

Membership Committee -- Nine Members

Appointment to 1966:

Jim Price, University of South Carolina, Columbia, S.C.  
Robert E. Gurn, Lamar State College, Beaumont, Texas  
James H. Goostree, University of Alabama, Tuscaloosa, Alabama

Appointment to 1965:

\* Nasby Rhinehart, University of Montana, Missoula, Montana  
John Sayers Miller, Jr., Ball State Teachers College, Muncie, Indiana  
Carl E. Nelson, Colby College, Waterville, Maine

Appointment to 1964:

Tom Sheehan, Rensselaer Polytechnic Institute, Troy, New York  
Fred Wappel, University of Missouri, Columbia, Missouri  
Robert Hand, 5101 Arlene Street, San Diego 17, California

Code of Ethics -- Six Members

Reappointment to 1966:

Weaver Jordan, Baylor University, Waco, Texas  
Marty Broussard, Louisiana State University, Baton Rouge, Louisiana

Appointment to 1965:

\*Henry "Buck" Andel, Georgia Tech, Atlanta, Georgia  
Roger McGill, University of Pittsburgh, Pittsburgh, Pennsylvania

Appointment to 1964:

Dean Nesmith, University of Kansas, Lawrence, Kansas  
Jim Hunt, University of Michigan, Ann Arbor, Michigan

Advisory: Robert G. Brashear, M.D., Knoxville Orthopedic Clinic,  
630 Concord Street, S.W., Knoxville 19, Tennessee

Injury Committee -- Six Members

Appointment to 1966:

Bill Dayton, Yale University, New Haven, Connecticut  
Jim Conboy, U.S. Air Force Academy, Colorado

Appointment to 1965:

\*Ken Rawlinson, University of Oklahoma, Norman, Oklahoma  
Ed Block, Baltimore Colts, Baltimore, Maryland

Appointment to 1964:

Jim Stults, Colorado A & M, Fort Collins, Colorado  
Dick Wargo, University of Connecticut, Storrs, Connecticut

Constitution and Bylaws Committee -- Three Members

Reappointment to 1966:

A.C. "Whitey" Gwynne, West Virginia University, Morgantown, W.Va.

Appointment to 1965:

\*Chuck Medlar, Penn State University, University Park, Pennsylvania

Appointment to 1964:

Jules Reichel, Syracuse University, Syracuse, New York

Twenty-five Year Award Committee -- Three members

Appointment to 1966:

Edward Zanfrini, Princeton University, Princeton, New Jersey

Appointment to 1965:

\*Lawrence "Porky" Morgan, Kansas State University, Manhattan, Kansas

Appointment to 1964:

Henry Schmidt, University of Santa Clara, Santa Clara, California

Honorary Membership and Awards Committee -- Three Members

Reappointment to 1966:

Al Sawdy, Bowling Green University, Bowling Green, Ohio

Appointment to 1965:

\*Walter Bakke, University of Wisconsin, Madison, Wisconsin

Appointment to 1964:

Ernie Riggs, Ohio State University, Columbus, Ohio

\* Indicates Chairman

I am sending to you today a notice of our meeting, with the appropriate enclosures for reservations, etc. You might want to send these to one of your representatives, if there is to be such at the forthcoming meeting.

Next year, that is in 1966, the annual meeting will be held at French Lick, Indiana, from June 26 through 29. I just call this to your attention so that you can get it on the association's calender of events.

Finally, you are undoubtedly aware of the fact that Mr. Eastwood will no longer be working for the Football Coaches Association in the area of fatality report. The National Federation has, of course, for several years prepared its own fatality report, a copy of which I am also enclosing for your examination and study. Should you like additional copies of this report sent to some of your members, or additional copies sent to you, let us know of your wishes. We will most certainly cooperate.

It is our plan to work with the N.C.A.A.'s injury committee in the area of football fatality report. We are anticipating using identical forms, each one collecting information at its own level and then combining to make one report.

This report will not be used for "publicity" purposes but only for professional study.

We would like to have your recommendations if you have any concerning the fatality report matter.

Very truly yours,

(Signed) Clifford B. Fagan  
Executive Secretary

CBF;etb  
Encls.

## THE NINETEENTH ANNUAL REPORT OF HIGH SCHOOL FOOTBALL FATALITIES 1/65 J

1946 - 64

Prepared by the National Federation of State High School Athletic Associations

The annual FOOTBALL FATALITY REPORT is compiled with the united help of state association executive officers, high school coaches, athletic directors, school administrators and physicians. They have gathered all available data concerning the casualties and forwarded it to the National Federation office. In addition, they have helped interpret much of the data collected, in an all-out effort to further reduce the already low incidence of football fatalities. Each January this comprehensive study is made available to the National Alliance Football Rules Committee as the report of the Football Injury Data Committee. Copies of the report may be procured from Clifford B. Fagan, Executive Secretary of the National Federation of State High School Athletic Associations, 7 S. Dearborn Street, Chicago, Illinois, 60603 after February 1, 1965.

For the 1964 high school season there was a total of 19 fatalities (head - 16; neck - 2; and cardiac arrest - 1) which resulted directly from participation in interscholastic football. There were 12 other fatalities which were indirectly attributed to football, 4 due to heat exhaustion, 2 to heart disease, 2 to asthmatic conditions, and 4 to cerebral hemorrhage. In 1963, there were 13 direct and 2 indirect fatalities.

Study reveals that 10 of the fatal injuries were incurred without it being known whether the players were performing defensive or offensive maneuvers; 4 fatalities were incurred by boys making a tackle, 2 were to runners, 2 to blockers and 1 to a defensive player being blocked. There were 11 fatalities (57.9%) which resulted from game competition, with 6 occurring in practice sessions and 2 occurring in interschool scrimmages. Of the 11 fatalities which resulted in game competition, 2 happened on kick-offs, 1 to a tackler and the other to the kicker when he was blocked downfield. Of the game incurred fatalities, 4 were indicated as having been received in the 1st quarter, 1 in the 3rd quarter and in 7 situations it was not known in which quarter the injuries were received. The 1963 report divulged that 4 of the 8 fatal injuries incurred in games took place in the 3rd quarter. It is gratifying to see that only one such fatality was indicated as being received during the 3rd quarter in 1964. Players are more vulnerable to injury when they are tired or not properly warmed up to start the 2nd half. This year the National Federation and its member state associations stressed at their rules meetings and through their bulletins that officials and coaches must insist there be strict adherence to the mandatory 3-minute warm-up period prior to the beginning of the 2nd half. It is also interesting to note that during the past 6 seasons there have been only 3 direct fatalities attributable to abdominal and chest injuries. Two of these have been ruptured spleens (during the 1959 and 1961 seasons) while the other was a blood clot in the pulmonary artery leading to the lungs (during the 1963 season). During the 1st half of the 1950-60 decade, internal abdominal and thoracic injuries accounted for approximately 25% of the direct fatalities each year. Beginning with 1959 this dropped to 12 1/2%, in 1961 to 6 1/4%, in 1963 just under 8%, while none was incurred in 1960, 1962 and 1964. The direct fatalities which result from injury to the head and cervical spine areas vary somewhat from year to year and usually they account for about 75% of the total fatalities. During 1962, the entire 100% occurred in these two areas. In 1964, 18 of the 19 fatalities incurred, resulted from injuries in these two areas. It becomes evident that there is an increasing need for coaches to further emphasize "heads-up tackling and blocking." The number of fatalities directly caused by head and neck injuries must be reduced. To curtail these injuries, selected exercises for increasing the strength of the neck, upper arms and shoulder girdle areas must be diligently followed. Comprehensive research reveals that cervical spine injuries generally are caused by severe force to the top of the head. Some have been caused by an upper-cutting blow to the face protector, while others result from a twisting action being applied to the upper spine, such as when the player's face protector is grasped and rotated or jerked. Officials and coaches are urged to increase their vigilance in requiring each team to do its mandatory 3-minute warm-up drills just prior to the start of the 2nd half.

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Football Fatality Report - 2

Below is the 1964 High School Football Fatality Report.

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NO. HIGH SCHOOL PARTICIPANTS: 850,000  
 NO. FATAL INJURIES: 19  
 AVERAGE AGE: 17 Years  
 CERTIFIED AS PHYSICALLY FIT: 19

APPROXIMATE EXPOSURES: 120,000,000 man hours  
 INCIDENCE:  
 2.23 per 100,000 participants  
 1 death per 6,315,789 man hour exposures

EQUIPMENT: Each report stated player equipment was satisfactory and did not contribute to any of the fatalities.

TYPE OF ACTIVITY: 11 in GAMES (1st Quarter 2; 2nd Quarter 2;  
 3rd Quarter 1; 4th Quarter 1) (Quarter not determined 5)

6 in PRACTICE SESSIONS

2 in INTERSCHOOL SCRIMMAGES

AID FIRST RENDERED BY: COACH OR TRAINER: 9  
 PHYSICIAN: 10

TYPE OF PLAY:	1964	1963	1962	1961	1960
Tackling:	4 - 21.1%	6 - 46.2%	6 - 54.5%	5 - 33%	1 - 14.3%
Being Tackled:	2 - 10.5%	3 - 23.1%	1 - 9.1%	0 - 0	2 - 28.6%
Blocking:	2 - 10.5%	1 - 7.6%	1 - 9.1%	0 - 0	1 - 14.3%
Being Blocked:	1 - 5.2%	0 - 0	0 - 0	2 - 13.2%	0 - 0
Being Piled on:	0 - 0	0 - 0	0 - 0	1 - 6.6%	0 - 0
Unknown:	10 - 52.7%	3 - 23.1%	3 - 27.3%	7 - 46.2%	3 - 42.8%
No report:	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0

TYPE OF INJURY:	1964	1963	1962	1961	1960
Brain Injury	16 - 84.3%	10 - 76.9%	9 - 81.8%	9 - 60.2%	6 - 85.7%
Fractured Neck					
Vertebra	2 - 10.5%	2 - 15.4%	2 - 18.2%	1 - 6.6%	0 - 0
Ruptured Spleen	0 - 0	0 - 0	0 - 0	1 - 6.6%	0 - 0
Blood Clot in					
Artery	0 - 0	1 - 7.7%	0 - 0	0 - 0	0 - 0
Cardiac Arrest	1 - 5.2%	0 - 0	0 - 0	0 - 0	0 - 0
Others	0 - 0	0 - 0	0 - 0	4 - 26.2%	1 - 14.3%

FATALITIES:	1964	1963	1962	1961	1960	1959	1958	1957	TOTAL
Direct	19	13	11	15	7	8	12	14	99
Indirect	12	2	5	7	1	3	0	1	31
	31	15	16	22	8	11	12	15	130

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## Football Fatality Report - 3

YEAR	NUMBER OF FATALITIES	NUMBER OF FATALITIES PER 100,000 PARTICIPANTS
1964	19	2.23
1963	13	1.67
1962	11	1.41
1961	15	2.08
1960	7	.97
1959	8	1.11
1958	12	1.66
1957	14	2.11
1956	10	1.50
1955	7	1.06
1954	12	1.85
1953	10	1.54
1952	5	.77
1951	7	1.07
1950	10	1.54
1949	8	1.33
1948	9	1.50
1947	7	1.16
1946	14	2.11

The average number of fatalities per 100,000 squad members for the past 19 years is 1.48. The average number of fatalities per 100,000 squad members for the years 1931-1964, inclusive, except 1942 when no statistics were kept, is 1.45 per 100,000 squad members. Dr. Floyd Eastwood of Los Angeles State College, who has prepared the National Collegiate Athletic Association's Football Fatality Report for a good many years, indicated in the Thirty-Second Annual Survey of Football Fatalities that for the years 1931-1964, inclusive, excluding 1942 when no survey was prepared, the incidence of fatalities per 100,000 college football squad members was 2.10.

**SUGGESTIVE PREVENTIVE METHODS:** (1) For interscholastic football competition opponents should be of equable size, experience, speed, strength and general athletic ability. (2) Reemphasizing that comprehensive physical examinations be rendered to each participant before he is allowed to practice and compete. (3) When a congenital weakness is suspected, a close check should be made immediately with medical authorities. (4) When there is any doubt as to the seriousness of a sprain or bruise, x-rays should be taken. (5) Each school should strive to have a team trainer who is a regular member of the faculty and adequately qualified in treating and preventing injuries. (6) Coaches and trainers should thoroughly learn the art of giving proper mouth-to-mouth resuscitation. (7) Whenever possible a physician should be on the field of play during game and practice sessions. When this is not possible, arrangements must be made in advance to obtain physician's immediate service when emergency arises. (8) Officials must be more vigilant to strict enforcement of all aspects of the football rules, particularly those which safeguard the welfare of participants. The practices of "goring" and "spearing", through use of the plastic-encased head as a battering ram for either blocking or tackling, must be curtailed. It is hazardous and has contributed to a number of serious injuries. Two direct fatalities during the 1964 season resulted from fractured cervical vertebrae. These injuries generally are caused by hyper-flexion or hyper-extension of the neck. Boys must be given remedial exercises which will strengthen their necks so that participants will be able to hold their heads firmly erect when making contact. "Spearing" and "goring" not only cause injuries to the person committing the act but, in some instances, the person who receives the head charge, particularly when hit in his stomach, chest or kidney areas incurs a crippling injury. Coaches who are responsible persons will not teach such techniques that increase the hazard of the game. The very fine helmets available today have been

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Football Fatality Report - 4

developed for the purpose of protecting the wearer rather than to be used as an implement to punch, cripple or disable opponents. (9) Coaches must be made to realize it is their responsibility to be alert for fatigue factors in their squad members, with special attention during the early seasoning conditioning period. Six of the 15 fatalities for which football was directly responsible, occurred during the month of August.

(10) Maintain a continued close cooperation with manufacturers in the research of safety factors for athletic equipment. (11) School administrators must insist that the board provide competent well trained coaches, excellent facilities and excellent equipment which fits each individual properly. (12) Maintain a close cooperation with the medical groups at the national, state and community levels. (13) School administration must insist that the coaching personnel direct attention toward practices that help keep a salt balance during fundamental drills, scrimmage sessions and games. This year there were 3 deaths caused by heat stroke. The following rules need to be observed: shorts and lightweight athletic shirts should be the proper equipment used for the first week of practice with no contact work involved. When noticeable perspiring takes place, a fluid intake of salt water must be available during the practice. A recognized replacement for fluid loss is a sterile 0.1% saline solution (2 teaspoonsfuls of ordinary table salt for each 1 gallon of water). It generally is suggested it be ingested at the rate of at least 1 quart per hour during extreme perspiring.

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TIME OF YEAR FOOTBALL FATAL INJURY OCCURRED

YEAR	SPRING PRACTICE	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
1964	0	6	6	7	0	0	19
1963	2	3	2	4	2	2	13
1962	0	2	4	5	0	0	11
1961	0	3	8	4	0	0	15
1960	0	1	4	2	0	0	7
1959	0	4	1	3	0	0	8
1958	0	2	5	4	1	0	12
1957	0	3	6	2	3	0	14
1956	0	1	3	4	2	0	10

This report is based on data supplied by State High School Associations.

HISTORIES OF 1964 HIGH SCHOOL FATALITIES

January 5, 1965

DIRECT FATALITIES

Alabama - Everette Arnold Hawthorne - Age 16 years and 3 months, an end at the Mobile County Training School, Plateau, Alabama, injured himself in making a tackle when an opponent returned the kick-off. The injury occurred on October 30, 1964. The injury involved fractures of the 4th and 5th cervical vertebrae with quadraplegia. Witnesses indicated his head appeared to be bent downward (hyper-flexion) excessively when he executed the tackle. The fractured vertebrae caused severe injury to the spinal cord. He succumbed on November 8, 1964 at a Mobile hospital.

Colorado - Kenneth Stout - Age 17 years and 5 months, attended Las Animas High School in Las Animas, Colorado. On September 9, 1964, he competed in a squad scrimmage and was a defensive back. It was not known when or how he was injured, however, he incurred a subdural hemorrhage. He was stricken at the field and was rushed to the hospital where he died on September 10, 1964 from the injury. There was no visible bruise on the boy's head nor was the helmet damaged. Surgery was performed and it was revealed that the student had an abnormal artery extending from the middle meningeal to the left front lobe of the brain. This attenuated artery ruptured. There was no evidence of any blow to the head.

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## Football Fatality Report - 5

Florida - Mark Larson - Age 15 years and 10 months, attended Miami Beach High School, Miami Beach, Florida. On October 1, 1964, while competing in an interscholastic game, Mark, in attempting to block on a punt receiving situation, hit his head on an opponent's hip or leg and then fell to the ground. He was immediately rushed, in an ambulance, to the hospital, where his condition worsened. A physician on duty performed an open-chest heart massage, which was to no avail and the student died that same date. An autopsy revealed that Mark died from cardiac arrest and also received multiple cerebral contusions and small lacerations.

Illinois - Richard Michael Dees - Age 17 years and 6 months, was a student at the Senior High School, Litchfield, Illinois. On September 26, 1964, while playing end on defense, he was injured when he made a tackle. He died on September 27 in the hospital. An autopsy revealed the injury was a massive subdural hemorrhage. The boy had incurred a mild frontal concussion 3 days before the signs of acute injury began during the football game. He did not report his original injury to the school authorities.

Iowa - Kenneth Locke - Age 18 years, attended the Knoxville High School, Knoxville, Iowa. He was injured on October 16, 1964, while playing quarterback. He was rushed to the hospital and subsequently a brain operation was performed to remove a blood clot. He died on October 21, 1964 from the effects of the subdural hemorrhage.

