

National
ATHLETIC TRAINERS ASSOCIATION

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Houston, Texas 77001
Phone (713) 748-2780

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ADMINISTRATIVE ASSISTANT
MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

January 28, 1974

Major John A. Swanson, AMSC
Chief, Physical Therapy Section
Department of the Army
Medical Department Activity (MEDDAC)
United States Military Academy
West Point, New York 10996

Dear Major Swanson:

Thank you for your letter of January 22, 1974.
I am taking the liberty of forwarding your letter to
our Executive Director, Otho Davis of the Philadelphia
Eagles, as I am entering the hospital today for
surgery.

Looking forward to corresponding with you in
the future.

Sincerely,



Bobby Gunn
President

BG:ger

cc: Otho Davis

25th ANNIVERSARY
1974 Annual Meeting — Kansas City, Missouri
Crown Center Hotel, June 9, 10, 11, 12



DEPARTMENT OF THE ARMY
MEDICAL DEPARTMENT ACTIVITY (MEDDAC)
UNITED STATES MILITARY ACADEMY
WEST POINT, NEW YORK 10996

22 January 1974

Mr. Bobby Gunn
Houston Oilers
P.O. Box 1516
Houston, Texas 77001

Dear Mr. Gunn:

I am encouraged by your open letter to Athletic Trainers in the December issue of the N.A.T.A. journal to know that definite progress is being made with the Athletic Care Act. Initial objection and even outright hostility by some segments of every profession is to be expected with every major stride towards progress. With the addition of the "years study amendment," it seems that only the very best legislation should be forthcoming if everyone with interest will work together. Your perseverance and leadership in an area of such great need is to be commended.

I frankly must admit that even as a practicing physical therapist, I was not aware of the inexcusable lack of care for the high school athlete that exists today. It was not until my own son participated in high school athletics that I became aware of this widespread problem. During his junior and senior years I saw equipment issued with little or no regard for individual fit, injuries go unrecognized, the significance of injuries not realized, and athletes returned to competition before having adequately recovered from their injuries. From a parent's standpoint, I am hopeful that the Athletic Care Act will have produced the intended results by the time my younger son is ready for high school sports.

As health care professionals, all of us in related fields of sports medicine must be concerned with providing the proper care for young athletes. Here at the U.S. Military Academy we are especially attuned to athletic injuries and have recently produced a movie which we hope will help to promote an awareness for the scope of this field. It is entitled, "Injury Prevention For The Athlete, The West Point Program," is in 16mm color with optical sound track and is eighteen minutes in length. It describes our actively functioning injury prevention, treatment, and rehabilitation programs which are co-ordinated by our Injury Prevention Team. I will be happy to mail the film to you if you care to review it for use within the N.A.T.A. or to support your work with the Athletic Care Act, wherever you feel its use may be appropriate.

Sincerely yours,

JOHN A. SWANSON
Major, AMSC
Chief, Physical Therapy Section

*ans. 1-28-74
referred to
the for answer
& action*

1/23/74

Mr. Michael J. Duberstein
c/o Congressman R. V. Dellums
1417 Longworth Bldg.
Washington, D.C. 20515

Dear Mr. Duberstein:

My presentation to the Annual Meeting of the Eastern Athletic Trainers' Association on H.R. 2775 and H.R. 7795 took place as scheduled yesterday at Hyannis. I feel that it was a productive effort to bring current their awareness on these two important pieces of pending legislation, which so directly effect their profession. Their immediate reactions and questions can be listed as follows:

- 1.) the proposed "Study" year should address itself specifically to-
 - a.) further deliberation on just what factors shall be used by the Commissioner to "certify" an individual as a qualified athletic trainer under the Act, and
 - b.) further deliberation on how the size and level of the educational institution or agency shall influence the period specified in the Act for implementation and compliance,
- 2.) will the President truly not be an impedient to the "Study" once the Senate and House have passed their motions? (a reflection of the general distrust of him at the present time),
- 3.) there was general feeling and agreement among those present that each one should immediately contact and urge their own Senator to support the H.R. 7795 "Study" amendment to the E.S.E.A. extension motion in their branch of Congress, and
- 4.) there is general support for the concepts and principles of the "Athletic Care Act" among the athletic trainers in the Northeastern section of the United States, and they look forward to having the proposed "Study" settle the minor uncertainties still present in the current wording of the Act.

Thank you for your assistance to me in this project. I hope the above observations will be helpful to Congressman Dellums and to you in your further work towards the eventual passage of H.R. 7795. I look forward to being kept informed by you of its

progress, and I assure you that I am ready to respond to any request you may have of me on the matter.

Sincerely yours,



Russell M. Lane, M.D.

- c.c.:
- 1.) Mr. Wesley D. Jordan- Head Athletic Trainer
Univ. of Maine; Orono, Me. 04473
Director, National Athletic Trainers Association
 - 2.) Mr. Frank George- Head Athletic Trainer
Brown Univ.; Providence, R. I. 02912
Vice President, National Athletic Trainers Association
 - ✓ 3.) Mr. Bobby Gunn- Athletic Trainer, Houston "Oilers"
P.O. Box 1516; Houston, Texas 77001
President, National Athletic Trainers Association
 - 4.) Mr. Otho Davis- Athletic Trainer, Baltimore Colts
600 North Howard St.; Baltimore, Md. 21201
Executive Director, National Athletic Trainers Association

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3315 South Street
Lafayette, Indiana 47904
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December 14, 1973

Mr. Stephen L. Bartlett
The McCallie School
Missionary Ridge
Chattanooga, Tennessee 37404

Dear Steve:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

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the "Athletic Care Act". According to the Minutes you,
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Thank you for your assistance.

Sincerely,


Otho Davis
Executive Director

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December 14, 1973

Mr. Wayne M. Kendrick
106 Ivy Avenue
Hueytown, Alabama 35020

Dear Wayne:-

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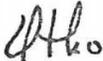
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Sincerely,


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December 14, 1973

Mr. David A. Lawson
6850 Farragut Street
Hollywood, Florida 33024

Dear Dave:-

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District 9 meeting in Atlanta, held on June 11, 1973.

