Athletic Trainers' Committee for its Safe Sports School Award Program.² Ron Courson, ATC, PT, NREMT-I, CSCS, senior associate athletic director for sports medicine at the University of Georgia, described the recent "Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges."³ The consensus statement emphasized the need for administrative structures in schools and colleges to assure and clearly communicate that the sports medicine staff has unchallengeable authority in decisions affecting the health and welfare of athletes. Brian Hainline, MD, chief medical officer for the National Collegiate Athletic Association, presented his vision for the future of sports medicine programs at all levels of competition, which includes a consensus best-practice statement for avoiding conflicts of interest that is currently under development with the College Athletic Trainers' Society.

After the presentations was a panel discussion, during which the members strongly supported several statements. Best-practice documents, particularly those that are endorsed by multiple professional organizations in consensus statements, provide a valuable mechanism for

advancing student–athlete health and welfare. Setting-specific best-practice documents should include checklists that clearly define the responsibilities of and reasonable expectations for all stakeholders in a given sport setting. No single health and safety checklist is appropriate for all age groups and levels of competition because of differences in availability of resources, parental involvement, administrative structures, and health care service-delivery models. Some health and safety criteria that are considered desirable in one sport setting may be deemed essential in a different setting. For example, few community-based youth sports programs have the level of administrative support available to interscholastic and intercollegiate athletic programs. A requirement that each athlete complete a preparticipation examination is probably not feasible in the former settings but is essential in the latter settings. Having a designated team physician or program medical director and access to athletic training services is desirable for youth sports but absolutely essential for interscholastic and intercollegiate athletic programs. The panel agreed that the physician, athletic trainer, and other appointed members of the sports medicine staff must have full authority for decisions regarding the athlete's health and welfare. The panel also recognized the role of all stakeholders in eliminating real and perceived conflicts of interest that may affect decisions or recommendations made by the sports medicine staff.

The panel unanimously agreed that the health and safety of athletes in every age group and every sport setting should be protected by standards such as those defined by the Secondary School Student Athletes' Bill of Rights.⁴ Factors deemed essential for all best-practice statements and guidelines identified by the panel included (1) a written and practiced emergency action plan for each venue; (2) background screening of all personnel who coach, supervise, or provide care to student–athletes; (3) a plan for preventing, managing, and educating all stakeholders about concussions; and (4) a plan for preventing, managing, and educating all stakeholders about overuse injuries. To promote athletic program self-assessment, setting-specific health and safety checklists need to be developed, along with a plan to communicate best practices for protecting student–athlete health and welfare, to athletes, parents, coaches, administrators, and health care professionals.

Although some individuals advocate passage of legislative mandates pertaining to sport safety, the panel

Table. Members of the Select Panel on Safeguarding Student-Athlete Health and Welfare

Brian Hainline, MD, National Collegiate Athletic Association
Tracy R. Ray, MD, Duke University
Brooke de Lench, MomsTEAM Institute
Scott A. Anderson, ATC, University of Oklahoma
Marisa A. Colston, PhD, ATC, University of Tennessee at Chattanooga
Ron Courson, ATC, PT, NREMT-I, CSCS, University of Georgia
Craig R. Denegar, PhD, PT, ATC, FNATA, University of Connecticut (moderator)
R. T. Floyd, EdD, ATC, University of West Alabama
Michael Goldenberg, MS, ATC, Lawrenceville School, NJ
R. Mark Laursen, MS, ATC, Boston University
John T. Parsons, PhD, ATC, National Collegiate Athletic Association Sport Science Institute
William E. Prentice, PhD, PT, ATC, University of North Carolina

generally agreed that a mechanism for publicly recognizing youth sport leagues, interscholastic athletic programs, and intercollegiate athletic programs that voluntarily comply with best-practice standards represents a viable approach to improving the substandard conditions that persist in many sport settings. Ideally, such recognition

should be conferred by independent advocacy organizations that are free of influence from the potentially self-serving interests of a professional group. Sports medicine physicians and athletic trainers should enthusiastically support the efforts of various organizations to clearly define and communicate standards for sport health and safety to the general public.

REFERENCES

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2. FAQ: Safe Sports School Award. National Athletic Trainers' Association Web site. <http://www.nata.org/nata-news-blog/faq-safe-sports-school-award>. Published 2014. Accessed April 30, 2014.
3. Courson R, Goldenberg M, Adams KG, et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athl Train*. 2014;49(1):128–137.
4. Secondary school student athletes' bill of rights: protecting America's student athletes. Youth Sports Safety Alliance Web site. <http://www.youthsportssafetyalliance.org/sites/default/files/docs/Athletes-Bill-of-Rights.pdf>. Published 2013. Accessed April 30, 2014.

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