Louisiana - Roy Washington - Age 18 years and 9 months, attended Central Memorial High School in Bogalusa, Louisiana. On September 4, 1964, he was injured after playing approximately 8 minutes in the game. He was rushed to the hospital where he was pronounced dead. An autopsy revealed he died of a subdural hemorrhage on the right side of the brain.

Massachusetts - John Orcutt - Age 14 of Lowell Junior High School, Lowell, Massachusetts, was injured on October 19, 1964. John had just made a tackle and he failed to get up. When his coach reached his side, John said his head hurt, then he lapsed into unconsciousness and mild convulsions. There was no bleeding from the nose, ears or mouth, nor were there any lumps or marks to indicate the spot of his injury. He was removed from the field on a stretcher and within two minutes the ambulance arrived and took him to the hospital. The attending physician examined him and found nothing of consequence to cause alarm. Five minutes later, John had passed away. The cause of death was a severe cerebral hemorrhage.

Mississippi - Robert E. Holder - Age 17 years, was a student at Caledonia High School, Caledonia, Mississippi. On October 16, 1964, he was injured when he attempted a tackle and struck his head on the ground. He was hospitalized immediately and subsequently operated on for a cerebral concussion on the left side of the brain. On October 21, 1964, he passed away.

Mississippi - James Winston Etheridge - Age 19 years and 2 months, was injured on September 11, 1964 on a kick-off play when he went downfield where he was blocked. The autopsy divulged that the student had died instantly when he sustained a dislocation of the 1st and 2nd cervical vertebrae with trans-section of the spinal cord being the cause of death.

Nevada - Angelo C. Tognoni - Age 17, was a student at Eureka High School, Eureka, Nevada. On October 10, 1964, he was injured while competing in an interscholastic football contest. He was rushed to Reno, Nevada, where surgery was performed immediately. He died on October 13, 1964. The cause of death was a subdural hematoma. He complained of feeling ill during the 3rd quarter of the game and had collapsed unconscious moments later, prior to being rushed to Reno for the surgery.

New York - Stephen Gilbert - Age 17 years and 8 months, attended Hannibal Central School, Hannibal, New York. On October 17, 1964, the student was injured while competing in an interscholastic contest. At the end of the game he collapsed while leaving the field. He died the next day in the hospital. An

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autopsy revealed that the student had incurred a cerebral concussion with traumatic cerebral edema and secondary (fatal) hemorrhage of the brain stem which was displaced.

Ohio - Lawrence Boyce - Age 18 years and 10 months, was a student at the Collinwood High School, Cleveland, Ohio. He was injured while competing in a squad scrimmage on September 1, 1964. At first the injury was not noticeable. On September 13, he was hospitalized. He lived until October 18, 1964. The autopsy revealed the student had died from a subdural hemorrhage with the brain stem also being badly injured.

Oregon - Gary Devon Nelson - Age 15 years and 10 months, attended South Salem High School, Salem, Oregon. On August 26, 1964, the student concerned was competing in a one-on-one tackling drill. It is not known whether he was the ball carrier or the tackler when he was injured. He was hospitalized 15 minutes after the accident occurred and died the following day. The injury was a brain stem concussion with a right acute subdural hemorrhage. The injury was incurred by acute hyper-extension with either a pathway of force to the brain stem or temporary occlusion of the vertebral arteries, thereupon causing a brain stem concussion. The autopsy reported there was enough trauma to the head to cause cerebral lacerations, arterial bleeding and the acute subdural hematoma. This occurred without any evidence of external trauma to the head or the neck.

Pennsylvania - Allen Wagner - Age 15 years, was a student at DeLone Catholic High School, McSherrystown, Pennsylvania. On October 21, 1964, he was injured while competing in a tackling drill. He was tackled and fell on his back. He died the following day. An autopsy revealed that death resulted from a subdural hematoma on the right side of the brain. There were no visible marks on the skull or the scalp.

Pennsylvania - Herbert B. Clausen, Jr. - Age 17 years, 2 months, attended Warwick High School, Lititz, Pennsylvania. On September 2, 1964, he was injured while taking part in blocking practice on the dummy. He received a severe twist or jolt to his neck in the drill. He died on September 8, 1964. The autopsy revealed that the injury was a hemorrhage of the left hemisphere of the brain accompanied by brain stem injury. There was no demonstrable fracture revealed.

South Dakota - Dennis Grinde - Age 16 years and 5 months, attended Colton High School, Colton, South Dakota. On September 25, 1964, Dennis competed in an 8-man football game. He was injured in the game but it is not known when or what he was doing when the injury was incurred. He came off the field of his own accord and announced to the coach he had a headache. He had played about 30 minutes. In a few seconds, he became unconscious. Dennis was rushed to the hospital and into surgery immediately after injury was diagnosed by physician as a brain hemorrhage. The brain surgery confirmed this diagnosis. On September 26, Dennis passed away.

Texas - Stephen Baker - Age 16 years and 7 months, attended Sanger High School, Sanger, Texas. He was injured in a game played on August 27, 1964. He collapsed on the field after running a quarterback sneak play without receiving any particularly severe blow. He died on September 29, 1964. An autopsy revealed that the death was caused by an extensive subdural hematoma on the right side of the brain in the temporal area with resultant downward and medial compression on the right side of the brain causing death.

Virginia - Lawrence Douglas Arrington - Age 17 years and 4 months, attended Haysi High School, Haysi, Virginia. On August 28, 1964, this student was injured while competing in an interscholastic contest. He died in the ambulance en route to the hospital. There was no autopsy performed. The attending physician ruled that the injury which caused death was due to a brain hemorrhage.

Washington - Ronald Weeks - Age 16 years and 7 months, attended Wenatchee High School, Wenatchee, Washington. He was injured on September 8, 1964 when he carried the ball in a squad scrimmage situation,

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in which he collided heads with a defensive player. He died on September 10, 1964. An autopsy diagnosis indicated that the student had incurred a severe brain stem injury.

#### INDIRECT FATALITIES

Colorado - Edgar Balkenbush - Age 15 years, attended Mullen High School, Fort Logan, Colorado. On August 20, 1964, the student was stricken after running 2 or 3 windsprints on the opening day of football practice. He was proceeding to another coaching station when he complained of being nauseated. He sat down to rest, collapsed and lapsed into a coma from which he never recovered. A physician attended him on the field, diagnosed the condition, and ordered the boy to be removed immediately to the hospital. The student died that evening. The boy took part in no contact work at all. The certificate of death indicates that death was due to a massive severe cerebral hemorrhage, which in turn, was caused by a congenital aneurysm of the middle cerebral artery.

Colorado - Bernardo Luis Raigoza - Age 14 years attended Corwin Junior High School, Corwin, Colorado. He had completed football practice when he became dizzy and was noted to be talking irrationally. The fire department was called and it administered oxygen and first aid when student's breathing became irregular and difficult. He was rushed to the hospital and was unconscious on arrival. The attending physician said the youth had no physical contact in practice. Physician further stated youngster had died of a brain hemorrhage which could have happened any time, any place.

Florida - Bennie Padgett - Age 17 years, attended Hastings High School, Hastings, Florida. During a practice football session on September 7, 1964, Bennie collapsed. He was rushed directly to the hospital and was operated upon to stop the hemorrhage of a large blood vessel in his head. He died that same day. The surgeon who operated to curtail the hemorrhage said the condition was such that it could have been brought on by any strenuous exercise. There was no evidence whatsoever that any contact had been made with any part of the boy.

Massachusetts - John McCourt - Age 17 years and 7 months, attended St. John's Prep School, Danvers, Massachusetts. On September 1, while competing in practice, the student concerned was stricken with a heat stroke. He was hospitalized when his temperature arose to 108°. A unique automatic cooling blanket dropped his temperature 7 degrees in a few hours and another 5.5 degrees during the first 24 hours (lowered to 95.5°). On Thursday, September 3, 1964, he passed away.

New York - Bruce Nowaczyk - Age 15 years of Cheektowaga Central High School, Cheektowaga, New York, was injured in a football game on September 26, 1964. He realized he was ill following the first play of the game and was removed promptly. While on the bench, he fainted, whereupon he was rushed to the hospital. He died that same day and the cause of death was found to be a ruptured blood vessel. The examining physician emphasized it could have happened at any time, any place, whether the youngster was engaged in physical activity or not. The examining physician pointed out that there was no injury whatsoever to the head or any other area.

Ohio - Gerald Lee Hahn - Age 15 years and 2 months, attended Eastwood High School, Pemberville, Ohio. On a game kick-off formation the student ran forward 10 yards and without making any contact whatsoever keeled over. He was rushed to the hospital and adrenalin was shot directly into the heart and electric shock treatment rendered, however, he could not be revived and was pronounced dead. The next morning an autopsy was performed. It revealed that the result of death was acute heart disease. The death, according to the autopsy report was not due to any football injury and could have happened at any time.

Ohio - Daniel Dinison Pavey - Age 15 years and 7 months, was a student at Washington High School, Washington Court House, Ohio. On August 21, 1964, he was stricken with heat exhaustion following

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## Football Fatality Report - 8

practice. The boy died on August 23, 1964, and a post-mortem was done. It confirmed the clinical diagnosis. The physician's report indicates that this student's death was caused by a heat stroke and that all routine precautions against this appeared to have been taken by the coaching staff.

Oregon - Lynn Deuell - Age 15 years, attended Corvallis High School, Corvallis, Oregon. On October 5, 1964, he had just finished participating in calisthenics and was helping to set up dummies for further practice. The boy seemed short of breath. Knowing Deuell's medical record of an asthmatic condition, the coach told the boy to rest. The boy went to the dressing room to get an inhalator from his locker and collapsed before he could open the locker. Artificial respiration was administered by the coach and an ambulance was called and first aid rendered. The boy was rushed to the hospital where he was pronounced dead on arrival.

Pennsylvania - Joseph M. Pettorossi - Age 16 years, was a student at St. Joseph's Preparatory School in Doylestown, Pennsylvania. On August 24, 1964, this student was stricken with heat stroke while he was eating dinner at the team's training table. He went into convulsions and was rushed to a hospital where he died.

Tennessee - William Warren - Age 17 years and 3 months, attended Notre Dame High School in Chattanooga, Tennessee. On August 3, 1964, after taking part for 20 minutes in a practice session, the student was stricken with heat exhaustion. When he did not immediately respond, he was placed in the principal's car and taken to the hospital. He expired within 30 or 45 minutes after taking ill. Death was due to heat exhaustion.

Tennessee - James Knutz Weber III - Age 17 years, attended Tennessee Military Institute, Sweetwater, Tennessee. On September 11, 1964, after taking part for ten minutes in a team practice session, the student suffered a heart attack. He was rushed to the hospital and artificial respiration was given at the field and en route. At the hospital, the doctor performed a thoracotomy with open cardiac massage in an effort to restore life. The physician indicated that the student died on the field from an acute coronary occlusion. The doctor indicated that the student had a vague history of having heart disease at 5 years of age.

Texas - Vernell Haynes - Age 15 years and 7 months, attended Pecos High School, Pecos, Texas. On November 10, 1964, following a practice session, the player was stricken just as he had started to run laps. He fell to his knees and complained of chest pains. He was rushed to a hospital where he died that same day. The student was an asthma sufferer. The autopsy confirmed that asthma was responsible for his death and that football was not to blame.

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street

Chicago, Illinois 60610

June 2, 1965

Mr. William E. Newell  
Executive Secretary  
National Athletic Trainers Association  
Purdue University  
West Lafayette, Ind.

Dear Mr. Newell:

At its meeting on May 22-23, 1965 the AMA Committee on the Medical Aspects of Sports carefully considered your recent letter with respect to some form of professional recognition for the National Athletic Trainers Association. As I think you know, the Committee has valued its warm relationships with representatives of the National Athletic Trainers Association and wishes to continue and promote this liaison.

Consequently the Committee forwarded your communication to the AMA Commission to Coordinate the Relationships of Medicine with Allied Health Professions and Services with the request that everything possible within policy provisions be done to promote close working relationships with the National Athletic Trainers Association. It is too early to suggest what kind of liaison arrangements to promote such relationships may be made, but we wanted you to know that your letter has been and is being considered by appropriate groups here at AMA.

We will keep you informed of developments.

Sincerely,

(Signed)  
Fred V. Hein, Ph.D.  
Secretary, Committee on  
the Medical Aspects of Sports

FVH:mw-12191

cc: Owen B. Murphy, M.D.

T.B. Quigley, M.D.  
319 Longwood Avenue  
Boston, Massachusetts 02115

1 June 1965.

Lawrence R. Dame, M.D.  
78 Federal Street  
Greenfield, Mass.

Dear Doctor Dame:

This letter is addressed to you as a member of the American Medical Association Commission to Coordinate the Relationships of Medicine with Allied Health Professions and Services, and concerns the National Athletic Trainers Association.

This group, which has been in existence for less than ten years, has very high standards, fills a real and increasing need in this country, and seeks recognition by the American Medical Association.

I am informed that this will be discussed soon by your Commission.

I can recommend the National Athletic Trainers Association to you in very high terms indeed. More than any other group they have improved the public image of the Athletic trainer to its present dignity and usefulness. The role of the trainer as the delegate of the doctor is essential in the rapidly expanding concept of "athletics for all" in our schools, colleges and universities.

More than half of the trainers now members of the National Athletic Trainers Association hold academic degrees, and an increasing number who serve at the college level have faculty rank! There simply aren't enough doctors to be present at all of the sports activities in schools and colleges today and there will be even fewer as our population and athletic programs increase. The qualified trainer fills this gap well, linking medicine and organized sport, and implementing the unchallenged ancient Greek principle of the sound mind in the sound body.

I do hope that official recognition, in whatever form is appropriate will be forthcoming from the American Medical Association for the National Athletic Trainers Association.

Very truly yours,

TBQ:rtb

T.B. Quigley, M.D.

N.A.T.A. TREASURER'S REPORT AS OF  
JUNE 1, 1965

Balance on Hand June, 1964.....\$ 2,983.13

Receipts

Dues.....	\$ 3,350.30
Journal Sales.....	4.50
Journal Advertisements.....	703.75
Convention 1964.....	5,841.63
Miscellaneous (Sale of Pins and Emblems).....	57.50
Convention 1965.....	450.00

TOTAL RECEIPTS.....\$ 10,407.68      \$ 10,407.68

Disbursements

Salaries.....	\$ 1,669.60
Journal Publishing and Mailing .....	2,780.79
Convention 1964 (Badges, Programs and Mailing 1965).....	2,502.50
Travel.....	1,039.51
Dues .....	135.00
Miscellaneous..... (Pins and Emblems)	407.39
Office Expense .....	1106.68
Office Supplies.....	437.75

TOTAL DISBURSEMENTS.....\$ 10,079.22      \$ 10,079.22

BALANCE ON HAND.....\$ 3,311.59

## COMMITTEES

### MEMBERSHIP COMMITTEE -- Nine Members

#### Appointment to 1967:

Frank Sheridan, Lafayette College, Easton, Pennsylvania  
Bruce Melin, Washington University, St. Louis, Missouri  
Bill Chambers, Fullerton College, Fullerton, California

#### Appointment to 1966:

Jim Price, University of South Carolina, Columbia, South Carolina  
Robert H. Gunn, Lamar State College, Beaumont, Texas  
James H. Goostree, University of Alabama, Tuscaloosa, Alabama

#### Appointment to 1965:

\*Nasby Rhinehart, University of Montana, Missoula, Montana  
John Sayers Miller, Jr., Ball State Teachers College, Muncie, Indiana  
Carl E. Nelson, Colby College, Waterville, Maine

### CODE OF ETHICS -- Six Members

#### Appointment to 1967:

Dean Nesmith, University of Kansas, Lawrence, Kansas  
Jim Hunt, University of Michigan, Ann Arbor, Michigan

#### Appointment to 1966:

Eddie Lane, Southern Methodist University, Dallas, Texas  
Marty Broussard, Louisiana State University, Baton Rouge, Louisiana

#### Appointment to 1965:

\*Henry "Buck" Andel, Georgia Tech, Atlanta, Georgia  
Roger McGill, University of Pittsburgh, Pittsburgh, Pennsylvania

### INJURY COMMITTEE -- Six Members

#### Appointment to 1967:

Ernie Biggs, Ohio State University, Columbus, Ohio  
~~Clint Houy, Dallas Cowboys, 4425 North Central Expressway, Dallas, Texas~~

*Jerry Rhea - Odessa Public Schools*

#### Appointment to 1966:

Bill Dayton, Yale University, New Haven, Connecticut  
Jim Conboy, U.S. Air Force Academy, Colorado

#### Appointment to 1965:

\*Ernie Biggs, Ohio State University, Columbus, Ohio  
Ed Block, Baltimore Colts, Baltimore, Maryland

### CONSTITUTION AND BY-LAWS COMMITTEE -- Three Members

#### Appointment to 1967:

\*Jules Reichel, Syracuse University, Syracuse, New York

#### Appointment to 1966:

A.C. "Whitey" Gwynee, West Virginia University, Morgantown, West Virginia

#### Appointment to 1965:

Chuck Medlar, Penn State University, University Park, Pennsylvania

Appointment to 1965:

\*Nasby Rhinehart, University of Montana, Missoula, Montana  
John Sayers Miller, Jr., Ball State Teachers College, Muncie, Indiana  
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Appointment to 1965:

Chuck Medlar, Penn State University, University Park, Pennsylvania

HONORARY MEMBERSHIP AND AWARDS COMMITTEE -- Three Members

Appointment to 1967:

Dick Copas, University of Georgia, Athens, Georgia

Appointment to 1966:

Al Sawdy, Bowling Green University, Bowling Green, Ohio

Appointment to 1965:

\*Walter Bakke, University of Wisconsin, Madison, Wisconsin

THE UNIVERSITY OF CONNECTICUT

THE DIVISION OF INTERCOLLEGIATE ATHLETICS

Steve Wittkowski

1. Head Trainer at Wesleyan Uni. Since 1943
2. District Director - National Trainers Association (2 terms)
3. Past President Eastern Ath. Trainers Assoc.
4. Member Training Staff  
Pan American Games Mexico City - 1955  
Head Trainer U.S. Olympics, Melbourne Australia - 1956  
Head Trainer U.S. Olympics Rome Italy - 1960
7. Gold Key Award, State of Conn.  
Sports writer Award to 3 distinguished  
People in Sports each year for the service  
to State & National Sports.
8. Speaker Numerous Clinics sponsored  
by Medical groups, Coaches & Trainers.
9. In my opinion one hell of an Asset to  
the Trainers groups.