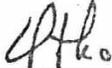
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December 14, 1973

Mr. Henry N. Lyda, III
Athletic Department
Box K
University, Alabama 35486

Dear Henry:-

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*Mr. Walter M. McCombs
Basketball Trainer
University of Kentucky
Athletic Association
Lexington, Kentucky 40506*

Dear Walter:-

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Mr. Rafford G. Mullins
Morehead State University
Athletic Department
Morehead, KY 40351

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5207 J Street
Sacramento, California 95819

DISTRICT 9
Alabama, Florida, Georgia, Kentucky,
Louisiana, Mississippi, Tennessee

EUGENE SMITH
Memphis-State University
Memphis, Tennessee 38111

DISTRICT 10
Alaska, Idaho, Montana, Oregon, Washington,
Alberta, British Columbia, Saskatchewan

RICHARD MELHART
Washington State University
Pullman, Washington 99163

ADMINISTRATIVE ASSISTANT
MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

*Mr. Mayfield B. Armstrong
Trainers Office
Florida State University
Dept. of Athletics
Tallahassee, Florida 32306*

Dear Mayfield:-

*I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.*

*There was discussion on the Dellums Bill, H.R. 7795,
the "Athletic Care Act". According to the Minutes you,
as a Student member of N.A.T.A., voted against this
Bill.*

*Since no alternative response has been offered in ref-
erence to this legislation, I am attempting to gather
some of the negative attitudes to H.R. 7795 and would
appreciate receiving your views and reasons why you are
on record as being opposed to the "Athletic Care Act".*

Please send your views to me prior to December 28th.

Thank you for your assistance.

Sincerely,



*Otho Davis
Executive Director*

OD;hf

25th ANNIVERSARY
1974 Annual Meeting - Kansas City, Missouri
Hotel Muehlebach, June 16, 17, 18, 19

National ATHLETIC TRAINERS ASSOCIATION

PRESIDENT
BOBBY GUNN
Houston Oilers
P. O. Box 1516
Houston, Texas 77001
Phone (713) 748-2780

EXECUTIVE DIRECTOR
OTHO DAVIS
Philadelphia Eagles
Veteran Stadium
Broad & Pattison Streets
Philadelphia, Pennsylvania 19148
Phone (215) 463-2500

N.A.T.A. DIRECTORS

December 14, 1973

DISTRICT 1
Connecticut, Maine, Massachusetts
New Hampshire, Rhode Island, Vermont
Quebec

FRANK GEORGE
Brown University
Providence, Rhode Island 02912

DISTRICT 2
Delaware, New Jersey, New York
Pennsylvania

FRANCIS J. SHERIDAN
Lafayette College
Easton, Pa. 18042

DISTRICT 3
Maryland, North Carolina, South Carolina,
Virginia, West Virginia, District of Columbia

CRAIG LEWELLYN
West Virginia University
Morgantown, West Virginia 26505

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Illinois, Indiana, Michigan, Minnesota,
Ohio, Wisconsin, University Iowa,
Marshall University, Manitoba, Ontario

ROLAND E. LaRUE
Western Illinois University
Macomb, Illinois 61455

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North Dakota, Oklahoma, South Dakota,
University of Colorado

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Oklahoma State University
Stillwater, Oklahoma 74074

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3116 Hanover
Dallas, Texas 75225

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Utah, Wyoming

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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

Mr. Ray P. Bickerstaff
802 Waverly Road
Tallahassee, Florida 32303

Dear Ray:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

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the "Athletic Care Act". According to the Minutes you,
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Pullman, Washington 99163

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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 14, 1973

Mr. Scott Goodfarb
2716 Alvarado Avenue
Jacksonville, Florida 32217

Dear Scott:-

*I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.*

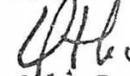
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Sincerely,


Otho Davis
Executive Director

OD:hj

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December 14, 1973

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Washington State University
Pullman, Washington 99163

ADMINISTRATIVE ASSISTANT

MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

Mr. Mark V. Keppler
Florida State University
Athletic Training Dept.
Tallahassee, Florida 32300

Dear Mark:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

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Executive Director

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Pullman, Washington 99163

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MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 13, 1973

*Mr. Frank Freeman,
Athletic Representative
Cramer Products, Inc.
2164 Twin Falls Road
Decatur, Georgia 30022*

Dear Frank:-

*I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.*

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*Otho Davis,
Executive Director*

OD;hf

25th ANNIVERSARY
1974 Annual Meeting -- Kansas City, Missouri
Hotel Muehlebach, June 16, 17, 18, 19

1973 SPORTS PARTICIPATION SURVEY

Compiled by
 THE NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS
 400 LaSalle Street, P. O. Box 98, Elgin, Illinois 60120

Based on Competition at the Interscholastic Level

	BOYS (Buff Section)		GIRLS (Green Section)	
	Number of Schools	Number of Participants	Number of Schools	Number of Participants
ARCHERY	70	420	339	4,019
BADMINTON	1,070	10,293	1,271	14,469
BASEBALL	12,860	371,783	16	460
BASKETBALL	19,463	667,928	8,718	203,207
BOWLING	736	8,237	769	10,330
CROSS COUNTRY	9,333	180,674	433	4,921
CURLING	874	6,214	570	3,337
DECATHLON	234	770		
FENCING	65	419	35	267
FIELD HOCKEY	37	1,003	1,572	45,282
FOOTBALL - 11 Man	14,314	969,635		20
- 8 Man	561	13,171	1	20
- 6 Man	112	2,304		
- 9 Man	211	5,582		
- 12 Man	545	33,599	2	45
- Flag	8	245		
GOLF	9,250	129,115	1,228	10,106
GYMNASTICS	1,636	32,918	2,154	35,224
ICE HOCKEY	672	24,250	29	144
LACROSSE	231	6,055	94	3,123
RIFLERY	304	4,458	53	589
RUGBY	93	6,766		
SKIING	535	10,749	261	4,509
SOCCER	2,582	77,141	245	5,174
SOFTBALL	328	5,947	4,251	81,379
SWIMMING	3,553	90,076	2,079	41,820
TENNIS	6,828	103,035	4,219	53,940
TRACK & FIELD (INDOOR)	1,521	42,544	407	8,191
TRACK & FIELD (OUTDOOR)	16,774	640,344	7,292	178,209
VOLLEYBALL	2,100	36,803	6,158	103,293
WATER POLO	302	9,119		
WRESTLING	8,403	279,024	1	5