STORRS, CONNECTICUT 06268

Submitted by: Dick Wargo

C O P Y

AMERICAN MEDICAL ASSOCIATION

September 10, 1965

Mr. William E. Newell  
National Athletic Trainers Association  
Purdue University  
Lafayette, Indiana

Dear Mr. Newell:

The Committee on the Medical Aspects of Sports has been advised by the Commission to Coordinate Medicine with Allied Health Professions and Services that the subject of the National Athletic Trainers Association was considered at a recent meeting of the Commission. The Commission also reviewed the material relating to the NATA which we received from you and routed to them.

The Commission has indicated that it approves the actions of the Committee on the Medical Aspects of Sports with respect to the NATA and believes that rapport between the AMA and NATA should be developed and encouraged. The Commission is of the opinion that such rapport can be achieved best through the AMA Committee on the Medical Aspects of Sports. In addition, the Commission assured the Committee on the Medical Aspects of Sports that it would be pleased to help in any way in the promotion of appropriate liaison with the NATA.

Previously the Committee on the Medical Aspects of Sports has indicated to the NATA its support of the Association's efforts to upgrade standards for athletic trainers and to generally bring about professional advancement. The Committee wishes at this time to reiterate this assurance of support. While this assurance does not constitute the formal type of recognition which you may have had in mind, but for which no machinery exists, it does represent an informal type of recognition which can be equally worthwhile. In this connection we hope you will accept the Committee's invitation to participate in the Contact Luncheon we are arranging at the time of the Philadelphia Conference and also encourage your members to attend the Seventh National Conference on the Medical Aspects of Sports.

As a future liaison activity, we might consider the possibility of holding informal liaison meetings of representatives of the NATA and the AMA Committee on the Medical Aspects of Sports at appropriate times. I would like to suggest that we discuss this possibility with appropriate officers of the Committee and the Association at the time of the meeting in Philadelphia.

Sincerely,

(Signed) Fred V. Hein, Ph.D.  
Secretary, Committee on  
the Medical Aspects of Sports

From- Injury Committee National Athletic Trainers Association  
To- Active Members National Athletic Trainers Association  
Re: Statistics From National Collegiate Athletic Association

E

During the fall season of 1964, the NCAA committee on Competitive Safeguards and Medical Aspects of Sports conducted an injury survey. The information which was compiled by trainers has produced statistics showing some interesting factors which seem fairly consistent in the frequency of incidence of injury. I have been wondering if we, as trainers, can make suggestions and recommendations to this committee.

As chairman of the NATA injury committee I would appreciate any ideas which we can mull through and apply toward help in reducing injuries in football.

The most interesting statistics are listed below and we have attempted to devise some questions which may lead toward an enlargement or a condensation on our part.

Please do not hesitate to make other recommendations.

Ernie Biggs

Ohio State University

Statistics:

1. In the first three weeks of practice almost 50% of all injuries are sustained. From the third week on, injury incidence in all cases recedes; to 8% in the fourth week to 1% in the 14th and 15th weeks.
2. In 1964 the total injuries numbered 1161, about 27 per school.
3. Experience may be a factor in injury incidence.
4. In game conditions there were a greater percentage of injuries reported during the second and third quarters.
5. 45% of all injuries occur in games, 37% in scrimmage and 19% in fundamentals.
6. Ends, Tackles and Halfbacks are the most susceptible to injury.
7. Incidence of injury was the same on offense or defense.
8. Knee and Ankle lead in incidence, 40% of all injuries occurred to these two areas (with the knee slightly ahead).
9. Shoulder and neck areas were next in order of incidence, with the acromio-clavicular joint most frequently injured.
10. Head and face was the next most common area of involvement showing an increase in incidence of 10%, 79% occur to head and face.

## QUESTIONNAIRE

I. The statistics show an increased incidence of injury occurred in the first three weeks of practice. What can be done to eliminate or minimize these injuries?

A. Would year around conditioning programs decrease incidence? \_\_\_\_\_

If so what type?

1. Isometric \_\_\_\_\_
2. Isotonic \_\_\_\_\_
3. Combination of both \_\_\_\_\_
4. Other exercise suggestions: \_\_\_\_\_

B. Should conditioning exercises continue through the third week of practice? \_\_\_\_\_

If so what type?

1. Isometric \_\_\_\_\_
2. Isotonic \_\_\_\_\_
3. Combination of both \_\_\_\_\_
4. Other Exercise suggestions: \_\_\_\_\_

Should exercise quantity be on:

1. Same basis as pre-season \_\_\_\_\_
  2. On curtailing basis \_\_\_\_\_
  3. On other basis. \_\_\_\_\_
- What other? \_\_\_\_\_

Other conditioning suggestions: \_\_\_\_\_

II. The statistics show that more injuries occur in the second and third quarters of game competition.

A. How may the second quarter injuries be minimized? \_\_\_\_\_

1. More liberal substitution to relieve fatigue? \_\_\_\_\_
2. Increased warm up procedures should be utilized prior to competition? \_\_\_\_\_

If yes what warm up procedures should be utilized?

- Stretching exercises \_\_\_\_\_
- Resistive exercises \_\_\_\_\_
- Jogging \_\_\_\_\_
- Calisthenics \_\_\_\_\_
- Contact drills \_\_\_\_\_
- Other suggestions: \_\_\_\_\_

3. Other general suggestions which could minimize these injuries: \_\_\_\_\_

B. How may we reduce the third quarter injuries?

1. Increase amount of warm-up prior to starting third quarter? \_\_\_\_\_

If yes what are the five best warm-up drills which can be used?

- 1.
- 2.
- 3.
- 4.
- 5.

2. Increase warm-up for substitute? \_\_\_\_\_ If so what type?

Stretching exercises \_\_\_\_\_

Jogging \_\_\_\_\_

Contact drills \_\_\_\_\_

Calisthenics \_\_\_\_\_

Other suggestions: \_\_\_\_\_

3. General suggestions to minimize third quarter injuries:

III. The statistics show that ankle and knee are the most common areas of injury.

A. Does ankle strapping increase the incidence of knee injury? \_\_\_\_\_

If so what do you recommend?

1. Ankle wrapping instead of strapping? \_\_\_\_\_

2. What type of shoes should be worn on field to prevent the incidence of injuries? \_\_\_\_\_

B. Should everyone wear therapeutic support or strapping on the knee joint? \_\_\_\_\_ If so what type? \_\_\_\_\_

C. Should constant conditioning exercises be utilized for the ankle and knee throughout season? \_\_\_\_\_ If so what type? \_\_\_\_\_

1. Isometric \_\_\_\_\_

2. Isotonic \_\_\_\_\_

3. Combination of both \_\_\_\_\_

4. Other suggestions: \_\_\_\_\_

D. Other general suggestions to minimize ankle and knee injuries:

IV. Statistics show that shoulder neck injuries are next most common areas involved in football injuries. What can be done to eliminate these injuries?

A. Eliminate "spearing" blocking techniques? \_\_\_\_\_

B. Modify face guards? \_\_\_\_\_ If yes what modifications? \_\_\_\_\_

C. Should constant conditioning exercises be used on the neck and shoulder? \_\_\_\_\_ If so what type of conditioning exercises do you suggest?

1. Isometric \_\_\_\_\_

2. Isotonic \_\_\_\_\_

3. Combination of both \_\_\_\_\_

4. Other suggestions \_\_\_\_\_

D. General suggestions to minimize neck and shoulder injuries:

V. An increase incidence of injury to face was noted in the statistics.

What can be done to decrease this number?

A. Increased use of face masks? \_\_\_\_\_ What type? \_\_\_\_\_

B. Other general suggestions to minimize facial injuries:

VI. Since in 1964 there was an average of 27 injuries noted per school, how can we decrease this number?

A. Type of helmet with most protection

1. Hard helmet \_\_\_\_\_
2. Padded helmet \_\_\_\_\_
3. Type of suspension \_\_\_\_\_
4. Other helmet suggestions: \_\_\_\_\_

B. Increase use of mouth protectors? \_\_\_\_\_ If so what type? \_\_\_\_\_  
of what material? \_\_\_\_\_  
Other helmet suggestions:

C. What general equipment changes would decrease the injury total?

D. What are the five best pre-game warm up drills?

- 1.
- 2.
- 3.
- 4.
- 5.

Please list any other suggestions which you feel would minimize the incidence of injuries in football:

C O P Y

MONTANA STATE UNIVERSITY  
Missoula, Montana

Intercollegiate Athletics

May 7, 1965

Mr. William E. Newell  
Executive Secretary, NATA  
27 Homewood Drive  
West Lafayette, Indiana

Dear Bill:-

This is the work to date of the Membership Committee. I am sending some extra copies so the Board of Directors can see what we are doing. Due to our late start, it will be almost impossible to accomplish the task at hand and do complete credit to our Association in 1965. It will require more thinking, more consultations, and a great deal more correspondence.

I feel that the Board of Directors will think as we do in regard to such a vital matter.

Sincerely yours,

NR;bmv

Naseby Rhinehart, Chairman  
Membership Committee

Enclosures

OLYMPIADS

ATTACH SHEET G

FOURTEENTH:

Frank Medina

University of Texas

FIFTEENTH

Kenny Howard

Auburn University

Robert A. Peterson

University of Washington

Eddie Wojceki

Rice University

Edward G. Zanfrini

Princeton University

SIXTEENTH

Elmer Brown

Texas Christian University

Elvin "Ducky" Drake

U.C.L.A.

Stephan Witkowski

Wesleyan University

SEVENTEENTH

Henry L. Andel

Georgia Tech

Walter Bakke

University of Wisconsin

Marty Broussard

L.S.U.

Daniel F. Hanley, M.D.

Bowdoin College

Dean Nesmith

University of Kansas

Kenneth B. Rawlinson

University of Oklahoma

Jules Reichel

Syracuse University

Stephan Witkowski

Wesleyan University

Duke Wyre

University of Maryland

EIGHTEENTH

Daniel F. Hanley, M.D.

Bowdoin College

John E. Lacey

University of North Carolina

Richard Wargo

University of Connecticut

Bill Robertson

Oregon State University

PAN AMERICAN GAMES

SECOND

Stephan Witkowski

University of Wesleyan

Edward G. Zanfrini

Princeton University

THIRD

Marshall Cook

Montana State University

Robert Gunn

Lamar Tech

FOURTH

Don Fauls

Florida State University

A.C. "Whitey" Gwynne

West Virginia University

Robert F. Hand

USNTC - San Diego, Calif.

Fred Hoover

Clemson College

Willis L. Jacobus, M.D.

Palm Desert, California

Harry R. McPhee, M.D.

Princeton, N.J.

Mrs. Ellen Manning (Nurse)

Larned, Kansas

Wm. "Pinky" Newell

Purdue University

John "Rusty" Payne

Kentucky University

Robert B. Sprague

Cortland, New York

George Sullivan

Nebraska University

K. Wiecheck

Pittsburgh, Pennsylvania

OTHERS

VII - WINTER OLYMPICS

Edward G. Zanfrini

Princeton University

VIII - WINTER OLYMPICS

Edward G. Zanfrini

Princeton University

IX - WINTER OLYMPICS

Mrs. Ellen Manning (Nurse)

Larned, Kansas

Lloyd Williams

University of Colorado

Edward Zanfrini

Princeton University

U.S. OLYMPIC SOCCER TEAM:

Robert Gunn

Lamar Tech

NATIONAL ATHLETIC TRAINERS ASSOCIATION

TO: WILLIAM E. NEWELL, EXECUTIVE SECRETARY  
FROM: THOMAS E. HEALION, CHAIRMAN, COMMITTEE ON COMMITTEES

SUBJECT: 1965 COMBINED COMMITTEE REPORTS

MEMBERSHIP - Naseby Rhinehart, Montana State University

No report. However, I received the "go ahead" from Bill Newell on polling the membership committee on a new membership classification. Due to the importance of this matter, it could be a year before we could come up with a bona fide classification.

CODE OF ETHICS- Henry "Buck" Andel, Georgia Tech.

No violations or infringements of ethical practice by NATA members. We are very proud of the record being established by the trainers of the NATA and recommend such continued vigilance in the future. All questions or complaints should be directed to your district director or a member of the Code of Ethics Committee. Incidences concerning ethical procedures should not be made public at any time but should be handled entirely by the committee and the Board of Directors.

INJURY - Ernie Biggs, Ohio State University.

Nothing specific direct from NATA at this time. Do have results from NCAA football survey in which trainers responded well. From these statistics, I feel I have some good factors which I can take direct to our NATA and hope to have later, something which definitely we can call our own. (This seems to be what the trainers want). Some of the statistics: 50% of all injuries occur during the 1st 3 weeks of practice; injuries average about 27 per school; 2nd and 3rd quarters of games report more injuries; 45% of injuries occur in games; 50 - 50 on offense and defense; knee and ankle injuries lead the parade with the knee slightly ahead.

CONSTITUTION AND BY LAWS - Jules Reichel, Syracuse University.

No report at this time.

25 YEAR AWARD - Porky Morgan, Kansas State University.

The following names are submitted for the 25 Year Award:

John Noonan - Harvard	Emil Hovach - Lehigh
Bob Officer - Oregon	Louis J. Leone - Penn
Ed Byrne - California	Joe Blankowitsch - Muhlenberg
William F.X. Linsky - Cambridge	

HONORARY MEMBERSHIP AND AWARDS - Walter Bakke, University of Wisconsin.

Will be honoring:

Fred V. Hein, Ph. D. - American Medical Association

Chuck Burhard - Johnson & Johnson Co.

*DR. O. B. MURPHY - LEXINGTON, KENTUCKY*

EXHIBITS - Warren Ariail, Indiana University.

As of March 4, 1965, we have 27 exhibitors paid up for the 1965 NATA Convention. We are hoping for more by June 1, 1965. I would like to take the opportunity of publicly praising the valuable assistance of Mr. Jim Cook of Cramers for his fine work at the NSGA convention and show in Chicago. Finally, I would like to express a deep token of gratitude to Mr. Bill Newell of Purdue for his splendid help and advise, and to Mr. Tom Healion of Northwestern for his cooperation and assistance.

CONVENTION PROGRAM - Tom Healion, Northwestern University.  
Conrad Hilton Hotel, Chicago, Illinois - June 13-16, 1965. Hotel reservation cards are going out in a mailing with the tentative program in April. The May issue of the JOURNAL will carry the final clinical and entertainment program. As of April 1, 1965, the clinical program is complete. Registration will begin at noon on Sunday, June 13, and will continue through until noon on Monday, June 14. It is important that the executive secretary, board chairman, exhibits chairman, registration chairman, and program chairman arrive at the hotel by noon on Saturday, June 12. These men should plan to meet with the convention manager of the hotel to go over last minute details.

Respectfully submitted by:

(Signed)

Thomas E. Healion, Chairman  
Committee on Committees

April 1, 1965

C O P Y

DETROIT PHYSICAL AND ATHLETIC REHABILITATION CLINIC, LTD.  
12858 Woodward Avenue - - Highland Park, Michigan

240 Daines Street  
Birmingham, Michigan

May 27, 1965

Mr. William Newell  
Head Athletic Trainer  
Purdue University  
Lafayette, Indiana

It was a pleasure and an education to attend the Meetings of the Athletic Medicine Sections. Some of you may not be aware the American College Health Association is made up of all personnel having anything to do with college health programs and the team physicians are either directors of the student health service or on their staffs. Although all the papers presented at the meeting were excellent I believe the most informative meeting was the first one, on April 28, 1965. This was an informal section meeting to discuss unusual cases seen by members during the previous years. Dr. Alley, the team physician for the University of California at Santa Barbara, gave a very good paper on the proper fitting of helmets. I think it would behoove the helmet manufacturers to have Dr. Alley teach their representatives how to fit a helmet. Dr. Alley had a very simple three point check in fitting the helmet and he also had some interesting films showing very clearly how the suspension in a helmet works. Another interesting talk was given by Dr. Donald Cooper whom you all know and have enjoyed in the past. Dr. Cooper will repeat his talk at our National Athletic Association Annual Meeting in Chicago in June. I advise all of you to make sure that you are there in attendance. Dr. Cooper gave us a play by play version complete with some excellent slides on the amputation and surgical reconstruction of the boy from Oklahoma State who got his arm caught in the laundry machinery.

Dr. Alex Rachun, the team physician at Cornell University and a real friend of the trainers, had many experiences and cases to present. He spoke of an unusual ankle injury that he described as a "jammed ankle". Dr. Rachun had x-rays illustrating the injury. The initial films were negative but films taken a few weeks later were very similar to the stress fracture we see this time with the callus laid down posteriorly on the tibia just above the joint space and the inner osseous membrane between the tibia and the fibula anteriorly. The Dartmouth team physician had a team film showing a very unusual and rare injury which he diagnosed as a contusion of the heart. Dr. Combs, the team physician from Purdue University, gave a very bad but thorough report on the death of one of his football players at Purdue this spring. Dr. Combs also had a game time film showing the fatality taking place. A topic of discussion that just about everybody participated in was spearing and there was unanimous feeling that this ought to be outlawed just as grabbing at the face mask. Once again Dr. Alley, from Santa Barbara, showed some slides illustrating spearing. Contrary to the past idea it was felt by the majority of the team physicians that most of the cervical injuries were caused by flexion rather than extension of the neck. Everyone was also in agreement that a combination of isometric and isotonic exercises for motions of the neck, using the buddy system, was very beneficial as a preventative measure.

Mr. William Newell  
Page 2.

Dr. Emery Irvin, from Virginia Polytechnic Institute gave a paper on Physical Examination. However, there was nothing new to be offered. The main topic for conversation was whether or not to allow a boy, missing one of a paired organ, to participate. It was the concensus this was an individual problem and should be treatad as such.

One of our own representatives, Fred Hoover, trainer at Clemson, did an excellent job in speaking of conditioning as a preventative of injury. Fred explained in a program that they followed at Clemson throughout the entire year in relation to weight training and other conditioning techniques employed by him.

All in all it was another excellent meeting with Jud Hair, team physician from Clemson, the chairman of the Athletic Medicine Section doing an excellent job of planning the program.

Millard Kelley  
Representative to American  
College Health Association

C O P Y

American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

March 12, 1965

Mr. William E. Newell  
Athletic Trainer  
Purdue University  
Lafayette, Indiana

Dear Bill:-

Enclosed please find an AMA release announcing the assignment of a Subcommittee to our Committee on the Medical Aspects of Sports for tackling the task of standardizing athletic injury terminology.

This letter is to inform you of the nature of the project, to affirm that the cooperation and support of the NATA is vital to the project's success, and to ask on behalf of the Sub-committee your assistance in an early phase of its efforts.

The Subcommittee wishes to obtain the most comprehensive list of terms possible for its first draft. It feels that between the NATA and the ACHA Section on Athletic Medicine, this particular goal will be realized. Therefore, we hope you will agree to elicit from your members, through whatever organizational means you may choose, a nationally representative compilation of athletic injury terms and their commonly understood meanings. These will be reviewed and utilized as supplementary to the preferred terms if not as preferred terms.

For your convenience, you may wish to categorize your list by the section of the anatomy affected (head & neck, trunk, arms, legs, general). For example, under head and neck we understand that a blow to the head that causes a dazed condition but not unconsciousness is called in some places a "lick"; in other places this term would have no meaning. Since this entity may be a forerunner to serious brain injury, uniform understanding of terms used to describe it is essential. To gain early experience in the trial use of a tentative draft of a standard nomenclature, we are setting deadlines of "as soon as feasible."

We hope you will write us soon with an affirmative reply. If you choose to have someone other than yourself serve as the liaison for the NATA for this project, please provide us with his name and address.

Best regards.

Sincerely yours,

KSC;ms-8426

(Signed) Kenneth S. Clarke, Ph.D.  
Staff Coordinator

P.S. I am giving a report of the Subcommittee's progress to date to the American College of Sports Medicine next week. I'll forward a copy upon my return.  
cc: Alexius Rachun, M.D.

C O P Y

NEWS RELEASE from  
THE AMERICAN MEDICAL ASSOCIATION  
535 North Dearborn Street  
Chicago, Illinois 60610

STANDARD NOMENCLATURE OF SPORTS INJURIES  
Prepared by  
Committee on the Medical Aspects of Sports

To gain a more accurate picture of nature, rate, and cause of sports injuries so that effective preventive measures can be determined, the development of a standard nomenclature of sports injuries has been undertaken by the American Medical Association. A Subcommittee on Classification of Sports Injuries has been appointed by the Board of Trustees for this purpose at the request of the AMA Committee on the Medical Aspects of Sports. Available statistics do not necessarily depict valid information since injuries in the athletic setting generally are not classified in a meaningful and uniformly understood manner.

The nomenclature is to be restricted to those illnesses and injuries that have special significance in athletics. It is intended for functional and instructional use by physicians, coaches and trainers, as well as researchers and insurance carriers. Training room terms such as "charley horse" and "hip pointer" will not be discarded but will be related to, and serve as synonyms for, medical entities. Terms such as "shin splints" and "concussion" which are not definitive will receive special attention. Cross reference will permit easy entry to the nomenclature with either medical or athletic terminology.

The information is to be classified by anatomical region, pathology, and degree of severity, and coded for precise and nationally uniform reporting and analysis. Where indicated (e.g., problems of mental, dermatological, or environmental origin), additional appropriate classification will be devised.

The first progress report will be available by April 1965, according to Alexius Rachun, M.D., Chairman, of Ithaca, New York. The other members of the Subcommittee are Fred L. Allman, Jr., M.D., Atlanta, Georgia; Martin E. Blazina, M.D., Los Angeles, California, Donald L. Cooper, M.D., Stillwater, Oklahoma; Richard C. Schneider, M.D., Ann Arbor, Michigan

C O P Y

A STANDARD NOMENCLATURE OF ATHLETIC INJURIES\*

A Progress Report of the  
Subcommittee on the Classification of Sports Injuries  
(Committee on the Medical Aspects of Sports)  
AMERICAN MEDICAL ASSOCIATION

At the request of the AMA Committee on the Medical Aspects of Sports, the Board of Trustees of the American Medical Association established in 1964 a Subcommittee on the Classification of Sports Injuries. The charge given the Subcommittee was "...the development of a standard nomenclature relating to degree and type of injury in sports so that meaningful records and statistics concerning sports injuries and their cause and prevention can be maintained." Appointed to serve on the Subcommittee were Alexius Rachun, M.D., of Ithaca, New York (Chairman); Fred L. Allman, Jr., M.D., of Atlanta, Georgia; Martin E. Blazina, M.D. of Los Angeles, California; Donald L. Cooper, M.D., of Stillwater, Oklahoma; and Richard C. Schneider, M.D., of Ann Arbor, Michigan.

I am privileged to bring to the American College of Sports Medicine the report of the Subcommittee's progress to date. For the opportunity to bring this project to your attention in its early stages, we are grateful to the Conference program chairman, Doctor Balke. That it is in its early stages is verified by the fact that this initial report has been reviewed and approved by the Subcommittee subsequent to its meeting of three weeks ago.

Meeting in November 1964 and February 1965, the Subcommittee concentrated its discussion on the nature of the problem, the significance of the project, and the procedures involved in achieving the anticipated final product. Currently, members are beginning a listing of terms for review and inclusion in the standard nomenclature. Concurrently, appropriate liaison with other interested groups is being established. Consequently, this progress report reflects only definition of intent rather than summarization of completed action.

The Existing Terminology

Description of athletic injuries for any purpose necessitates a basic, generally agreed upon medical terminology. However, there exists today in sports medicine a proliferation of terms. Terms of assorted origin are liberally used in journals, textbooks, conferences, and symposia. Moreover, new terms relevant to sports medicine are continually being coined by various interest groups and disciplines which even within these groups may not be universally understood nor accepted. For use and reference in sports medicine, therefore, we use many terms which are thought to be accurate, but which are in fact ambiguous, misleading, controversial, obsolete, or unknown to others. An author and his reader are largely their own judges and must make their own clarifications.

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\* Presented by Kenneth S. Clarke, Ph.D., Staff Coordinator of the AMA Committee on the Medical Aspects of Sports, at the Annual Meeting of the American College of Sports Medicine, March 17, 1965, Dallas, Texas.

As a result, the basic purpose underlying the use of words--meaningful communication--is not achieved. Where the interchange of terms affects definitive diagnosis, which in turn is fundamental to appropriate treatment, valid reporting, and reliable analysis, the problem is significant. In sports, where injury and systemic stress are commonplace and the motivation for earliest possible return to action is great, this significance is compounded.

Since 1960, the American Medical Association has formally attempted to help clarify problems of medical terminology by serving as a central agency for the standardization of medical words, phrases, and terms. This program is evidenced through the publication of a Current Medical Terminology (CMT) reference. In a recent issue of the Journal of the American Medical Association<sup>1</sup>, Burgess Gordon, M.D., Editor of CMT, reviewed the process and progress of this endeavor and revealed that a third edition of CMT already is being readied.

Doctor Gordon's article is recommended reading for anyone interested in the problems and procedures of determining, coding, and evaluating a standard nomenclature. For purposes of this report, however, only one sentence is quoted: "The language of medicine came into being out of 'inherent necessity' and as a consequence, certain variations in 'the meaning of meaning' have been perpetuated in textbooks and the current literature."

The Committee on the Medical Aspects of Sports recognized an "inherent necessity" which is unique to the field of sports when it made its request to the Board of Trustees for the appointment of the Subcommittee. Two factors that cause this uniqueness are:

- (1) In no other area of medical concern is the terminology to such an extent common public property as that pertaining to sports injuries. In no other area of medicine have nonmedical persons written as many articles and texts devoted to injury and disease. This is not to be critical of coaches, athletic trainers, and physical educators; their familiarity with athletic injury causation and prevention is essential to the health supervision of the athlete. What is significant, however, is that the variety of terminology found in these references adds a sizable dimension to the complexity of athletic injury nomenclature.
- (2) Certain injuries are peculiar to sports or gain clinical significance in the sports arena. The physician who applies his medical skills in the athletic setting thus is served from day to day with "a smorgasboard of clinical opportunities." At times, he may be called upon to make a provisional diagnosis and record accordingly an entity which he may have never studied in medical school, never have seen in his routine medical practice, nor found helpfully described in a standard medical reference. Yet these call for immediate recognition and judgment on the field as well as in the office. There is more than a uniformity of terminology involved; there must also be an awareness that these injuries occur, have significance and merit faithful recording.

Fundamental to an increasingly sophisticated health supervision of sports, therefore, is a common comprehensive language that permits the sharing of accurate and complete information. One cannot have confidence in another's statistics if reports on athletic injuries are not depicted in a uniformly understood and meaningful manner. One cannot even disagree with another if misinterpretation is prevalent.

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Gordon, B.L.: Standard Medical Terminology, JAMA 191:311-313 (Jan 25) 1965.

Because of the equivocal reporting, a recorded injury may misrepresent the degree of severity if not the true diagnosis. Such a situation is certainly not conducive to constructive steps toward understanding the magnitude of specific athletic problems and developing measures for their prevention.

### The Development of Standardization

These considerations led the Subcommittee to set as their immediate goals: (1) the inclusion of proper terminology concerning athletic injuries in CMT; and (2) the development of a separate but companion publication entitled Standard Nomenclature of Athletic Injuries (SNAI), designed for functional and educational purposes. The SNAI will be confined to medical entities that are pertinent to conditions and injuries which occur in those sports normally conducted by schools and colleges. As far as possible, the CMT terms, supporting definitions, and system of presentation will be utilized as the base for the development of SNAI.

To accomplish these goals, CMT is to be reviewed item by item with the purpose of selecting those terms which are pertinent to SNAI. These will be transferred to worksheets for evaluation as to accuracy, clarity, and desired completeness. Additional medical entities that were noted not to be found in CMT but considered to be essential to SNAI will also be put on worksheets. Each entity that merits a worksheet will be given a preferred term--the term that best depicts that entity meaningfully and differentially from other entities. Synonyms of the preferred term will then be listed in order as to general frequency of use.

Training room vernacular is too engrained in athletics to discard; in fact, some may even be selected as preferred terms. For a systematic approach to attaining a comprehensive list of such terms, including what may be regional colloquialisms, the help of the National Athletic Trainers Association and the Athletic Medicine Section of the American College Health Association is being solicited. All known terms will be indexed for easy entry to the nomenclature with either medical or non-medical terminology.

The material will then be categorized according to the format provided in CMT. The experience already gained in standardizing medical terminology for CMT has provided the Subcommittee with established, coordinated procedures. Coding is built-in, requiring little additional attention. The computer-programmed format provides a framework for all pertinent information necessary for clarifying a given athletic condition or injury. The dual goal of the Subcommittee, therefore, involves only a single process.

Besides the preferred term and the additional terms, the format outline includes description of the etiology (the possible or actual cause of the disease); the symptom (the patient's complaint); the signs (the physical findings revealed in the examination); the complications (the direct secondary process resulting from the condition or injury); the laboratory findings; x-ray findings; and pathology (structural and functional changes).

This framework will make it possible to insert any qualifying remark or designation that is needed. For example, the difference between a minor ligament stretch and complete ligament rupture is great; but the difference cannot be culled from most current statistical reporting. As a result, "sprain" will be given three grades of severity, with each grade defined for uniform differentiation. In addition, where vague indefinite terms such as "shin splints" and "nerve pinch" commonly cause confusion, the use of phrases such as "frequently confused with..." may be utilized. Since the SNAI should be considered both educational and functional, awareness of consensus and disparity are equally important.

Achieving a consensus where disparity prevails, and developing a consensus where absolute confusion exists, will be the chief challenge for the Subcommittee. Basic tests of anatomy, surgery, and medicine will be selected for consistent guidance. For sports medicine, several leading texts will be utilized. In addition, appropriate medical specialty groups will be queried to learn whether anything pertinent to the Subcommittee project has been done or is being done, and if so, from whom reports are or will be available. Throughout the development of the SNAI, the Subcommittee will maintain close liaison with CMT, for counsel and coordination.

When the Subcommittee has reviewed all work sheets, and has achieved a tentative consensus on terms and definitions, a trial draft will in turn be reviewed by a number of consultants. Optimistically, it is hoped that the SNAI will be partially ready in preliminary form for the coming football season so as to gain early experience in its use.

### Effective Utilization

What has been discussed here are the immediate goals of the Subcommittee and the procedures to these ends that appear at present to be the most practical and expedient. To bring consensus and clarity out of disparity and confusion, however, is no short term goal but a continuous process of evaluation and refinement. Still, the SNAI must become available before evaluation and refinement can occur. Some authority may find that he cannot agree with the consensus with respect to a given injury. At least he will have a common language for discussion, debate, and recommendation.

The availability of SNAI is a first step. Next will be its widespread use. The ultimate purpose of SNAI--definitive diagnosis leading to best possible treatment, meaningful statistics, objective interpretation, and minimization of future injuries-- cannot be accomplished if current confusion is perpetuated by a self-styled and abridged vocabulary.

In this regard, the support of the American College of Sports Medicine is solicited. It is convenient and of mutual benefit that the Subcommittee membership includes the Medical Vice President of the College, Doctor Allman. Liaison between the Subcommittee and the College's forthcoming Encyclopedia of Sports Medicine is being established through Doctor Allman.

However, the College as an assembly of individuals contributes in many ways to the increasing sophistication of sports medicine. The Subcommittee is relying upon the help and cooperation of every member for the realization of an effective standard nomenclature of athletic injuries.

C O P Y

THE UNIVERSITY OF NEBRASKA  
University Health Service  
Lincoln, Nebraska 68508

May 3, 1965

William E. Newell  
Executive Secretary  
National Athletic Trainers Association  
27 Homewood Drive  
R.R.1  
Lafayette, Indiana

Dear Pinky:

Thank you for your letter of April 12, 1965. We did appreciate having Mr. Kelley present at our meeting. He apparently had to leave prior to the Association Luncheon. I am sorry I did not have the opportunity to visit with him during his short stay at our meeting.

We, too, are pleased with the close relationships between the two associations and if there is every anything else we can do please let us know.

Sincerely yours,

(signed)

Samuel I. Fuenning, M.D.  
Chief Liaison Officer  
American College Health Association

SIF/d

cc: Millard Kelley

C O P Y

May 18, 1965

Samuel I. Fuenning, M.D.  
Chief Liaison Officer  
American College Health Association  
The University of Nebraska  
University Health Service  
Lincoln, Nebraska 68508

Dear Mr. Fuenning:-

Once again I enjoyed attending the Athletic Medicine Section Meetings of the American College Health Association as Representative for the National Trainers Association. Incidentally, Dr. Judson Hair from Clemson University did an outstanding job in organizing the Athletic Medicine Section.

I regret that I was unable to spend any time with you at this year's meeting. In the past you have been so very hospitable to me at the luncheon where the liaison Representative have been introduced. I had to leave for Detroit late Friday afternoon thus making it impossible for me to attend the luncheon on Saturday. I hope that next year in San Diego I will have the opportunity of visiting with you.

The papers presented at the Athletic Medicine Section Meetings on Wednesday, Thursday and Friday were all excellent. I certainly did not envy the gentleman who succeeds Judson Hair as our program chairman. If I may be of any service to you in the coming year please do not hesitate to call on me.

Sincerely,

(Signed) Millard S. Kelley  
LIAISON REPRESENTATIVE  
NATIONAL ATHLETIC TRAINERS ASSOCIATION

C O P Y

DEPT OF COMMUNITY HEALTH  
And Health Education  
American Medical Association  
535 N. Dearborn St.  
Chicago, Illinois 60610

March 24, 1965

Mr. Millard Kelly, Head Trainer  
Detroit Lions Professional Football Club  
1740 Washington  
Birmingham, Michigan

Dear Millard:

We are most pleased to receive assurance from Pinky Newell of the National Athletic Trainers Association's willingness to cooperate with the newly formed AMA Subcommittee on the classification of Sports Injuries, and notification of your appointment to serve NATA as their liaison with the Subcommittee.

A copy of the Subcommittee's Progress Report is enclosed for your information. You will note on page four of the report that our immediate need for assistance from NATA and the ACHA Section on Athletic Medicine is in the collection of all known vernacular used in depicting athletic injuries.