COUNTRY- STATE	BASEBALL		BASKETBALL		BOWLING		GOLF	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
ALABAMA	300	7,500	411	11,500			30	300
ALASKA			47	1,200			24	1,000
ARIZONA	130		136				84	1,423
ARKANSAS	169	4,230	390	15,500	50	2,450	84	1,521
CALIFORNIA	825	35,419	828	40,224	12	182	641	19,572
CANADA								
Alberta	15	328	183	3,080	9	66	84	791
British Columbia				5,659		14		1,308
Manitoba	13	70	97	1,878	17	155	62	498
New Brunswick	8	280	50	750			29	310
Nova Scotia			72	1,080			53	636
Ontario			490	18,501			426	7,030
Saskatchewan			197	2,350			64	1,240
COLORADO	175	6,000	245	10,000			111	2,250
CONNECTICUT	175	5,371	174	4,894			140	2,613
DELAWARE	53	1,851	61	2,174			36	670
DIST. OF COL.	14	300	14	218			14	168
FLORIDA	306	8,358	370	13,141			158	2,009
GEORGIA	355	12,425	378	17,000	10	100	250	5,000
HAWAII	36	849	46	680	20	199	36	402
IDAHO	52	1,209	125	4,849			34	485
ILLINOIS	646	25,760	751	30,625			460	13,775
INDIANA	477	13,000	530	20,500			407	9,000
IOWA	462	9,240	507	15,210	96	480	211	1,055
KANSAS	55	1,100	395	11,850			213	4,260
KENTUCKY	287	6,027	330	8,910			117	1,755
LOUISIANA	215	4,300	442	10,950			68	816
MAINE	131	2,358	133	5,320	6	72	106	2,120
MARYLAND	134	3,959	138	4,950			105	2,140
MASSACHUSETTS		12,389		12,509		29		6,040
MICHIGAN	625	22,150	695	19,200	5	250	518	9,600
MINNESOTA	428	17,300	483	39,272			245	5,545
MISSISSIPPI	230	4,150	291	4,365				
MISSOURI	355	8,829	771	28,841			420	4,506
MONTANA			204	7,500			50	475
NEBRASKA	42	1,050	369	19,450			137	634
NEVADA	32	768	46	1,380			20	400
NEW HAMPSHIRE	82	2,100	82	2,500	6	70	33	800
NEW JERSEY	394		396		154		352	
NEW MEXICO	75	2,330	124	6,000			59	1,200
NEW YORK	731	22,000	739	19,000	333	4,000	526	6,000
N. CAROLINA	290	7,250	347	10,410			59	785
N. DAKOTA	63	969	268	10,511			56	1,034
OHIO	886	21,548	1,535	37,672			673	12,660
OKLAHOMA	364	6,750	488	12,800			49	500
OREGON	200	9,000	239	8,604			167	3,340
PENNSYLVANIA	545	11,900	1,035	31,050			373	7,460
RHODE ISLAND	43	774	42	840			42	840
S. CAROLINA	235	6,300	235	8,000	8	100	60	1,200
S. DAKOTA			210	5,200	10	70	92	1,840

COUNTRY-STATE	BASEBALL		BASKETBALL		BOWLING		GROSS COUNTRY	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
ENNESSEE	363	7,123	612	15,300			54	371
KANSAS	601	25,000	1,157	50,000			592	18,000
KENT	80	1,000	98	4,000			44	500
VERMONT	55	1,743	56	1,975			35	495
VIRGINIA	270	6,030	300	11,865			146	2,120
WASHINGTON	273	8,614	321	11,711			213	3,024
WEST VIRGINIA	180	2,692	218	5,495			33	571
WISCONSIN	310	9,483	419	15,715			252	5,210
WYOMING			73	2,695			21	257

FOOTBALL	11 - Man		8 - Man		6 - Man		12 - Man	
	No. Schools	No. Partici.						
ALABAMA	350	15,500						
ALASKA	8	320						
ARIZONA	120	6,574	15	444				
ARKANSAS	186	12,080						
CALIFORNIA	790	89,318			4	85		
CANADA					17 (9-M)	433		
Alberta	1	63	19	399	1	15	48	2,612
British Columbia		1,425						
Manitoba					11 (9-M)	243	13	560
New Brunswick							10	390
Nova Scotia							5	160
Ontario							433	28,622
Saskatchewan			35	700	59	1,050	35	1,165
					40 (9-M)	1,040		
COLORADO	180	11,000	35	1,000				
CONNECTICUT	124	7,364					1	90
DELAWARE	45	3,343						
DIST. OF COL.	14	584						
FLORIDA	329	28,000						
GEORGIA	300	18,000						
HAWAII	36	1,570			8 (Flag)	245		
IDAHO	107	8,474	16	391				
ILLINOIS	555	34,800						
INDIANA	426	28,500						
IOWA	430	21,500						
KANSAS	336	12,432	50	1,850				
KENTUCKY	201	8,844						
LOUISIANA	275	13,750						
MAINE	63	2,820						
MARYLAND	121	8,563						
MASSACHUSETTS		20,235						
MICHIGAN	645	47,200						
MINNESOTA	413	42,560			64 (9-M)	2,240		
MISSISSIPPI	263	10,520						
MISSOURI	450	33,896			5	144		
MONTANA	92	6,000	61	1,200				
NEBRASKA	279	12,300	85	2,125				
NEVADA	34	2,790	7	140				
NEW HAMPSHIRE	32	2,400						
NEW JERSEY	357							
NEW MEXICO	86	5,325						
NEW YORK	562	27,500	29	400				
N. CAROLINA	292	14,600						
N. DAKOTA	103	7,490			56 (9-M)	1,120		
OHIO	1,274	61,018						
OKLAHOMA	271	14,000	17	700				
OREGON	189	12,285	36	540				
PENNSYLVANIA	911	72,880						
RHODE ISLAND	39	1,170						

FOOTBALL

STATE-COUNTRY	11 - Man		8 - Man		6 - Man		12 - Man	
	No. Schools	No. Partici.						
S. CAROLINA	205	11,000						
S. DAKOTA	93	2,790	76	1,520	23 (9-M)	506		
TENNESSEE	518	25,577						
TEXAS	906	115,000	48	1,000	43	1,000		
UTAH	74	4,000						
VERMONT	22	1,535						
VIRGINIA	265	23,260						
WASHINGTON	275	16,550	22	547				
W. VIRGINIA	214	18,810						
WISCONSIN	401	30,075						
WYOMING	52	2,045	9	215				