I am in the process of developing a questionnaire that would serve our purposes in this regard. You will be receiving the draft shortly for review and comment. Inasmuch as we would like to have this questionnaire reach your NATA membership as soon as possible with a jointly signed letter of explanation, it would be helpful if you could determine with Pinky how this can best be done. If you are anticipating a mailing to the membership regarding the June Convention soon, this might be included. If a delay is foreseen it would be better if a separate direct mailing be arranged. Since this particular phase of the overall project can use expedient action, we would appreciate receiving your recommendations at the earliest convenience.

I'm glad to gain your active support at this early stage; please let me know of any questions you may have.

Sincerely yours,

(Signed)

Kenneth S. Clark, Ph. D.  
Staff Coordinator

KSC:ms-8479

cc: William E. Newell  
Alexius Rachun, M.D.

C O P Y

FRESNO STATE COLLEGE  
Fresno 26, California

April 7, 1965

Mr. William "Pinky" Newell  
27 Homewood Drive  
West Lafayette, Indiana

Dear Pinky:

I want to appraise you of the actions taken recently at the AAHPER convention in Dallas, Texas.

First, I think our Athletic Training Section was quite successful. Sayers Miller, regular trainer at Ball State in Muncie and now on leave at Stanford University, should be given credit for organization of the program. I chaired the program in the absence of C. Boyd Call who is at the University of Oregon on leave from BYU for a year. We had one session with two speakers and the room was just about full. Othel Davis, trainer at Kent State in Indiana gave a talk on training and conditioning and used a lot of slides to present his ideas. The same procedure was used by Dr. Charles Roberts of Sherman, Texas, who talked about rear foot problems. (Both were received with enthusiasm.)

Next, you may or may not know of the reorganization of the Division of Men's Athletics. There are no longer any discreet Sections in the D.M.A.; in other words, the Athletic Training Section, as such, no longer exists in the structure of the AAHPER! The same is true for the other "Sections" of the DMA. Most of us did not fully comprehend the impact of this until the meeting of the executive committee in Dallas when we sort of "discovered" what was happening to us. We no longer existed!

At that point it was futile to fight for representation on the new Executive Council this year. It is made up of members elected at large without regard to areas of interest or specialization. The nominating committee had produced its slate for the coming year and no one from the athletic training area was on it; consequently we are not represented in the DMA this coming year.

I am hoping the Executive Council will call on us for guidance and action in the future. The area of Athletic Training will remain as an area of interest in AAHPER for program purposes and no doubt we will be called upon to help in this regard. You will see from the cc enclosed how I am encouraging involvement of NATA members in AAHPER activities.

Thank you for the gratuity funds. I did my best to promote NATA with AAHPER people while in Dallas and the funds were well used in this regard, you may be assured.

If I can fill you in on any other thing you may be wondering about please call on me.

Very sincerely yours

(Signed)  
Birger L. Johnson  
Professor

C O P Y

FRESNO STATE COLLEGE  
Fresno 26, California

April 7, 1965

Dr. Robert Weber  
Athletic Director  
State University College at Cortland  
Cortland, New York

Dear Bob:

I feel compelled to write and express my reactions to the new reorganization of the D.M.A. begun in Dallas last month. While I was cognizant of what was taking place in the reorganization, having read the letter and material on reorganization from Ross Merrick dated September 8, 1964, I did not feel the full impact of this reorganization until the Dallas convention. After discussing this procedure with other members of the old Executive Committee, I discovered a similar feeling was harbored by some of them.

I believe the thing that bothers many of us is the apparent anonymity now assigned to areas in the new setup where there previously existed a more definite and discreet recognition.

I feel the loss of recognition for the Athletic Training area is especially critical at this time. There has been a deliberate attempt by some of us in NATA to encourage a more active professional participation of its membership in AAHPER. There has been some progress in this respect. However, this progress may now retrogress with the loss of recognition of this special area in the new D.M.A. structure.

I will be away during the coming academic year on a Fulbright assignment to Finland and will not personally be able to promote the role of Athletic Trainers in AAHPER. I would hope that the two men who were officers of the now defunct Athletic Training Section, Mr. Sayers Miller and Mr. C. Boyd Call, be appraised of future D.M.A. deliberations and actions and that they be actively involved in its activities when appropriate. Further, I would suggest a close working relationship with Mr. Wm. "Pinky" Newell, Executive Secretary of NATA.

Meanwhile, if I can serve the D.M.A. until I leave this coming August, I invite you to call on me.

Very sincerely yours,

(Signed)

Birger L. Johnson  
Professor of Physical Education

fg

cc: Griffith C. O'Dell  
Reuben "Jack" Frost  
Roswell D. Merfick

C O P Y

STATE UNIVERSITY COLLEGE  
Cortland, New York

April 21, 1965

Mr. Birger L. Johnson  
Fresno State College  
Fresno 26, California

Dear Birger:

Thank you for your recent letter of April 7th, concerning your reactions to the reorganization of the Division of Men's Athletics and the implication this might have toward athletic trainers.

I know I speak for other officers of the DMA when I say that we certainly do not want to create a void between the Division of Men's Athletics and those in athletic training. In fact, our purpose is just the opposite.

I shall take your letter up at the next Executive Board Meeting of the DMA and we shall discuss this particular problem as you see it, in great detail.

It is contemplated right now, that we ask the Athletic Trainers Organization to co-sponsor a meeting with our organization during the Chicago Conference. This is one attempt to tie the two organizations closer together. We certainly would welcome any suggestions that you might have.

I wish you the very best on your Fulbright assignment to Finland. It should be a very challenging experience.

Sincerely,

(Signed)

Robert J. Weber  
Director of Athletics

RJW/g

cc: Griffith O'Dell  
Roswell Merrick  
Walter Schwank

C O P Y

AIR FORCE ACADEMY ATHLETIC ASSOCIATION  
United States Air Force Academy  
U.S.A.F. ACADEMY, COLORADO

3 August 1964

Mr. William Newell  
Head Trainer, Dept. of Athletics  
University of Purdue  
Lafayette, Indiana

Dear Pinky,

1. This meeting was very interesting and I was treated exceptionally well as the N.A.T.A. representative. The NCAA Conference of Conferences referred many items to the Council to consider for the national meeting of the NCAA.
2. The first items on the agenda dealt with establishing an academic Floor for NCAA member institutions. The floor would be 1.60 based on a 4.0 system. The whole "gist" seemed to be to establish the first level and improve from there in trying to raise academic standards of the student-athlete and to strike at low standards in some schools. Vote 48 - 6 affirmation.
3. Report on "Letter of Intent". They suggested this to be a good program and acceptable to those who now use it. The recommendation of the group was to leave this to the individual conferences and not make it a national issue.
4. The most important issue and the area where we as an allied organization will be involved is the federation movement. There were five (5) separate discussion groups on this subject and they named them by task forces, A, B, C, D, and E.
  - a. Task Force "A" - Public Relations
  - b. Task Force "B" - Indoor Track
  - c. Task Force "C" - AAU Relations
  - d. Task Force "D" - Gymnastics, Track and Field
  - e. Task Force "E" - Inter-federation Council
5. A general summary of all the groups could be described by the following statements:
  - a. Back all the federations and continue support of this federation movement.
  - b. Continue positive action in support of the right of a student-athlete to participate.
  - c. Stay positive - Do not mention name AAU in public relations releases.
  - d. One group, Task Force "D" was more strong than the others in drafting their statement to the National Council. They made a definite proposal to fight the AAU through the following:

(1) Cannot participate unless sanctioned by the school and federation.

(2) Restricted use of facilities and personnel at member institutions campus unless approved by federation.

(3) Special Events Committee act on those sports, i.e., swimming, wrestling, etc., without federations in the same capacity as they now act on Bowl games and/or tournaments.

(4) A strong proposal to the Olympic Committee to request a reorganization to give the United States a better representation; thereby, protect the student-athlete and give the NCAA a fair representation.

6. This group voted support and encouragement to women athletes and to further the opportunity for physical fitness; also to invite "open" athletes to join federations. Agreed to get support of allied groups, junior colleges, high schools and others.

7. They will print a summary of the conclusions of this Conference of Conferences, but I think they will withhold this until the national meeting. I hope this gives you some idea of what went on. I made it clear that we as an allied organization would support the above mentioned proposals.

8. Best of luck and thanks for the kind words in the phone call.

Very best,

(Signed)

JAMES CONBOY  
Head Trainer  
USAF Academy, Colorado

C O P Y

AIR FORCE ACADEMY  
ATHLETIC ASSOCIATION  
United States Air Force Academy  
USAF Academy, Colorado

3 August 1964

REPLY TO  
ATTN OF: DAFS/4228

SUBJECT: N.A.T.A. Luncheon

TO: Mr. William Newell  
Executive Secretary, N.A.T.A.

1. I propose that the N.A.T.A. have a special luncheon for high school athletic staffs. These should be the Athletic Director, who is usually a coach, and the coaches. Send out advance invitations through the host district of the national meeting. The N.A.T.A. should pay for the lunch.
2. The speakers should be the president of N.A.T.A., who would welcome the group and explain the N.A.T.A. position in athletics. The next speakers should be the local prominent trainers who would sell athletic training and explain how to initiate a training programs at their schools and emphasize the value of this type program for their student-athlete.
3. Possibly have other trainers attend at their own expense, and to talk with these coaches during their lunch.

Sincerely,

(Signed) James Conboy  
Head Trainer  
USAF Academy, Colorado

C O P Y

THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION  
Midland Building                      Kansas City, Missouri

May 27, 1965

Dr. Lenox D. Baker, Duke University Medical Center, Durham, North Carolina  
Dr. Frederick L. Behling, Stanford University, Stanford, California  
Dr. Charles J. Frenkel, University of Virginia Hospital, Charlottesville, Va.  
Dr. Alfred H. Griess, Pennsylvania State University, University Park, Pa.  
Dr. Jack C. Hughston, University of Georgia, Columbus, Georgia  
Dr. O.B. Murphy, University of Kentucky, Lexington, Kentucky  
Dr. Max M. Novich, Perth Amboy, New Jersey

Gentlemen:

First let me express to you jointly my appreciation and gratitude for the thoughtful responses you sent in reply to my April 7 letter.

The various recommendations ranged from the National Collegiate Athletic Association affiliating with existing medical groups to the suggestion that the NCAA take the leadership in organizing a separate body of practicing team physicians. At present, I personally believe that an affiliation involving the Athletic Medical Section of the American College Health Association (representing the practicing team physicians), the NCAA (representing the coaches, athletic administrators and the competitive playing rules-makers) and the National Athletic Trainers Association (representing the trainers) constitutes the best means of accomplishing our objectives. I feel this could represent one of the most meaningful developments for the improvement of athletic administrations that has occurred for a number of years.

At the present time, a draft is being developed setting forth the possible purposes and functions of this triumvirate. It is contemplated that the draft then will be submitted to the governing bodies of the respective organizations involved. This, of course, would not preclude any of the participating organizations from cooperating with other groups in the field such as the AMA and its committee on the Medical Aspects of Sports.

Before any of this takes final form, we would welcome receiving any additional comments or observations you might have. Thank you for your consideration.

Cordially yours,

(Signed) Walter Byers

WB:rr

cc: Mr. Ernest R. Biggs  
Dr. Judson E. Hair  
Mr. William Newell

C O P Y

THE NATIONAL COLLEGIATE ATHLETIC ASSN.  
Midland Building            Kansas City, Mo.

May 28, 1965

Dr. Judson E. Hair  
Athletic Team Physician  
Clemson University  
Clemson, South Carolina

Dear Dr. Hair:

I greatly appreciate receiving your May 3 letter.

This Monday we had a good meeting with Doctors Cooper and Fuenning. I am impressed by the purposes of the American College Health Association and believe that our two Associations have quite similar motivations. At the conclusion of our meeting, I told Doctors Cooper and Fuenning that they should outline a plan which would bring together the ACHA Athletic Medicine Section and the NCAA through its committee on Competitive Safeguards and Medical Aspects of Sports. The third party would be the National Athletic Trainers Association. This triumvirate would embrace the practicing team physicians (ACHA), the coaches, athletic administrators and the competitive playing rules-makers (NCAA) and the trainers (NATA).

I think that this potentially has unlimited possibilities and I am awaiting with eagerness the proposed outline of purposes and functions from your very able representatives.

Cordially yours,

WB:rf

(Signed) Walter Byers

cc: Dr. Don Cooper  
Dr. Samuel I. Fuenning  
Mr. Ernest R. Biggs  
Mr. William Newell  
Mr. Carl S. Blyth

C O P Y

NATIONAL FEDERATION OF STATE HIGH SCHOOL ATHLETIC ASSOCIATION  
7 South Dearborn St.  
Chicago, Illinois 60603

May 10, 1965

Mr. William Newell  
Department of Intercollegiate Athletics  
Purdue University  
Lafayette, Indiana 47907

Dear Pinky:-

I am grateful for the opportunity of visiting with you last Thursday morning. Several of the things we talked about are vital to the effectiveness of the National Federation and I always profit from a discussion with people who are knowledgeable and who have the interest of amateur athletics, both intercollegiate and inter-scholastic, in mind. You most certainly are one of these folks.

I have written you and some of your associates before expressing our gratitude for your and the Trainers Association's interest in our level of competition. We hope your organization will be officially represented at our meetings regularly. We want you to have a continuing invitation and we want you to know that your group is always most welcome.

We are cognizant that it may be from time to time we will view some problems somewhat differently. At the present time, I am not aware of any variance in points of view but this might happen. If this does happen, we can solve such problems only by close, continuous contact.

Next winter the Football Rules Committee will be meeting in Phoenix, Arizona. The subcommittees (where legislation is proposed) will meet on Wednesday, January 5. The committee-of-the-whole will meet on January 6 and 7. At this time, I would like to extend an invitation to your delegate to that meeting to make a presentation on the morning of Thursday, January 6.

The presentation would depend upon who is to make it, but, in general, we would want an outline perhaps of what services can be provided on the interscholastic level and what arrangements are recommended by your group for interscholastic competition. There would be 25 or 30 minutes available.

So there is no misunderstanding, Pinky, we do not provide expenses to this meeting. This undoubtedly will make some difference in who is assigned to attend.

We are having our annual meeting at Williamsburg, Virginia, on June 27 through 30. This is the meeting you attended at Jackson, Wyoming, last summer. We do not have any presentation scheduled on athletic training this year, but if you can arrange to have someone be with us for public relations purposes and to better acquaint our people with your organization, we would very much like to have them.

Because of the equivocal reporting, a recorded injury may misrepresent the degree of severity if not the true diagnosis. Such a situation is certainly not conducive to constructive steps toward understanding the magnitude of specific athletic problems and developing measures for their prevention.

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Besides the preferred term and the additional terms, the format outline includes description of the etiology (the possible or actual cause of the disease); the symptom (the patient's complaint); the signs (the physical findings revealed in the examination); the complications (the direct secondary process resulting from the condition or injury); the laboratory findings; x-ray findings; and pathology (structural and functional changes).

This framework will make it possible to insert any qualifying remark or designation that is needed. For example, the difference between a minor ligament stretch and complete ligament rupture is great; but the difference cannot be culled from most current statistical reporting. As a result, "sprain" will be given three grades of severity, with each grade defined for uniform differentiation. In addition, where vague indefinite terms such as "shin splints" and "nerve pinch" commonly cause confusion, the use of phrases such as "frequently confused with..." may be utilized. Since the SNAI should be considered both educational and functional, awareness of consensus and disparity are equally important.

Achieving a consensus where disparity prevails, and developing a consensus where absolute confusion exists, will be the chief challenge for the Subcommittee. Basic tests of anatomy, surgery, and medicine will be selected for consistent guidance. For sports medicine, several leading texts will be utilized. In addition, appropriate medical specialty groups will be queried to learn whether anything pertinent to the Subcommittee project has been done or is being done, and if so, from whom reports are or will be available. Throughout the development of the SNAI, the Subcommittee will maintain close liaison with CMT, for counsel and coordination.

When the Subcommittee has reviewed all work sheets, and has achieved a tentative consensus on terms and definitions, a trial draft will in turn be reviewed by a number of consultants. Optimistically, it is hoped that the SNAI will be partially ready in preliminary form for the coming football season so as to gain early experience in its use.

#### Effective Utilization

What has been discussed here are the immediate goals of the Subcommittee and the procedures to these ends that appear at present to be the most practical and expedient. To bring consensus and clarity out of disparity and confusion, however, is no short term goal but a continuous process of evaluation and refinement. Still, the SNAI must become available before evaluation and refinement can occur. Some authority may find that he cannot agree with the consensus with respect to a given injury. At least he will have a common language for discussion, debate, and recommendation.

The availability of SNAI is a first step. Next will be its widespread use. The ultimate purpose of SNAI--definitive diagnosis leading to best possible treatment, meaningful statistics, objective interpretation, and minimization of future injuries-- cannot be accomplished if current confusion is perpetuated by a self-styled and abridged vocabulary.

In this regard, the support of the American College of Sports Medicine is solicited. It is convenient and of mutual benefit that the Subcommittee membership includes the Medical Vice President of the College, Doctor Allman. Liaison between the Subcommittee and the College's forthcoming Encyclopedia of Sports Medicine is being established through Doctor Allman.

However, the College as an assembly of individuals contributes in many ways to the increasing sophistication of sports medicine. The Subcommittee is relying upon the help and cooperation of every member for the realization of an effective standard nomenclature of athletic injuries.