STATE-COUNTRY	GOLF		GYMNASTICS		ICE HOCKEY		SKIING	
	No. Schools	No. Partici.						
ALABAMA	120	950	10	50				
ALASKA					5	75		
ARIZONA	65		19				3	100
ARKANSAS	97	9,680	10	240				
CALIFORNIA	438	7,301	132	3,750			19	399
CANADA								
Alberta	30	220	39	385	15	286	5	75
British Columbia		403		93		70		457
Manitoba	49	308	39	257	25	309		
New Brunswick	6	30			28	560		
Nova Scotia			21	525	46	920		
Ontario	361	2,178	256	2,840	208	4,257	150	1,643
Saskatchewan								
COLORADO	84	1,100	53	1,600			20	1,000
CONNECTICUT	109	1,151	13	258	22	615		
DELAWARE	27	327	4	97				
DIST. OF COL.	12	96						
FLORIDA	233	1,936	19	310				
GEORGIA	156	1,600	90	1,400				
HAWAII	33	307	1	25				
IDAHO	41	529						
ILLINOIS	422	12,495	85	3,160				
INDIANA	393	5,000	38	900				
IOWA	316	4,740	21	315				
KANSAS	188	3,760	36	648				
KENTUCKY	174	1,740	10	200				
LOUISIANA	94	564						
MAINE	72	864	23	400	5	175	47	940
MARYLAND	71	1,304	20	385				
MASSACHUSETTS		3,212		1,455		7,089		765
MICHIGAN	481	4,500	37	530	39	780	63	1,300
MINNESOTA	281	6,274	63	3,000	110	5,710	54	1,300
MISSISSIPPI								
MISSOURI	195	2,512						
MONTANA	43	250	24	225				
NEBRASKA	189	2,260	30	1,200				
NEVADA	23	230						
NEW HAMPSHIRE	30	350	6	160	18	400	33	700
NEW JERSEY	252		32		24		20	
NEW MEXICO	42	535	15	400				
NEW YORK	490	4,500	121	1,400	44	500	67	1,300
N. CAROLINA	154	1,540						
N. DAKOTA	63	779			10	313		
OHIO	681	7,358	114	1,740	26	425		
OKLAHOMA	96	800						
OREGON	118	944	38	760				
PENNSYLVANIA	415	6,225	65	1,300				
RHODE ISLAND	34	204			21	320	10	30
S. CAROLINA	130	800						

STATE-COUNTRY	No. Schools	No. Partici.						
S. DAKOTA	48	516	6	180				
TENNESSEE	177	1,947						
TEXAS	930	15,000						
UTAH	61	800						
VERMONT	29	262	17	193	14	389	21	485
VIRGINIA	141	1,128	25	300				
WASHINGTON	190	2,657	52	1,221				
W. VIRGINIA	69	569	6	139				
WISCONSIN	272	4,080	41	820	12	360	15	265
WYOMING	25	300	5	57			8	90

STATE-COUNTRY	WATER		SWIMMING		INDOOR		OUTDOOR	
	Schools	Particip.	Schools	Particip.	Schools	Particip.	Schools	Particip.
ALABAMA			50	350				
ALASKA					120	1,000	250	2,000
ARIZONA			26				36	1,000
ARKANSAS	30	900	75	750	30	550	123	
CALIFORNIA	221	8,395	485	17,057			330	9,700
CANADA							771	52,195
Alberta	27	610	27	310	19	234	158	3,690
British Columbia		3,950		217		1,300		4,510
Manitoba	65	1,242	7		42	523	105	2,904
New Brunswick	32	480	10	150			44	920
Nova Scotia	54	810					77	2,310
Ontario	348	7,676	140	2,431			517	20,113
Saskatchewan	35	535					263	6,800
COLORADO			56	2,000			225	11,000
CONNECTICUT	126	4,565	107	1,773	60	1,492	146	6,136
DELAWARE	25	786	15	319	20	454	50	1,972
DIST. OF COL.	10	180	3	60	12	240	14	350
FLORIDA	34	1,478	152	2,737			329	11,985
GEORGIA	75	2,250	130	2,800			330	13,200
HAWAII	14	352	32	425			48	1,369
IDAHO					20	83	123	3,350
ILLINOIS	33	1,755	146	5,680			680	27,700
INDIANA			128	3,500			534	20,500
IOWA			43	1,290			483	24,150
KANSAS			27	540	301	15,050	386	19,800
KENTUCKY	9	180	47	940			212	5,936
LOUISIANA			30	800			364	16,016
MAINE	67	2,010	17	540	23	325	96	2,775
MARYLAND	102	3,664	18	326	76	1,917	125	3,714
MASSACHUSETTS		7,845		1,630		8,593		7,506
MICHIGAN	27	648	197	6,561			658	24,100
MINNESOTA	23	1,451	108	3,985			435	22,873
MISSISSIPPI							263	5,260
MISSOURI	71	1,839	58	1,610	270	4,000	609	27,291
MONTANA			12	110			204	7,000
NEBRASKA			27	1,050	30	1,500	359	12,300
NEVADA							45	1,575
NEW HAMPSHIRE	58	1,600	4	40	20	325	35	1,225
NEW JERSEY	245		90		161		336	
NEW MEXICO			14	450			115	3,925
NEW YORK	427	12,000	182	3,600	161	2,000	622	19,000
N. CAROLINA	16	400	13	322	10	200	235	7,050
N. DAKOTA			12	537	20	240	212	6,251
OHIO	43	674	147	3,893			1,327	41,317
OKLAHOMA			33	725			264	4,750
PENNSYLVANIA	250	5,000	156	3,432			717	21,510
RHODE ISLAND	16	320	10	200	16	320	42	1,250
S. CAROLINA	25	500	3	75			235	7,000

STATE-COUNTRY	SOCCER		SWIMMING		TRACK AND FIELD			
	No.	No.	No.	No.	INDOOR		OUTDOOR	
	Schools	Particip.	Schools	Particip.	Schools	Particip.	Schools	Particip.
SDAKOTA			3	60	4	85	205	4,100
TENNESSEE							348	10,788
TEXAS			420	10,000			1,157	75,000
UTAH			32	700			87	2,600
VERMONT	46	1,741			6	98	25	863
VIRGINIA	28	700	17	225	100	2,000	260	8,800
WASHINGTON			77	1,657			311	11,174
W. VIRGINIA			4	69			147	2,460
WISCONSIN			84	2,520			379	12,320
WYOMING			18	400			71	2,200

STATE-COUNTRY	Schools	Partici.	Schools	Partici.	Schools	Partici.	Schools	Partici.
ALABAMA	30	300			80	1,200	30	120-Badminton
ALASKA					32	1,056	4	120-Riflery
ARIZONA	75				90		23	-Archery
							10	-Riflery
ARKANSAS	109	2,025	75	1,500	6	100	25	250-Archery
							70	350-Decathlon
							21	210-Riflery
							75	1,600-Softball
CALIFORNIA	638	14,610	10	181	550	24,282	12	158-Fencing
							1	38-Rugby
							209	7,533-Water Polo
CANADA								
Alberta	2	8	168	2,461	32	604	1	20-Archery
							171	1,766-Badminton
							131	1,348-Curling
							3	52-Rugby
							36	611-Softball
British Columbia		310		2,174		702		601-Badminton
								407-Curling
								4,267-Rugby
								285-Lacrosse
								54-Softball
								6-Fencing
Manitoba			105	1,694	23	310	98	951-Badminton
							91	682-Curling
							3	20-Field Hockey
							4	-Lacrosse
							77	882-Softball
New Brunswick	6	36	53	795			46	552-Badminton
							26	104-Curling
							4	70-Rugby
Newfoundland				544				206-Badminton
								475-Basketball
								697-Ice Hockey
								605-Soccer
								356-Track Outdoor
Nova Scotia			63	630			59	590-Badminton
							45	225-Curling
							34	510-Field Hockey
							8	144-Rugby
Ontario	179	1,187	404	6,344	361	5,957	10	50-Archery
							415	3,677-Badminton
							262	1,658-Curling
							53	962-Lacrosse
							8	35-Riflery
							76	2,195-Rugby
							2	31-Softball
							33	474-Water Polo
Saskatchewan			226	2,710	37	1,110	206	825-Badminton
							271	1,100-Curling
							4	90-Lacrosse
COLORADO	62	1,250			173	7,300	50	75-Pentathlon
CONNECTICUT	75	1,128			54	1,710		
FLAWARE	33	510			54	2,061	1	17-Lacrosse

STATE-COUNTRY	TENNIS		VOLLEYBALL		WRESTLING		OTHER	
	No. Schools	No. Partici.						
DIST. OF COL.	11	88						
FLORIDA	175	1,727			127	3,773	31	97-Decathlon
GEORGIA	250	2,000			180	5,400	15	30-Decathlon
							70	1,400-Riflery
HAWAII	38	385	35	464	30	662	10	149-Riflery
							3	45-Water Polo
IDAHO	20	682			81	2,890		
ILLINOIS	252	6,150			390	18,550		
INDIANA	220	3,000			356	8,500		
IOWA	80	800			298	11,920		
KANSAS	104	1,040			142	2,840		
KENTUCKY	98	1,176			56	1,568	9	72-Riflery
LOUISIANA	68	428			10	75		
MAINE	37	442	17	306	24	616	3	45-Lacrosse
							9	135-Riflery
MARYLAND	94	1,093			108	3,851	31	1,460-Lacrosse
MASSACHUSETTS		2,610		228		2,491		473-Field Hockey
								871-Lacrosse
								404-Riflery
								278-Softball
								52-Fencing
MICHIGAN	316	4,390			408	11,500	1	15-Softball
MINNESOTA	134	3,022			336	16,732	25	312-Curling
MISSISSIPPI	61	610						
MISSOURI	154	2,607	13	342	199	7,582	47	966-Softball
MONTANA	21	250			86	2,500	20	525-Water Polo
NEBRASKA	34	800			173	5,190		
NEVADA	16	288			25	750		
NEW HAMPSHIRE	15	250	6	100	4	125	9	40-Decathlon
							1	25-Lacrosse
NEW JERSEY	234				314		1	-Archery
							34	-Fencing
							19	-Lacrosse
							9	-Riflery
							1	-Rugby
							2	-Water Polo
NEW MEXICO	34	475			41	1,380	10	30-Decathlon
NEW YORK	449	4,500	259	5,000	533	17,000	10	100-Archery
							75	1,125-Badminton
							13	130-Fencing
							115	2,300-Lacrosse
							67	800-Riflery
							52	800-Softball
N. CAROLINA	83	830			106	2,120		
N. DAKOTA	12	184			64	2,644	7	138-Curling
							10	150-Softball
OHIO	359	6,347			725	22,917	6	73-Fencing
							8	63-Riflery
							35	542-Water Polo
OKLAHOMA	57	550	85	800	76	3,500		
OREGON	85	680			162	8,100		
PENNSYLVANIA	224	3,370	93	1,860	482	27,280	77	1,035-Riflery

STATE-COUNTRY	TENNIS		VOLLEYBALL		WRESTLING		OTHER	
	No. Schools	No. Partici.						
RHODE ISLAND	21	168			22	440		
S. CAROLINA	135	1,200			60	750		
S. DAKOTA	16	165			90	2,120	26	560-Softball
TENNESSEE	124	1,799			86	2,408	19	28-Decathlon
TEXAS	1,025	19,000	450	8,000				
UTAH	65	600			77	2,000		
VERMONT	11	150			17	419	2	35-Riflery
VIRGINIA	103	1,090			120	3,875		
WASHINGTON	192	4,078			231	8,669		
WEST VIRGINIA	28	252			71	1,190		
WISCONSIN	134	2,345	38	670	353	17,005	16	240-Curling
WYOMING	5	50			43	1,300		

STATE-COUNTRY	BASKETBALL		FIELD HOCKEY		GOLF		GYMNASTICS	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
ALABAMA					40	130	10	80
ALASKA	24	240					12	120
ARIZONA	28	497			13	101	20	396
ARKANSAS	228	4,560			40	200	17	420
CALIFORNIA	306	9,189	118	4,587	22	278	115	2,585
CANADA								
Alberta	180	2,811	4	53	20	105	44	451
British Columbia		4,764		3,838				88
Manitoba	97	1,855	53	484	49	62	39	333
New Brunswick	49	735	11	185				
Nova Scotia	69	1,035					28	700
Ontario	111		29		9		90	
Saskatchewan	199	2,390						
COLORADO							114	2,280
CONNECTICUT	81	2,009	59	1,671	4	22	19	431
DELAWARE	51	1,399	41	1,532	1	6	3	48
DIST. OF COL.	12	180						
FLORIDA	57	850			57	303	21	434
GEORGIA	374	15,500				5	90	1,800
HAWAII	6	82			1	6		
IDAHO	22	429	7	142			10	112
ILLINOIS	150	3,000	50	1,000	40	240	100	1,500
INDIANA	304	6,000	13	260	45	225	166	1,500
KANSAS	213	6,390			27	540	60	1,200
KENTUCKY					54	432	22	528
LOUISIANA	234	4,680						
MAINE	120	2,400	67	1,474	7	92	29	580
MARYLAND	122	2,513	92	2,374			31	607
MASSACHUSETTS		7,609		7,170		74		2,177
MICHIGAN	508	7,110	35	910	49	440	80	780
MINNESOTA	120	3,600			12	120	80	2,000
MISSISSIPPI	229	3,750						
MISSOURI	200	4,430						
MONTANA	115	2,500			30	175	27	325
NEVADA					18	180		
NEW HAMPSHIRE	70	1,400	45	945			6	160
NEW JERSEY	284		174		5		51	
NEW MEXICO	60	1,800			2	35	20	500
NEW YORK	491	9,000	342	6,000	46	300	154	1,500
N. CAROLINA	245	4,900			16	80		
N. DAKOTA	93	788			16	149	21	964
OHIO	455	6,725	97	1,476	55	563	162	2,419
OKLAHOMA	403	8,500						
OREGON							60	1,200
PENNSYLVANIA	397	11,910	208	8,320	3	30	61	1,220
RHODE ISLAND	26	520	8	126	3	6	15	244
S. CAROLINA	195	4,750			4	32	10	250
S. DAKOTA	32	480			13	104	14	280
TENNESSEE	382	8,786						