C O P Y

THE UNIVERSITY OF NEBRASKA  
University Health Service  
Lincoln, Nebraska 68508

May 3, 1965

William E. Newell  
Executive Secretary  
National Athletic Trainers Association  
27 Homewood Drive  
R.R.1  
Lafayette, Indiana

Dear Pinky:

Thank you for your letter of April 12, 1965. We did appreciate having Mr. Kelley present at our meeting. He apparently had to leave prior to the Association Luncheon. I am sorry I did not have the opportunity to visit with him during his short stay at our meeting.

We, too, are pleased with the close relationships between the two associations and if there is every anything else we can do please let us know.

Sincerely yours,

(signed)

Samuel I. Fuenning, M.D.  
Chief Liaison Officer  
American College Health Association

SIF/d

cc: Millard Kelley

C O P Y

May 18, 1965

Samuel I. Fuenning, M.D.  
Chief Liaison Officer  
American College Health Association  
The University of Nebraska  
University Health Service  
Lincoln, Nebraska 68508

Dear Mr. Fuenning:-

Once again I enjoyed attending the Athletic Medicine Section Meetings of the American College Health Association as Representative for the National Trainers Association. Incidentally, Dr. Judson Hair from Clemson University did an outstanding job in organizing the Athletic Medicine Section.

I regret that I was unable to spend any time with you at this year's meeting. In the past you have been so very hospitable to me at the luncheon where the liaison Representative have been introduced. I had to leave for Detroit late Friday afternoon thus making it impossible for me to attend the luncheon on Saturday. I hope that next year in San Diego I will have the opportunity of visiting with you.

The papers presented at the Athletic Medicine Section Meetings on Wednesday, Thursday and Friday were all excellent. I certainly did not envy the gentleman who succeeds Judson Hair as our program chairman. If I may be of any service to you in the coming year please do not hesitate to call on me.

Sincerely,

(Signed) Millard S. Kelley  
LIAISON REPRESENTATIVE  
NATIONAL ATHLETIC TRAINERS ASSOCIATION

C O P Y

DEPT OF COMMUNITY HEALTH  
And Health Education  
American Medical Association  
535 N. Dearborn St.  
Chicago, Illinois 60610

March 24, 1965

Mr. Millard Kelly, Head Trainer  
Detroit Lions Professional Football Club  
1740 Washington  
Birmingham, Michigan

Dear Millard:

We are most pleased to receive assurance from Pinky Newell of the National Athletic Trainers Association's willingness to cooperate with the newly formed AMA Subcommittee on the classification of Sports Injuries, and notification of your appointment to serve NATA as their liaison with the Subcommittee.

A copy of the Subcommittee's Progress Report is enclosed for your information. You will note on page four of the report that our immediate need for assistance from NATA and the ACHA Section on Athletic Medicine is in the collection of all known vernacular used in depicting athletic injuries.

I am in the process of developing a questionnaire that would serve our purposes in this regard. You will be receiving the draft shortly for review and comment. Inasmuch as we would like to have this questionnaire reach your NATA membership as soon as possible with a jointly signed letter of explanation, it would be helpful if you could determine with Pinky how this can best be done. If you are anticipating a mailing to the membership regarding the June Convention soon, this might be included. If a delay is foreseen it would be better if a separate direct mailing be arranged. Since this particular phase of the overall project can use expedient action, we would appreciate receiving your recommendations at the earliest convenience.

I'm glad to gain your active support at this early stage; please let me know of any questions you may have.

Sincerely yours,

(Signed)

Kenneth S. Clark, Ph. D.  
Staff Coordinator

KSC:ms-8479

cc: William E. Newell  
Alexius Rachun, M.D.

C O P Y

FRESNO STATE COLLEGE  
Fresno 26, California

April 7, 1965

Mr. William "Pinky" Newell  
27 Homewood Drive  
West Lafayette, Indiana

Dear Pinky:

I want to appraise you of the actions taken recently at the AAHPER convention in Dallas, Texas.

First, I think our Athletic Training Section was quite successful. Sayers Miller, regular trainer at Ball State in Muncie and now on leave at Stanford University, should be given credit for organization of the program. I chaired the program in the absence of C. Boyd Call who is at the University of Oregon on leave from BYU for a year. We had one session with two speakers and the room was just about full. Othel Davis, trainer at Kent State in Indiana gave a talk on training and conditioning and used a lot of slides to present his ideas. The same procedure was used by Dr. Charles Roberts of Sherman, Texas, who talked about rear foot problems. (Both were received with enthusiasm.)

Next, you may or may not know of the reorganization of the Division of Men's Athletics. There are no longer any discreet Sections in the D.M.A.; in other words, the Athletic Training Section, as such, no longer exists in the structure of the AAHPER! The same is true for the other "Sections" of the DMA. Most of us did not fully comprehend the impact of this until the meeting of the executive committee in Dallas when we sort of "discovered" what was happening to us. We no longer existed!

At that point it was futile to fight for representation on the new Executive Council this year. It is made up of members elected at large without regard to areas of interest or specialization. The nominating committee had produced its slate for the coming year and no one from the athletic training area was on it; consequently we are not represented in the DMA this coming year.

I am hoping the Executive Council will call on us for guidance and action in the future. The area of Athletic Training will remain as an area of interest in AAHPER for program purposes and no doubt we will be called upon to help in this regard. You will see from the cc enclosed how I am encouraging involvement of NATA members in AAHPER activities.

Thank you for the gratuity funds. I did my best to promote NATA with AAHPER people while in Dallas and the funds were well used in this regard, you may be assured.

If I can fill you in on any other thing you may be wondering about please call on me.

Very sincerely yours

(Signed)  
Birger L. Johnson  
Professor

C O P Y

FRESNO STATE COLLEGE  
Fresno 26, California

2

April 7, 1965

Dr. Robert Weber  
Athletic Director  
State University College at Cortland  
Cortland, New York

Dear Bob:

I feel compelled to write and express my reactions to the new reorganization of the D.M.A. begun in Dallas last month. While I was cognizant of what was taking place in the reorganization, having read the letter and material on reorganization from Ross Merrick dated September 8, 1964, I did not feel the full impact of this reorganization until the Dallas convention. After discussing this procedure with other members of the old Executive Committee, I discovered a similar feeling was harbored by some of them.

I believe the thing that bothers many of us is the apparent anonymity now assigned to areas in the new setup where there previously existed a more definite and discreet recognition.

I feel the loss of recognition for the Athletic Training area is especially critical at this time. There has been a deliberate attempt by some of us in NATA to encourage a more active professional participation of its membership in AAHPER. There has been some progress in this respect. However, this progress may now retrogress with the loss of recognition of this special area in the new D.M.A. structure.

I will be away during the coming academic year on a Fulbright assignment to Finland and will not personally be able to promote the role of Athletic Trainers in AAHPER. I would hope that the two men who were officers of the now defunct Athletic Training Section, Mr. Sayers Miller and Mr. C. Boyd Call, be appraised of future D.M.A. deliberations and actions and that they be actively involved in its activities when appropriate. Further, I would suggest a close working relationship with Mr. Wm. "Pinky" Newell, Executive Secretary of NATA.

Meanwhile, if I can serve the D.M.A. until I leave this coming August, I invite you to call on me.

Very sincerely yours,

(Signed)

Birger L. Johnson  
Professor of Physical Education

fg

cc: Griffith C. O'Dell  
Reuben "Jack" Frost  
Roswell D. Merfick

C O P Y

STATE UNIVERSITY COLLEGE  
Cortland, New York

April 21, 1965

Mr. Birger L. Johnson  
Fresno State College  
Fresno 26, California

Dear Birger:

Thank you for your recent letter of April 7th, concerning your reactions to the reorganization of the Division of Men's Athletics and the implication this might have toward athletic trainers.

I know I speak for other officers of the DMA when I say that we certainly do not want to create a void between the Division of Men's Athletics and those in athletic training. In fact, our purpose is just the opposite.

I shall take your letter up at the next Executive Board Meeting of the DMA and we shall discuss this particular problem as you see it, in great detail.

It is contemplated right now, that we ask the Athletic Trainers Organization to co-sponsor a meeting with our organization during the Chicago Conference. This is one attempt to tie the two organizations closer together. We certainly would welcome any suggestions that you might have.

I wish you the very best on your Fulbright assignment to Finland. It should be a very challenging experience.

Sincerely,

(Signed)

Robert J. Weber  
Director of Athletics

RJW/g

cc: Griffith O'Dell  
Roswell Merrick  
Walter Schwank

① 1st Meeting - 10:00 AM, June 13th  
- Suggestion -

Treasurer's report - Will try to send out monthly - instead of one annual report at end of year.

② It was voted to stop sending a representative to the AAHP's Annual Meeting!

③ The Chairman & the Executive Secretary will confirm editorials written by editor of N.A.T.A. Journal - Connie Jarvis - Stanford Univ.

④ Tom Healion - Rules Committee - Motioned to use good & sensible types, desks, etc. in equipment. His report will be sent out on this subject.

⑤ Chuck Medlar - Olympic Meeting - all proposed suggestions by NCAA were turned down by  $\frac{2}{3}$  vote. —

Summer Olympics - Oct. 12  
Voted to leave Chuck's decision as final in his vote at these meetings.

6) A question was brought up as to the selection of colored trainers attending the Olympics. - It was agreed that there is no stipulation against this.

7) George Sullivan - Helms Hall Board \*

8) NCAA Track & Field - Should be represented by Head Trainers in their locality

### New Business -

1. Host district will no longer give any form of souvenir act of this year. -

2. It was voted that Kenny Howard be named Chairman of "Code of Conduct" ~~Committee~~  
4 members - 1 chairman

3. - Ask for a member to represent this District #1 on "Code of ~~Conduct~~ Ethics"

(3)

National

District Secretary - Room 12 - 4th

all district secretaries should  
meet with Puky Tawell:

1966 - Kansas City

1967 - Columbus

1968 - Texas, Houston

1969 - Cincinnati

Every fourth year - Meetings will be in  
localities other than Midwest

1970 - Chicago

" 71 - Kansas City

" 72 - Baltimore

" 73 - Columbus

" 74 - Kansas City

" 75 - Chicago

5. Possibility of selecting a host district  
from some other district.

6.

Cont.  
2nd Meeting 2:30 - Sunday

( Minimum \$25.00 - \$5.00 hr. )

Any member delinquent in membership dues 6 mos. after Jan. 1 must make application through membership committee in his respective district.

Lapel pins - to be smaller  $3/8"$    
\$2.50



An (Assistant Executive Secretary) has been suggested by "Pinkie Newall" to be able to take over duties for Exec. Sec. Possibly Tom Healion

Things of Importance

① Suggestion - Some way in honoring Chuck & Frank Cramer -

② Some way to set up a board meeting on Sat. evening at Kansas City - 7:00 pm

③ Registration desk - Set up at 8:00 AM  
Sun. Morning

Discussion was brought up on Trainers  
using ultra-sound, diathermy, etc. apparatus  
machinery -

June - 1958 - N. A. T. A. Journal -  
Phy. Therapy - Requirements

Joe Abraham #1  
Hobart College  
Geneva, N. Y.

A question was asked as to a Univ. or  
College having 2 or more term physicians  
getting an advisory capacity membership  
- It was felt the district should  
set up some standard on this matter.

A) Membership Committee:

District #1 - Carl Nelson

District #7 - Masby Rhinhardt

District #4 - Bud Miller

B) Code of Ethics:

Al Groctor



June 15, 65 Tuesday Meeting  
New Directors

June - 1966

1. Representative from Kansas City - Muleback Hotel welcomed trainees to City next year.
2. Fred Wappel - Program Chairman  
Wayne Rudy - Host for District
3. Fred Wappel - presented a sheet on 1966 Nat. Meeting in Kansas City
4. Frank Howard - suggested an award be given to the outstanding story & article in the N.A.T.A. Journal - Best out of 6 or 8 members articles submitted.
5. Carl Nelson voted on Code of Conduct Committee - Henry Howard, Auburn, Chairman.
6. It was suggested all Directors send a list of Code of Conduct Rules to Henry Howard.

1st	1965	Chicago	
2nd	1966	Kansas City	1970 - Chicago
3rd	1967	Columbus, Ohio	71 Kansas City 72 Baltimore
4th	1968	Houston	73 Kansas City 74 - Eastern City
	1969	Cincinnati	← New cycle start here!!

Item #42 — A 5 year cycle has  
been voted on sites selected.

- ① ~~Approved~~ on an assistant executive  
secretary (Nat.). (approved)
- ② Selection taken under advisement to  
Tom Healion — If he rejects it will be  
tabled until next meeting.

---

A collection of old ath. training  
equipment be sent to Indiana U.  
Spike Dixon —

THE GAMECOCKS  
of  
University of South Carolina

24 April 1965

Mr. Walter Byers  
Executive Director  
National Collegiate Athletic Association  
Midland Building  
Kansas City, Missouri 64105

Dear Walter:

I have your letter of April 21 regarding trainers for the N.C.A.A. championship and suggestion of the operation's manual for the conduct of the National Collegiate Outdoor Track and Field championship and also, the National Collegiate Indoor Meet.

Enclosed is a copy of the advisory committee mailed July 17, 1964. I will follow up through Art Litchman as to what they have done in the form of suggestions. This is taken from the minutes of the Rules Committee, Eugene, Oregon, June 17, 1964.

- F. The use of three official trainers for NCAA meets and the payment of their expenses and the use of distinctive attire was discussed. Chairman Baskin asked to appoint a committee composed of Stan Hiserman, Bob Karnes and Frances Welch to make recommendations regarding official trainers for NCAA championship meets. Mr. Hiserman to serve as chairman of the committee, which will report its recommendations at the afternoon session.
- B. The sub-committees appointed at the morning session to make recommendations on obtaining official trainers for NCAA meets reported that:
1. The trainer of the host NCAA member college or university be designated as "chief trainer".
  2. The chief trainer, in consultation with the head track coach, has the power to select three additional trainers of NCAA member institutions who are to serve the athletes participating in the meet.
  3. The trainers selected are to be from member institutions located as reasonably close as possible to the site of the meet.
  4. The three trainers are to be paid 4 days per diem, the amount to be determined.
  5. The trainers should have some official uniform, jacket, or badge, identifying them as official trainers and making it possible to locate them quickly and easily.

(sub-committee composed of Wetzler, Hiserman, and Welch)

A motion that the sub-committee's report on the use of official trainers be recommended to the Executive Committee was made by Frank Wetzler, seconded by Harry Adams. (Unanimous vote in favor of the motion.)

Cordially yours,  
(Signed)  
Weems O. Baskin, Jr.  
Track Coach

WBjr: jc  
Enc.

C O P Y

Attached Sheet A

UNIVERSITY OF SOUTH CAROLINA  
Columbia, South Carolina

Department of Athletics

July 7, 1964

Art Litchman, Chairman, University of Oregon  
Ken Douherty, University of Pennsylvania  
Brutus Hamilton, University of California  
Hugh Hackett, University of New Mexico  
Bill Easton, University of Kansas

Gentlemen:

The NCAA Track and Field Rules Committee feels as if a formula could be worked out to assist host institutions in preparing for the National Championships. Therefore, I am taking this opportunity to notify you of your appointment to the Advisory Committee for Track and Field Championships.

We all know that it is a tremendous responsibility to host the Championships, therefore, several experienced minds with their wisdom could come up with a manual as a guide which could be very helpful for any meet manager.

Our meets have been conducted very superbly and on a high level, however, the meet manager and his aides might have been over-burdened from lack of information and authority needed. Maybe the rules committee could be more helpful to the host by spelling out certain rules that could be furnished them in advance. For instance, eligibility of athletes might be cleared earlier. Any suggestion to speed up and improve efficiency I am sure would be welcomed by the host institution.

Sincerely,

(Signed)

Weems O. Baskin, Jr.  
Track Coach

WBJr: bc

cc: Track & Field Rules Committee

C O P Y

Attached Sheet A

THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION  
Midland Building  
Kansas City, Missouri  
64105

May 11, 1965

Mr. Everett D. Barnes  
Director of Athletics  
Colgate University  
Hamilton, New York

Mr. Francis E. Smiley  
Faculty Representative  
Colorado School of Mines  
Golden, Colorado

Gentlemen:

Enclosed please find a letter from the chairman of the NCAA Track and Field Rules Committee concerning a recommendation that additional trainers be assigned to the National Collegiate Track and Field Championships.

It apparently has been felt for some time that additional trainers are needed to assist the host institution because of the large entries involved. The recommendation of the Track and Field Rules Committee is set forth in Mr. Baskin's letter. As I understand it, this would add \$240.00 to the cost of conducting the Championships; there is no transportation expense involved.

Because of the shortage of time, I thought that the Officers might wish to act for the Executive Committee in voting upon this recommendation.

Cordially yours,

Walter Byers

WB:jp

cc: Mr. Weems O. Baskin  
Mr. Oliver Jackson  
Mr. William Newell  
Mr. David W. Rankin

May 8, 1964

Mr. Walter Byers  
NCAA Executive Offices  
209 Fairfax Building  
Kansas City, Missouri

Dear Mr. Byers:

I have been approached with the following proposal, coming from L.F. Diehm, Head Athletic Trainer, University of New Mexico, concerning the NCAA Track and Field Meet at Eugene, Oregon. The University of New Mexico was the host school last. year.

"The NCAA Games Committee established a fund for the purpose of paying transportation and a minimum of \$50 per day for the services of at least one certified athletic trainer for every 100 athletes participating in the annual NCAA Track and Field Championships. The host trainer should be designated chief trainer of the meet. All athletic trainers should be available for duty the three days of the meet, June 18, 19 and 20, and this to be made a continuing part of the games."

Many times the host trainer is swamped and this would assure him of reasonable help and usually this can be obtained from the surrounding area schools. Most important is that it will assure competing schools and their athletes of competent and adequate training assistance.