STATE-COUNTRY	BASKETBALL		FIELD HOCKEY		GOLF		GYMNASTICS	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
TEXAS	743	30,000			450	4,500		
UTAH							16	800
VERMONT	50	1,187	42	1,165	8	27	18	269
VIRGINIA	193	2,895	46	920	15	45	90	900
WASHINGTON	166	3,480	18	334	30	336	88	1,808
WEST VIRGINIA	31	445						
WISCONSIN	156	2,340	13	286	20	140	127	1,090
WYOMING	37	415			4	23	14	145

STATE-COUNTRY	SKIING		SOFTBALL		SWIMMING		TENNIS	
	No. Schools	No. Partici.						
ALABAMA			120	2,000	50	400	50	250
ALASKA	8	100						
ARIZONA			13	246			79	1,019
ARKANSAS			100	2,000	75	750	47	268
CALIFORNIA	4	23	273	8,816	206	5,418	338	6,247
CANADA								
Alberta	5	75	50	708	27	304	2	11
British Columbia		420		384		200		299
Manitoba			77	1,041	7			
New Brunswick			30	450	10	150	6	36
Nova Scotia	8	80						
Ontario	24				21		31	
COLORADO	11	500					54	1,200
CONNECTICUT			76	1,843	17	506	43	744
DELAWARE			35	741	4	120	29	427
DIST. OF COL.			6	90				
FLORIDA					148	2,582	164	1,597
GEORGIA			40	800	125	2,500	240	1,900
HAWAII			3	53	33	481	39	414
IDAHO			25	310				
ILLINOIS			200	4,000	100	2,000	150	1,500
INDIANA			169	3,500	87	1,800	110	1,100
KANSAS			25	500	19	380	95	950
KENTUCKY					40	800	77	1,155
LOUISIANA			65	975	16	450	59	236
MAINE	34	408	115	230	15	298	19	171
MARYLAND			75	1,736	2	20	83	749
MASSACHUSETTS		466		5,952		1,261		2,473
MICHIGAN	49	600	264	3,960	115	1,840	163	1,304
MINNESOTA	6	60	12	200	35	1,400	40	600
MISSISSIPPI							55	550
MISSOURI			142	2,931				
MONTANA					15	130	15	150
NEVADA							15	270
NEW HAMPSHIRE	30	350	55	1,300			15	180
NEW JERSEY			160		21		111	
NEW MEXICO			25	500	11	220	10	120
NEW YORK	51	1,000	474	7,000	130	2,500	228	2,800
N. CAROLINA					11	110	42	504
N. DAKOTA			10	148	13	537	10	100
OHIO			261	5,243	39	738	117	1,293
OKLAHOMA			90	1,350			28	150
OREGON					62	930	92	644
PENNSYLVANIA			114	2,280	85	1,870	90	1,350
RHODE ISLAND								
S. CAROLINA					3	75	40	350
S. DAKOTA					3	54	14	98
TENNESSEE							93	1,219
TEXAS			860	15,000	395	9,000	987	15,000

STATE-COUNTRY	SKIING		SOFTBALL		SWIMMING		TENNIS	
	No. Schools	No. Partici.						
VERMONT	21	326	50	1,187			10	147
VIRGINIA			102	1,530	5	25	73	730
WASHINGTON			86	1,718	36	749	170	2,918
W. VIRGINIA			20	222	4	60	20	189
WISCONSIN	3	26	29	435	78	852	66	528
WYOMING	7	75			16	310		

(OUTDOOR)

VOLLEYBALL

OTHER

STATE-COUNTRY	(OUTDOOR)		VOLLEYBALL		OTHER	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
ALABAMA	150	3,000	50	600	25	120-Archery
					30	120-Badminton
					30	150-Bowling
ALASKA	10	200			8	96-Cross Country
					4	32-Riflery
ARIZONA	9	113	96	1,868	17	210-Archery
					33	447-Badminton
ARKANSAS	64	746	76	1,600	25	250-Archery
					25	1,200-Bowling
					15	150-Riflery
					30	900-Soccer
CALIFORNIA	217	4,278	317	9,622	32	330-Archery
					142	2,954-Badminton
					37	896-Bowling
					5	52-Fencing
CANADA						
Alberta	156	3,013	171	2,726	1	20-Archery
					170	1,643-Badminton
					3	98-Baseball
					9	71-Bowling
					71	471-Cross Country
					108	1,035-Curling
					1	20-8-man Football
					2	45-12-man Football
					4	49-Ice Hockey
					18	157-Track Indoor
					1	5-Wrestling
British Columbia		3,907		3,705		567-Badminton
						14-Bowling
						714-Cross Country
						368-Curling
						1,100-Track Indoor
						60-Soccer
Manitoba	105	2,511	105	1,830	98	910-Badminton
					13	160-Baseball
					17	163-Bowling
					62	511-Cross Country
					91	588-Curling
					25	95-Ice Hockey
					42	456-Track Indoor
New Brunswick	44	860	53	780	46	528-Badminton
					10	90-Cross Country
					24	96-Curling
Newfoundland		320		524		179-Badminton
						379-Basketball
Nova Scotia	80	2,400	72	720	57	590-Badminton
					50	600-Cross Country
					40	200-Curling
					24	360-Soccer

STATE-COUNTRY	TRACK & FIELD (OUTDOOR)		VOLLEYBALL		OTHER	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
Ontario	109		112		11	-Archery
					96	-Badminton
					58	-Cross Country
					44	-Curling
Saskatchewan	283	5,100	263	3,150	206	800-Badminton
					60	1,060-Cross Country
					263	1,050-Curling
COLORADO	174	6,960				
CONNECTICUT	38	1,056	39	936	22	419-Badminton
					18	230-Cross Country
					4	72-Track Indoor
DELAWARE	5	78	17	387	6	265-Lacrosse
DIST. OF COL.	12	240			8	160-Track Indoor
GEORGIA	250	7,500	40	500	30	900-Bowling
						25-Cross Country
						10-Riflery
HAWAII	37	772	46	605	16	137-Bowling
					4	70-Cross Country
					7	83-Riflery
IDAHO	83	2,104	30	315		
ILLINOIS	300	6,000	400	4,000	50	700-Archery
					75	900-Badminton
					150	1,700-Bowling
					6	50-Fencing
INDIANA	310	5,000	368	6,000	29	300-Archery
					71	425-Badminton
					102	500-Bowling
					12	250-Cross Country
					9	150-Soccer
KANSAS	317	15,850	200	4,000		
KENTUCKY	160	4,480				
LOUISIANA	76	2,280	89	1,325		
MAINE	59	1,062	14	238	3	42-Archery
					4	36-Bowling
					1	16-Cross Country
					1	14-Riflery
MARYLAND	74	1,945	77	1,694	18	504-Lacrosse
MASSACHUSETTS		1,503		966		222-Baseball
						192-Cross Country
						20-Football
						248-Lacrosse
						50-Riflery
						1,150-Track Indoor
						112-Badminton
						30-Fencing
						317-Bowling
MICHIGAN	258	5,160	200	2,000	6	49-Badminton
					13	770-Bowling
					2	25-Cross Country
					2	36-Lacrosse
					1	25-Soccer

STATE-COUNTRY	TRACK & FIELD (OUTDOOR)		VOLLEYBALL		OTHER	
	No. Schools	No. Partici.	No. Schools	No. Partici.	No. Schools	No. Partici.
MINNESOTA	240	7,200	100	1,500	4	80-Cross Country
MISSISSIPPI	206	3,090				
MISSOURI			195	4,969		
MONTANA	180	3,500			35	250-Cross Country
NEBRASKA			344	4,028	335	5,096-Track Indoor
NEVADA	39	585				
NEW HAMPSHIRE	22	500	6	60	6	70-Bowling
					2	15-Cross Country
NEW JERSEY	91		22		9	-Archery
					46	-Bowling
					9	-Cross Country
					10	-Fencing
					14	-Lacrosse
					9	-Soccer
NEW MEXICO	32	800	40	950		
NEW YORK	294	7,500	464	9,000	96	1,440-Archery
					120	2,400-Badminton
					191	2,000-Bowling
					4	30-Fencing
					6	150-Lacrosse
					15	100-Riflery
					130	3,000-Soccer
N. CAROLINA	33	825				
N. DAKOTA	198	4,949	12	180		
OHIO	455	11,355	422	8,140	20	288-Archery
					16	174-Badminton
					60	975-Bowling
					10	105-Fencing
					28	389-Soccer
OKLAHOMA	89	1,250	170	1,200		
OREGON	214	3,210				
PENNSYLVANIA	67	2,010	96	1,910	6	160-Archery
					48	1,920-Lacrosse
					11	150-Riflery
RHODE ISLAND	13	197	16	182	7	73-Cross Country
S. CAROLINA	10	300	30	600	6	75-Bowling
S. DAKOTA	180	3,801	6	125	8	50-Bowling
TEXAS	820	25,000	870	16,000		
VERMONT	17	392			20	153-Cross Country
					1	30-Soccer
VIRGINIA	98	980	38	456		
WASHINGTON	235	5,260	169	3,604	15	159-Archery
					68	1,162-Badminton
					19	306-Bowling
WEST VIRGINIA	15	189	10	168		
WISCONSIN	301	5,378	249	3,935	15	90-Badminton
					13	260-Soccer
WYOMING	63	1,500	64	1,200		

THE PENNSYLVANIA STATE UNIVERSITY

101 WHITE BUILDING

UNIVERSITY PARK, PENNSYLVANIA 16802

College of Health, Physical Education and Recreation

Area Code 814

865-1394

Date: December 20, 1973
To: Advisory Committee,
National Athletic Morbidity Surveillance System (NAMSS)
From: Kenneth S. Clarke *KSC*

Enclosed is an overview of the considerations to be discussed at our January 5 meeting. It has been hurriedly assembled to give you advance awareness of the approach being taken. The sections of the Forsythe Amendment referring to other than the injury reporting system will be approached with NATA subsequent to this meeting.

KSC/mpc
Enc.

P.S. Please note an editorial change in the project title to permit eventual attention to any health problems affecting the athlete. KSC

*Looks like
we have good
togetherness*

An Advisory Session

to consider a conceptual plan for

A NATIONAL ATHLETIC MORBIDITY SURVEILLANCE SYSTEM (NAMSS) by

Kenneth S. Clarke, Ph.D.
Professor and Chairman, Health Education
Director, Center for Health Aspects of Sports,
Sports Research Institute
The Pennsylvania State University
University Park, PA 16802
814/865-1394

proposed to be in cooperation with representatives of

American Association for Health, Physical Education &
Recreation
American College Health Association
American Orthopaedic Society for Sports Medicine
Association for Intercollegiate Athletics for Women
National Athletic Trainers Association
National Collegiate Athletic Association
National Federation of State High School Associations
National Junior College Athletic Association
Sports Medicine Foundation of America

and with consultation from

Carl Blyth, Ph.D., University of North Carolina, Chapel Hill
James Garrick, M.D., University of Washington, Seattle
Vergil Slee, M.D., Commission on Professional and
Hospital Activities, Ann Arbor

January 5, 1974
St. Francis Hotel
San Francisco, California

DISCUSSION OUTLINE

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PROPOSED ADVISORY COMMITTEE,
NATIONAL ATHLETIC MORBIDITY SURVEILLANCE SYSTEM

Marlene Adrian, Ph.D., (Association for Intercollegiate Athletics for Women)

Fred Allman, M.D., (Sports Medicine Foundation of America)

David Arnold (National Federation of State High School Associations)

Fred Behling, M.D., (American Orthopaedic Society for Sports Medicine)

Carl Blyth, Ph.D., Consultant

Kenneth S. Clarke, Ph.D., Chairman pro tem. (National Collegiate Athletic Association; American Association for Health, Physical Education and Recreation)

William Combs, M.D., (American College Health Association)

Otho Davis (National Athletic Trainers Association)

James Garrick, M.D., Consultant

Vergil Slee, M.D., Consultant

Kermit Smith (National Junior College Athletic Association)

INTRODUCTION

Sports injury as a disease lends itself to the same etiologic analysis for effective preventive and control measures as does polio, measles, and tuberculosis. However, sports injury is a very complex family of diseases that requires a calculated risk perspective, pragmatic insights, professional resourcefulness, interdisciplinary togetherness, continuing surveillance, and adequate financial support if decision-worthy data on factors of influence are to be obtained and interpreted meaningfully.

National organizations governing and assisting varsity amateur athletics have long faced decisions concerning sports safety problems with conflicting contentions and without the data to verify or refute the respective contentions. This is due to

- . limited scope of research attention (e.g., football only)
- . limited geographical area (e.g., one school system or state)
- . limited scope (e.g., knee injuries only)
- . limited design (e.g., naivety, ambiguity, and/or bias in criteria, procedures, generalizations)
- . limited applicability (e.g., changes occurring in equipment, coaching technique, rules, environment)
- . limited continuity (e.g., too intensive and costly to extend nationally or beyond study period)

Nonetheless, courts and legislatures are calling for evidence of accountability through standards for the protection of the athlete from undue risk. The Consumer Product Safety Commission (CPSC) is entering this arena via its National Electronic Injury Surveillance System (NEISS) and forthcoming National Injury Information Clearinghouse. Further, the current Congress apparently is opting for the Forsythe Amendment to H.R. 69 (i.e., calling for a study of the incidence of athletic injury in schools and colleges and the influence of the certified athletic trainer in this regard) to express its legislative concern for athletic safety.