Many schools send fine athletes, representing a considerable investment and because of the expense involved, do not carry a trainer, but do require urgent and immediate attention of qualified personnel.

Very truly yours,

(Signed)

William E. Newell  
Executive Secretary

D

UNIVERSITY OF FLORIDA-GAINESVILLE  
COLLEGE OF HEALTH RELATED SERVICES

( C O P Y )

January 18, 1965

Mr. William Newell,  
Executive Secretary,  
National Athletic Trainers  
Association,  
Athletic Department,  
Purdue University  
Lafayette, Indiana

Dear Mr. Newell:

It was a pleasure to meet and talk with you in Denver even though the meeting was brief. Thank you for your correspondence and continued interest in regard to establishing a liaison between the National Athletic Trainers Association and the American Physical Therapy Association. Your letters have furnished us much information about your Association, its activities and your future plans.

As you may know, at the annual Board meetings in July, the Board of Directors accepted the recommendation of the Sub-committee on Professional Practices to establish a committee with two representatives from A.P.T.A. and two members from N.A.T.A. (provided you wish to participate) in order to explore areas in which we may establish a liaison between our two Associations. The results of this committee would be subject to review by each Association after one year. It was felt further that this committee could function presently by correspondence and that it should necessarily be charged with fact finding. The two members appointed to represent A.P.T.A. were Dr. Lorraine Lake, Chairman, Subcommittee on Education and myself as Chairman of the Subcommittee on Professional Practices.

Both of the above named subcommittees of the Board had a joint meeting in New York in November, 1964, and further discussed areas of mutual interest and concern with our two associations. It was felt that some of the curriculum suggestions in your last letter would be incompatible with current concepts and requirements of education in physical therapy; one example, the suggestion of a short term course or summer sessions to qualify trainers in Physical Therapy. The members agreed that any individual preparing for practice in both fields must complete requirements for both fields.

However, the subcommittee members are of the opinion that members of your Association have a distinct contribution to make to our Association, and hopefully, that we can contribute to your group. Many of our members have expressed great interest in the area of sports medicine. We would like to explore the possibility with N.A.T.A. representatives of planning a special interest group meeting at Annual Conference of A.P.T.A. for trainers who are physical therapists and who have A.P.T.A. membership and for any other A.P.T.A. members who are interested. If enough interest was expressed in such a meeting, we could consider future planning of more extensive seminars, possibly on a regional basis, dealing with the management of athletic injuries. This special interest group might also present an opportunity to informally discuss mutual interests, to exchange ideas and further explore areas of cooperation between our association.

Thank you again for your continued interest. We shall be looking forward to hearing from you.

Sincerely,

Martha Wroe, Chairman,  
Sub-Committee on  
Professional Practices

CC: Lorraine Lake, Ph.D., Chairman, Subcommittee on Education  
7832 Delmar Blvd., St. Louis 30, Missouri  
Mary Elizabeth Kolb, President, A.P.T.A.  
Lillian Chabala, Consultant, Division of Professional  
Services, American Physical Therapy Association  
Lucy Blair, Executive Director, American Physical  
Therapy Association

February 8, 1965

Miss Martha Wroe  
The J. Hillis Miller Health Center  
College of Health Related Services  
University of Florida  
Gainesville, Florida 32603

Dear Miss Wroe:

The National Athletic Trainers Association accepts with pleasure the opportunity to participate on a joint committee with the American Physical Therapy Association and to explore areas in which we may establish a liaison between the two associations.

Your letter of January 18, 1965, is the first official notice to me that the Board of Directors of APTA had accepted last July, the recommendation of the sub-committee on Professional Practices to establish such a committee. The instructions as outlined are acceptable in that the committee could function presently by correspondence and that it should necessarily be charged with fact-finding and that the results of this committee would be subject to review by each Association after one year. Any policies or commitments established as a result of the work of this committee could only come through the direct actions of the Board of Directors of the respective associations to mutually benefit both associations. The two members appointed to represent NATA on this committee are George Sullivan, RPT, Chief Physical Therapist, Student Health Service, and Athletic Trainer, University of Nebraska and myself as Executive Secretary and Chairman of the Professional Advancement Committee of NATA, Chief Physical Therapist and Athletic Trainer, Purdue University.

Perhaps it would be well if I outlined for you the administrative procedure through which our representatives must work so that you may have a better understanding of our association. (Here I speak of the NATA since George and I both are members of APTA also.) The two representatives will operate as a sub-committee of the Professional Advancement Committee. This committee is a special advisory committee to the Board of Directors on matters of Professional Advancement. The composition of the committee is eleven athletic trainers and six medical directors and are as follows:

#### ATHLETIC TRAINERS

Steve Witkowski - Wesleyan University, Middletown, Connecticut  
Howard Waite - University of Pittsburgh, Pittsburgh, Pennsylvania  
A. C. Gwynne - West Virginia University, Morgantown, West Virginia  
Ernie Biggs - Ohio State University, Columbus, Ohio  
Millard Kelley - Detroit Lions Professional Football Club, Detroit, Michigan  
Ken Rawlinson - University of Oklahoma, Norman, Oklahoma  
Art Dickinson, Jr. - Arizona State University, Tempe, Arizona  
Linc Kimura - San Francisco '49ers Professional Football Club, San Francisco, California  
Dave Wike - University of Miami, Miami, Florida  
Eddie Wojecki - Rice University, Houston, Texas  
William Newell - Chairman, Purdue University

MEDICAL ADVISORY

Robert G. Brashear, M.D. - Team Physician and Orthopedic Surgeon  
Knoxville Orthopedic Clinic, University of  
Tennessee, Knoxville, Tennessee

W. D. Paul, M. D. - Team Physician, Director of Physical Medicine  
University of Iowa, Iowa City, Iowa

Don H. O'Donoghue, M.D. - Orthopedic Surgeon, Consultant, University of  
Oklahoma, Oklahoma City, Oklahoma

Ed Smith, M. D. - Orthopedic Surgeon and Team Physician, Rice University  
Houston, Texas (Herman Professional Building)

Fred V. Hein, M. D. - Director, Dept. of Community Health & Health Education  
Div. of Environmental Medicine & Medical Services  
American Medical Association

James Feurig, M. D. - Director of Student Health and Team Physician,  
Michigan State University, East Lansing, Michigan

I was very much interested in your recent letter and your thoughts concerning complete qualification in the areas of athletic training and physical therapy. At the time of my suggestion concerning the short term courses or summer sessions, it was not our intention to partially license any individual and I do understand and agree with current concepts and requirements of education in physical therapy.

We were trying to view qualifications in two areas: (1) those individuals who would like further education for more proper qualification and who are committed through their families or job areas where it would not be feasible for them to continue education on any other basis than through the summers; (2) The consideration of youngsters entering the field of athletic training who then should meet complete requirements for both fields.

I feel that the number one area that you are so concerned with, if it is possible, can be handled in the future by more extensive seminars on a regional basis dealing with the treatment and management of athletic trauma.

I do want you to know that the National Athletic Trainers Association is sincerely interested in continuing the good works that Mr. Perdue and the Professional Practices Committee started last year.

Sincerely yours,

William E. Newell  
Executive Secretary  
National Athletic Trainers Assoc.

CC: George Sullivan, RPT, Student Health Center  
University of Nebraska, Lincoln, Nebraska

Fred Hoover, Chairman of Board of Directors  
Athletic Dept., Clemson University,  
Clemson, South Carolina

- ✓ Director District #1 - Carl E. Nelson, Colby College
- Director District #2 - Joe Blankowitsch, Muhlenberg College
- Director District #3 - Fred Hoover, Clemson University
- Director District #4 - Gayle Robinson, Michigan State University
- Director District #5 - Lloyd Williams, University of Colorado
- Director District #6 - Robert H. Gunn, Lamar Tech
- Director District #7 - Art Dickinson, Jr., Arizona State University
- Director District #8 - Marvin Roberson, Foothill College
- Director District #9 - Joe Worden, Vanderbilt University

Dear Director:

If everything works out as it should, I would like to call a meeting of all the old and new directors for 10:00 A.M., Sunday June 13, or as soon as possible after that. I would like to add that a new director may enter into the discussion, but may not vote unless he is the only representative from his district present at the meeting.

During the year 1964-65, NATA again improved its position in the three major areas of concern - ATHLETICS, MEDICINE AND EDUCATION.

#### AREAS OF REPRESENTATION

The Association was represented at the following national meetings and conferences:

1. AMA'S Committee on the Medical Aspects of Sports Conference, Miami, Florida.  
This year there were no trainers on the program.
2. NCAA's Annual Meeting, Chicago, Illinois
3. AAHPER's Annual Meeting, Dallas, Texas
4. APTA's Annual Meeting, Denver, Colorado
5. American College Health Association Meeting, Miami, Florida
6. National Federation of State High School Athletic Associations, Grand Tetons, Wyoming and Chicago, Illinois.

#### AREAS OF ACTION

1. The first phase of certification has been completed with certificates being mailed to all men of the active membership. The National Secretary has worked closely with the District Secretaries and the lists are up to date and as accurate as possible. The original lists were returned to the secretaries for additions or deletions.
2. Last year L.F. Diehm, Head Athletic Trainer, University of New Mexico submitted a proposal concerning the NCAA Track and Field Meet. This was carried through to Mr. Walter Byers, Executive Director of the NCAA. Complete correspondence of our business in this matter to date. SEE ATTACHED SHEETS A.
3. The NATA advisor to the NCAA Football Rules Committee, Mr. Tom E. Healion, has entered his report. SEE ATTACHED SHEET B.
4. The chairman of the Nominating Committee to the Helms Hall Board, Mr. Geo. F. Sullivan, makes his report in attached Sheet C, in his correspondence to Mr. Schroeder, Director, Helms Hall of Fame.
5. The Liaison was continued between NATA and APTA by correspondence with the Chairman of the sub-committee on Professional Practices American Physical Therapy Association - SEE ATTACHED SHEET D.

6. The Chairman of the Injury Committee, Ernie Biggs, recently sent out a questionnaire that he wishes comments from the Active membership that included statistics of the NCAA - SEE ATTACHED SHEET E.
7. The Membership Committee has initiated work concerning the establishment of a new Membership Classification. A report follows as ATTACHED SHEET F.
8. In February a survey was made of the membership in which a card was returned, asking for information concerning the individuals major sport and whether or not they spoke a foreign language. This information will be use principally by the State Department in selection of Athletic Trainer Personnel for Overseas assignments. This information will eventually be placed on IBM cards and kept by the Editor of the Journal.
9. An Association Certificate as approved by the Board of Directors for those who have participated in international games was sent to those on attached SHEET G. Other names were submitted of some others qualified but this list was lost by the printer. This certification will continue to be awarded to those applying for it until we are caught up. If there are names that you know of that have been submitted, that do not appear on the attached sheet, will you be kind enough to re-submit those names?
10. The U.S. Olympic Committee has called a special meeting for June 12 and 13. The Association will be represented by Mr. Chuck Medlar, Penn State University. Mr. Medlar is in receipt of all correspondence and instructions to date and has been informed by the Director of the NCAA of a special caucus to be held previous to the meeting. Mr. Medlar should be able to make a report of this meeting at the National Business Meeting or at least the second Board Meeting to be held Tuesday, June 15.

#### AREAS OF CONSIDERATION

1. Last year, host District #8 presented to those in attendance for the National Program with a souvenir (tie clasp). This was something that many of the districts, who had hosted at the National Meeting, had wanted to do in other years. This was a wonderful thought on the part of the other districts and especially kind of District #8. This year District #4, being the host district, would like to continue this practice. However, under the guide line of National Meeting sites that we are presently following, it will mean that District #4 and District #5 will be doing most of the host work. Because of the expense involved in presenting these small token souvenirs, it seems that consideration should be given to discontinuing this practice or a more equitable program of District distribution be involved with this item.
2. It has been suggested that since we have had a Code of Ethics that has been both workable and practicable for some time, consideration now should be given to the formation of a Code of Conduct. If Chairman Hoover has not already done so, he would like to offer for your consideration the name of Kenny Howard, Auburn University to Chair the committee that will develop this Code of Conduct.

3. Since the beginning of the year, the Lafayette Mailing Service and their secretaries has ably assisted the National office in conducting the business of the Association. For the first time since 1955, the membership roster is correct and up to date. The Mailing Service could carry on through direct correspondence with the District Secretaries in this important phase of business that should provide for a more speedy processing of memberships. I would ask that the official address of the Association be changed to that of the Mailing Service address which is 313 N. Earl Avenue, Lafayette, Indiana and that the Secretaries of the Districts might send dues and other correspondence, not requiring the direct attention of the Executive Secretary, directly to that address.

The processing of memberships is one of the largest items of business and there is no need for delay of this processing by sending the correspondence through the Executive Secretary. If at any time a question of membership classification should arise, then the Lafayette Mailing Service can deal directly with the Chairman of the Membership Committee. This would reduce considerable correspondence that need be brought to my attention. Too, there is a question of whether direct mailing of the individual's membership cards and certificates is better than sending all of the members cards and certificates of the district to the District Secretary's for dispensing.

4. There has been some discussion recently that even though we remain with the National Meeting sites guide line in its present form, is there a possibility that a host district could petition to change the meeting site within the district providing this is done two years in advance when the National Meeting site is confirmed or should we follow the guide line to the letter.
5. Is there a possibility that in the future, a National Program Committee Chairman may be selected from other than the host district?  
*\* Jim. Find out the convention schedule - Ask why the East is so far down on the schedule?*
6. There has been some concern since liaison has been established between the NATA and the APTA and in lieu of a recent editorial that appeared in the Journal, that certification requirements would include a Physical Therapy degree or license. Will you please inform all concerned that certification requirements will not be completed before June of 1968 and that no requirement is presently in effect other than to hold Active membership and that an individual must have a degree from an accredited college or university. The Professional Advancement Committee was given the task of establishing the certification requirements and will not be able to complete this work much before the first of the year 1968. You may wish to tell anyone who is concerned about these requirements - that all members within the Association when certification takes place, will be certified under the popular term of "Grandfather" clause and that they should not be worried about their being qualified for certification. The active membership that was certified as of last December will not be changed. These individuals are already certified, others will be given a chance to be certified in June of 1968. As of that date, the certification requirements will be in effect provided this action is approved by the Board of Directors at that date. Physical therapy may or may not be a requirement at that time.

*Good. - This is what I had anticipated and have told some already.*

SEVERAL ITEMS OF BUSINESS TO BE DISCUSSED AT THE DIRECTORS MEETING ARE:

1. The Chairman of the Committee of Committees has received all reports from the committee chairman and will make his report to the Board. ATTACHED SHEET H. This should include all recommendations made to him along with his own for consideration. New committee personnel must be selected for the following committees for a term of three years:  
  
Membership Committee - 3 men representing Districts #1, #4, and #7  
  
Code of Ethics - 2 men representing the nation  
  
Injury - 2 men representing the nation  
  
Constitution and By-Laws - 1 man representing the nation  
  
Twenty-Five Year Award - 1 man representing the nation  
  
Honorary Memberships and Awards - 1 man representing the nation
2. The special committees should be heard since their reports should be made only to the Board. These are the Nominating Committee to the Helms Hall Board and the Professional Advancement Committee. Also, reports should be heard from NATA representatives to the various associations, e.g., the U.S. Olympic Association, NCAA, AAHPER.

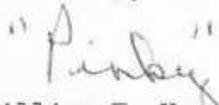
I would like permission to invite as ex-officio members of the Board to our meeting on Sunday, Jules Reichel, as Chairman of the Constitution and By-Laws Committee and Tom Healion as Chairman of the Committee on Committees to represent their committees. George Sullivan, as Chairman of the Nominating Committee to Helms Hall Board, Chuck Medlar, Representative to the U.S. Olympic Association and Chuck and/or Frank Cramer, Mike Close, honorary members, to enter in any discussion in an advisory capacity.

The new board meeting to be held Tuesday along with any new business, should receive a detailed report of next year's meeting progress. Fred Wappel should present this report. Considerations should be given to a meeting site for 1966. I would like to ask as ex-officio members to this meeting, Warren Ariail, Exhibits Manager, to present his requirements and Jules Reichel, Chairman of the Constitution and By-Laws Committee. I hope that your new director will make every effort to stay for this meeting. A quorum for the Board was established at five (5).

If you or any member of your district have any new business that should be on the agenda, would you please notify me or Fred Hoover, Board Chairman, so that it may be presented and acted upon.

My apology to all of you for the lateness of this letter. I hope that it will not diminish your ability to participate in discussion or voting.

Cordially,

  
William E. Newell  
Executive Secretary, NATA

NATIONAL ATHLETIC TRAINERS ASSOCIATION

TO: WILLIAM E. NEWELL, EXECUTIVE SECRETARY  
FROM: THOMAS E. HEALION, CHAIRMAN, COMMITTEE ON COMMITTEES

SUBJECT: 1965 COMBINED COMMITTEE REPORTS

MEMBERSHIP - Naseby Rhinehart, Montana State University

No report. However, I received the "go ahead" from Bill Newell on polling the membership committee on a new membership classification. Due to the importance of this matter, it could be a year before we could come up with a bona fide classification.

CODE OF ETHICS- Henry "Buck" Andel, Georgia Tech.

No violations or infringements of ethical practice by NATA members. We are very proud of the record being established by the trainers of the NATA and recommend such continued vigilance in the future. All questions or complaints should be directed to your district director or a member of the Code of Ethics Committee. Incidents concerning ethical procedures should not be made public at any time but should be handled entirely by the committee and the Board of Directors.

INJURY - Ernie Biggs, Ohio State University.

Nothing specific direct from NATA at this time. Do have results from NCAA football survey in which trainers responded well. From these statistics, I feel I have some good factors which I can take direct to our NATA and hope to have later, something which definitely we can call our own. (This seems to be what the trainers want). Some of the statistics: 50% of all injuries occur during the 1st 3 weeks of practice; injuries average about 27 per school; 2nd and 3rd quarters of games report more injuries; 45% of injuries occur in games; 50 - 50 on offense and defense; knee and ankle injuries lead the parade with the knee slightly ahead.

CONSTITUTION AND BY LAWS - Jules Reichel, Syracuse University.

No report at this time.

25 YEAR AWARD - Porky Morgan, Kansas State University.

The following names are submitted for the 25 Year Award:

John Noonan - Harvard	Emil Hovach - Lehigh
Bob Officer - Oregon	Louis J. Leone - Penn
Ed Byrne - California	Joe Blankowitsch - Muhlenberg
William F.X. Linsky - Cambridge	

HONORARY MEMBERSHIP AND AWARDS - Walter Bakke, University of Wisconsin.

Will be honoring:

Fred V. Hein, Ph. D. - American Medical Association  
Chuck Burhard - Johnson & Johnson Co.

EXHIBITS - Warren Ariail, Indiana University.

As of March 4, 1965, we have 27 exhibitors paid up for the 1965 NATA Convention. We are hoping for more by June 1, 1965. I would like to take the opportunity of publicly praising the valuable assistance of Mr. Jim Cook of Cramers for his fine work at the NSGA convention and show in Chicago. Finally, I would like to express a deep token of gratitude to Mr. Bill Newell of Purdue for his splendid help and advise, and to Mr. Tom Healion of Northwestern for his cooperation and assistance.

CONVENTION PROGRAM - Tom Healion, Northwestern University.  
Conrad Hilton Hotel, Chicago, Illinois - June 13-16, 1965. Hotel reservation cards are going out in a mailing with the tentative program in April. The May issue of the JOURNAL will carry the final clinical and entertainment program. As of April 1, 1965, the clinical program is complete. Registration will begin at noon on Sunday, June 13, and will continue through until noon on Monday, June 14. It is important that the executive secretary, board chairman, exhibits chairman, registration chairman, and program chairman arrive at the hotel by noon on Saturday, June 12. These men should plan to meet with the convention manager of the hotel to go over last minute details.

Respectfully submitted by:

(Signed)

Thomas E. Healion, Chairman  
Committee on Committees

April 1, 1965

C O P Y

THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION  
Midland Building Kansas City, Missouri

May 27, 1965

Dr. Lenox D. Baker, Duke University Medical Center, Durham, North Carolina  
Dr. Frederick L. Behling, Stanford University, Stanford, California  
Dr. Charles J. Frenkel, University of Virginia Hospital, Charlottesville, Va.  
Dr. Alfred H. Griess, Pennsylvania State University, University Park, Pa.  
Dr. Jack C. Hughstron, University of Georgia, Columbus, Georgia  
Dr. O.B. Murphy, University of Kentucky, Lexington, Kentucky  
Dr. Max M. Novich, Perth Amboy, New Jersey

Gentlemen:

First let me express to you jointly my appreciation and gratitude for the thoughtful responses you sent in reply to my April 7 letter.

The various recommendations ranged from the National Collegiate Athletic Association affiliating with existing medical groups to the suggestion that the NCAA take the leadership in organizing a separate body of practicing team physicians. At present, I personally believe that an affiliation involving the Athletic Medical Section of the American College Health Association (representing the practicing team physicians), the NCAA (representing the coaches, athletic administrators and the competitive playing rules-makers) and the National Athletic Trainers Association (representing the trainers) constitutes the best means of accomplishing our objectives. I feel this could represent one of the most meaningful developments for the improvement of athletic administrations that has occurred for a number of years.

At the present time, a draft is being developed setting forth the possible purposes and functions of this triumvirate. It is contemplated that the draft then will be submitted to the governing bodies of the respective organizations involved. This, of course, would not preclude any of the participating organizations from cooperating with other groups in the field such as the AMA and its committee on the Medical Aspects of Sports.

Before any of this takes final form, we would welcome receiving any additional comments or observations you might have. Thank you for your consideration.

Cordially yours,

(Signed) Walter Byers

WB:rr

cc: Mr. Ernest R. Biggs  
Dr. Judson E. Hair  
Mr. William Newell

C O P Y

THE NATIONAL COLLEGIATE ATHLETIC ASSN.  
Midland Building            Kansas City, Mo.

May 28, 1965

Dr. Judson E. Hair  
Athletic Team Physician  
Clemson University  
Clemson, South Carolina

Dear Dr. Hair:

I greatly appreciate receiving your May 3 letter.

This Monday we had a good meeting with Doctors Cooper and Fuenning. I am impressed by the purposes of the American College Health Association and believe that our two Associations have quite similar motivations. At the conclusion of our meeting, I told Doctors Cooper and Fuenning that they should outline a plan which would bring together the ACHA Athletic Medicine Section and the NCAA through its committee on Competitive Safeguards and Medical Aspects of Sports. The third party would be the National Athletic Trainers Association. This triumvirate would embrace the practicing team physicians (ACHA), the coaches, athletic administrators and the competitive playing rules-makers (NCAA) and the trainers (NATA).

I think that this potentially has unlimited possibilities and I am awaiting with eagerness the proposed outline of purposes and functions from your very able representatives.

Cordially yours,

WB:rf

(Signed) Walter Byers

cc: Dr. Don Cooper  
Dr. Samuel I. Fuenning  
Mr. Ernest R. Biggs  
Mr. William Newell  
Mr. Carl S. Blyth

C O P Y

DETROIT PHYSICAL AND ATHLETIC REHABILITATION CLINIC, LTD.  
12858 Woodward Avenue - - Highland Park, Michigan

240 Daines Street  
Birmingham, Michigan

May 27, 1965

Mr. William Newell  
Head Athletic Trainer  
Purdue University  
Lafayette, Indiana

It was a pleasure and an education to attend the Meetings of the Athletic Medicine Sections. Some of you may not be aware the American College Health Association is made up of all personnel having anything to do with college health programs and the team physicians are either directors of the student health service or on their staffs. Although all the papers presented at the meeting were excellent I believe the most informative meeting was the first one, on April 28, 1965. This was an informal section meeting to discuss unusual cases seen by members during the previous years. Dr. Alley, the team physician for the University of California at Santa Barbara, gave a very good paper on the proper fitting of helmets. I think it would behoove the helmet manufacturers to have Dr. Alley teach their representatives how to fit a helmet. Dr. Alley had a very simple three point check in fitting the helmet and he also had some interesting films showing very clearly how the suspension in a helmet works. Another interesting talk was given by Dr. Donald Cooper whom you all know and have enjoyed in the past. Dr. Cooper will repeat his talk at our National Athletic Association Annual Meeting in Chicago in June. I advise all of you to make sure that you are there in attendance. Dr. Cooper gave us a play by play version complete with some excellent slides on the amputation and surgical reconstruction of the boy from Oklahoma State who got his arm caught in the laundry machinery.

Dr. Alex Rachun, the team physician at Cornell University and a real friend of the trainers, had many experiences and cases to present. He spoke of an unusual ankle injury that he described as a "jammed ankle". Dr. Rachun had x-rays illustrating the injury. The initial films were negative but films taken a few weeks later were very similar to the stress fracture we see this time with the callus laid down posteriorly on the tibia just above the joint space and the inner ossius membrane between the tibia and the fibula anteriorly. The Dartmouth team physician had a team film showing a very unusual and rare injury which he diagnosed as a contusion of the heart. Dr. Combs, the team physician from Purdue University, gave a very bad but thorough report on the death of one of his football players at Purdue this spring. Dr. Combs also had a game time film showing the fatality taking place. A topic of discussion that just about everybody participated in was spearing and there was unanimous feeling that this ought to be outlawed just as grabbing at the face mask. Once again Dr. Alley, from Santa Barbara, showed some slides illustrating spearing. Contrary to the past idea it was felt by the majority of the team physicians that most of the cervical injuries were caused by flexion rather than extension of the neck. Everyone was also in agreement that a combination of isometric and isotonic exercises for motions of the neck, using the buddy system, was very beneficial as a preventative measure.

Mr. William Newell  
Page 2.

Dr. Emery Irvin, from Virginia Polytechnic Institute gave a paper on Physical Examination. However, there was nothing new to be offered. The main topic for conversation was whether or not to allow a boy, missing one of a paired organ, to participate. It was the concensus this was an individual problem and should be treated as such.

One of our own representatives, Fred Hoover, trainer at Clemson, did an excellent job in speaking of conditioning as a preventative of injury. Fred explained in a program that they followed at Clemson throughout the entire year in relation to weight training and other conditioning techniques employed by him.

All in all it was another excellent meeting with Jud Hair, team physician from Clemson, the chairman of the Athletic Medicine Section doing an excellent job of planning the program.

Millard Kelley  
Representative to American  
College Health Association

C O P Y

American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

March 12, 1965

Mr. William E. Newell  
Athletic Trainer  
Purdue University  
Lafayette, Indiana

Dear Bill:-

Enclosed please find an AMA release announcing the assignment of a Subcommittee to our Committee on the Medical Aspects of Sports for tackling the task of standardizing athletic injury terminology.

This letter is to inform you of the nature of the project, to affirm that the cooperation and support of the NATA is vital to the project's success, and to ask on behalf of the Sub-committee your assistance in an early phase of its efforts.

The Subcommittee wishes to obtain the most comprehensive list of terms possible for its first draft. It feels that between the NATA and the ACHA Section on Athletic Medicine, this particular goal will be realized. Therefore, we hope you will agree to elicit from your members, through whatever organizational means you may choose, a nationally representative compilation of athletic injury terms and their commonly understood meanings. These will be reviewed and utilized as supplementary to the preferred terms if not as preferred terms.

For your convenience, you may wish to categorize your list by the section of the anatomy affected (head & neck, trunk, arms, legs, general). For example, under head and neck we understand that a blow to the head that causes a dazed condition but not unconsciousness is called in some places a "lick"; in other places this term would have no meaning. Since this entity may be a forerunner to serious brain injury, uniform understanding of terms used to describe it is essential. To gain early experience in the trial use of a tentative draft of a standard nomenclature, we are setting deadlines of "as soon as feasible."

We hope you will write us soon with an affirmative reply. If you choose to have someone other than yourself serve as the liaison for the NATA for this project, please provide us with his name and address.

Best regards.

Sincerely yours,

KSC;ms-8426

(Signed)

Kenneth S. Clarke, Ph.D.  
Staff Coordinator

P.S. I am giving a report of the Subcommittee's progress to date to the American College of Sports Medicine next week. I'll forward a copy upon my return.  
cc: Alexius Rachun, M.D.

C O P Y

NEWS RELEASE from  
THE AMERICAN MEDICAL ASSOCIATION  
535 North Dearborn Street  
Chicago, Illinois 60610

STANDARD NOMENCLATURE OF SPORTS INJURIES  
Prepared by  
Committee on the Medical Aspects of Sports

To gain a more accurate picture of nature, rate, and cause of sports injuries so that effective preventive measures can be determined, the development of a standard nomenclature of sports injuries has been undertaken by the American Medical Association. A Subcommittee on Classification of Sports Injuries has been appointed by the Board of Trustees for this purpose at the request of the AMA Committee on the Medical Aspects of Sports. Available statistics do not necessarily depict valid information since injuries in the athletic setting generally are not classified in a meaningful and uniformly understood manner.

The nomenclature is to be restricted to those illnesses and injuries that have special significance in athletics. It is intended for functional and instructional use by physicians, coaches and trainers, as well as researchers and insurance carriers. Training room terms such as "charley horse" and "hip pointer" will not be discarded but will be related to, and serve as synonyms for, medical entities. Terms such as "shin splints" and "concussion" which are not definitive will receive special attention. Cross reference will permit easy entry to the nomenclature with either medical or athletic terminology.

The information is to be classified by anatomical region, pathology, and degree of severity, and coded for precise and nationally uniform reporting and analysis. Where indicated (e.g., problems of mental, dermatological, or environmental origin), additional appropriate classification will be devised.

The first progress report will be available by April 1965, according to Alexius Rachun, M.D., Chairman, of Ithaca, New York. The other members of the Subcommittee are Fred L. Allman, Jr., M.D., Atlanta, Georgia; Martin E. Blazina, M.D., Los Angeles, California, Donald L. Cooper, M.D., Stillwater, Oklahoma; Richard C. Schneider, M.D., Ann Arbor, Michigan

C O P Y

A STANDARD NOMENCLATURE OF ATHLETIC INJURIES\*

A Progress Report of the  
Subcommittee on the Classification of Sports Injuries  
(Committee on the Medical Aspects of Sports)  
AMERICAN MEDICAL ASSOCIATION

At the request of the AMA Committee on the Medical Aspects of Sports, the Board of Trustees of the American Medical Association established in 1964 a Subcommittee on the Classification of Sports Injuries. The charge given the Subcommittee was "...the development of a standard nomenclature relating to degree and type of injury in sports so that meaningful records and statistics concerning sports injuries and their cause and prevention can be maintained." Appointed to serve on the Subcommittee were Alexis Rachun, M.D., of Ithaca, New York (Chairman); Fred L. Allman, Jr., M.D., of Atlanta, Georgia; Martin E. Blazina, M.D. of Los Angeles, California; Donald L. Cooper, M.D., of Stillwater, Oklahoma; and Richard C. Schneider, M.D., of Ann Arbor, Michigan.

I am privileged to bring to the American College of Sports Medicine the report of the Subcommittee's progress to date. For the opportunity to bring this project to your attention in its early stages, we are grateful to the Conference program chairman, Doctor Balke. That it is in its early stages is verified by the fact that this initial report has been reviewed and approved by the Subcommittee subsequent to its meeting of three weeks ago.

Meeting in November 1964 and February 1965, the Subcommittee concentrated its discussion on the nature of the problem, the significance of the project, and the procedures involved in achieving the anticipated final product. Currently, members are beginning a listing of terms for review and inclusion in the standard nomenclature. Concurrently, appropriate liaison with other interested groups is being established. Consequently, this progress report reflects only definition of intent rather than summarization of completed action.

The Existing Terminology

Description of athletic injuries for any purpose necessitates a basic, generally agreed upon medical terminology. However, there exists today in sports medicine a proliferation of terms. Terms of assorted origin are liberally used in journals, textbooks, conferences, and symposia. Moreover, new terms relevant to sports medicine are continually being coined by various interest groups and disciplines which even within these groups may not be universally understood nor accepted. For use and reference in sports medicine, therefore, we use many terms which are thought to be accurate, but which are in fact ambiguous, misleading, controversial, obsolete, or unknown to others. An author and his reader are largely their own judges and must make their own clarifications.

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Presented by Kenneth S. Clarke, Ph.D., Staff Coordinator of the AMA Committee on the Medical Aspects of Sports, at the Annual Meeting of the American College of Sports Medicine, March 17, 1965, Dallas, Texas.

As a result, the basic purpose underlying the use of words--meaningful communication--is not achieved. Where the interchange of terms affects definitive diagnosis, which in turn is fundamental to appropriate treatment, valid reporting, and reliable analysis, the problem is significant. In sports, where injury and systemic stress are commonplace and the motivation for earliest possible return to action is great, this significance is compounded.

Since 1960, the American Medical Association has formally attempted to help clarify problems of medical terminology by serving as a central agency for the standardization of medical words, phrases, and terms. This program is evidenced through the publication of a Current Medical Terminology (CMT) reference. In a recent issue of the Journal of the American Medical Association<sup>1</sup>, Burgess Gordon, M.D., Editor of CMT, reviewed the process and progress of this endeavor and revealed that a third edition of CMT already is being readied.

Doctor Gordon's article is recommended reading for anyone interested in the problems and procedures of determining, coding, and evaluating a standard nomenclature. For purposes of this report, however, only one sentence is quoted: "The language of medicine came into being out of 'inherent necessity' and as a consequence, certain variations in 'the meaning of meaning' have been perpetuated in textbooks and the current literature."

The Committee on the Medical Aspects of Sports recognized an "inherent necessity" which is unique to the field of sports when it made its request to the Board of Trustees for the appointment of the Subcommittee. Two factors that cause this uniqueness are:

- (1) In no other area of medical concern is the terminology to such an extent common public property as that pertaining to sports injuries. In no other area of medicine have nonmedical persons written as many articles and texts devoted to injury and disease. This is not to be critical of coaches, athletic trainers, and physical educators; their familiarity with athletic injury causation and prevention is essential to the health supervision of the athlete. What is significant, however, is that the variety of terminology found in these references adds a sizable dimension to the complexity of athletic injury nomenclature.
- (2) Certain injuries are peculiar to sports or gain clinical significance in the sports arena. The physician who applies his medical skills in the athletic setting thus is served from day to day with "a smorgasboard of clinical opportunities." At times, he may be called upon to make a provisional diagnosis and record accordingly an entity which he may have never studied in medical school, never have seen in his routine medical practice, nor found helpfully described in a standard medical reference. Yet these call for immediate recognition and judgment on the field as well as in the office. There is more than a uniformity of terminology involved; there must also be an awareness that these injuries occur, have significance and merit faithful recording.

Fundamental to an increasingly sophisticated health supervision of sports, therefore, is a common comprehensive language that permits the sharing of accurate and complete information. One cannot have confidence in another's statistics if reports on athletic injuries are not depicted in a uniformly understood and meaningful manner. One cannot even disagree with another if misinterpretation is prevalent.

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<sup>1</sup>

Gordon, B.L.: Standard Medical Terminology, JAMA 191:311-313 (Jan 25) 1965.