5

While CPSC's NEISS is beginning to reveal its potential for serving the public's safety interests, its design is not appropriate for efficient and definitive attention to the sports scene. The unique inherent hazards accepted by sport participants, the considerable interinstitutional variation in management of sports injuries, and the vagaries in defining sports injury and disability collectively warrant a design based on the principles of NEISS but with an architecture directly related to sports administration.

The Forsythe Amendment, calling for such a study to be financed but not identifying the investigative mechanism, has prompted this advisory session. The Advisory Committee to NAMSS includes those who would be affected by the study however conducted. Fortunately, the concept of NAMSS has already been viewed favorably by many on the Advisory Committee.

It is the purpose of this meeting, consequently, to discuss collectively the essentials of NAMSS as an investigative mechanism that would contribute to the tasks of sports administrators and be compatible with the goals of the Forsythe Amendment and the CPSC as well. The goals are (1) to seek interorganizational support in principle of the consequent determinations and (2) to give direction to a small working group(s) for the developmental steps indicated.

PROJECT ESSENTIALS

NAMSS has been conceived as a system for obtaining and interpreting continuous information concerning the incidence of health problems among athletes. Cooperating institutions will be provided materials and guidance for weekly reporting to a national repository. The forms will be designed to elicit meaningful information without placing excessive demands on the recorder. The national repository will return to each participating institution a periodic summary of that school's experiences plus the average experience of equivalent institutions in the system. Nationally, treatment of the data will remain descriptive and analytic in accordance with premises and constraints reflected if not incorporated in the design. Experimental and other in-depth investigations into injury causation will stem from the acquired data as merited and in accordance with policies promulgated by the Advisory Committee..

The value of continuous reporting and analysis of the occurrence of disease among populations has been well demonstrated in public health. By establishing base-line or endemic levels of occurrence of sports injuries, patterns reflecting factors of influence (determinants) and early anticipation of epidemic trends can trigger effective activities of prevention and control. Further, external investigations into particular problematic areas in sports safety will benefit from the reference information kept current by this system.

* * * * *

The remaining pages constitute work sheets to focus attention and elicit concensus on the immediate considerations within this project.

FUNDING SOURCES

Sports Medicine Foundation of America. This foundation was incorporated in 1973, nonprofit, to serve as a voluntary health agency for promoting healthful participation in sport. Through financial support and an expert review board, it will enhance meaningful research and educational attentions to health problems among athletic participants. The Foundation is optimistic that it could ensure perpetuation of NAMSS subsequent to federal support during the project's developmental years as well as episodic proposals for investigative pursuits within NAMSS.

Consumer Product Safety Commission. The CPSC has relevance to the etiology role of athletic equipment in sports injuries as would be reflected in NAMSS and could be approached within NAMSS. In its first year of operation, CPSC's funding capabilities and guidelines remain fluid.

The "Forsythe Amendment" to H.R. 69. This amendment has passed the House Committee on Education and Labor unanimously and is receiving favorable attention on the Senate side. It appears likely to become law and in the process preclude further legislative action on sports safety. Senate principals reportedly will augment the financial appropriation from \$75,000 to \$125,000 or more. Further, sources for clerical costs (postage and materials) reportedly could be obtained from HEW sources other than this allocation.

From both professional and practical considerations, the Forsythe Amendment stands to be the logical source for funding the proposed NAMSS. The CPSC, however, may be willing to assist financially the developmental steps between this session and the bill's enactment because of its long-term

interests in seeing that NAMSS can contribute to its goals. The Foundation would prefer at least another year to build the financial base that could support this project and others underway.

TARGET POPULATIONS

Any sponsor of organized sport could utilize NAMSS for continuous awareness of health problems occurring among his/her participants. However, for this immediate proposal, attention is given to participants-- male and female--in varsity programs offered by secondary schools and colleges (i.e. "varsity amateur athlete"). It is at this level where there is a governance structure permitting program controls, where the health and educational justifications for the risks within athletic involvement are most credible, the characteristics of "athlete" cross both recreational and super-star definitions.

By varsity programs is meant those sports with appreciable inherent risk that are frequent offerings in schools and colleges:

Boys: Baseball, basketball, football, gymnastics, ice hockey, lacrosse, skiing, soccer, swimming, tennis, track & field, volleyball, wrestling.

Girls: Basketball, gymnastics, field hockey, swimming, tennis, track & field, volleyball.

(NOTE: data on population sizes are needed for secondary school, junior colleges, colleges, and universities.)

RECORDER FORMS

To get needed information and to ease the burden of those recording needed information, the NAMSS Recorder Forms are conceived as being brief, sequential, yet mutually exclusive. Computer Programming will ensure relatedness of the respective information sought.

At the onset, the details being a function of the sampling mechanism chosen, the Institution Identification Form will accompany the initial contact with a school. The respective Sport Forms and Participant Forms plus an initial supply of the remaining forms will be issued at least a week prior to the onset of that sport season's opening of practice. Periodic replacement of Injury and Disability Forms could be accomplished routinely with the mailing of the periodic data summary to participating schools.

RECORDER FORM--INSTITUTION IDENTIFICATION

(distributed at the beginning of the study year to participating schools)

Information Sought

Institution ID Number (assigned by NAMSS)

Participating Institution's Name and Mailing Address

Name of Recorder

*

Varsity Sports offered, male and female, respectively (and respective
dates of first practice)

Size of institution enrollment, male and female, respectively,

(for high schools, grades 10 through 12; for colleges,
undergraduates only)

Characteristics of school policy for physician coverage

Nature of insurance coverage for sports

? Annual budget for sports?

Other:

* Provision will be made for females participating on "male" teams
(and vice versa)

RECORDER FORM--SPORT IDENTIFICATION

(details will vary for each respective sport)

Information sought

Institution ID No.

Sport ID No. (assigned by NAMSS guidelines)

Health supervision (see p. 16)

Coaching techniques (see p. 17)

Equipment/Facility (see p. 18)

Season duration(in games and weeks)

Other=

RECORDER FORM--PARTICIPANT IDENTIFICATION
(essential non-changing information to accompany Sport ID Form)

Information Sought

Institution ID No.

Sport ID No.

*Participant ID No. (assigned by NAMSS guidelines)

Sex

Height

Weight (?by gross groupings, eg under 125, 126-150,..?; wrestlers would be handled otherwise)

Birthdate (month/year)

Experience (previous seasons under formal coaching)

?Performance rating (subjective assignment to mediocre, regular, star, all-america classifications)

History of game-loss injury, past two years by sport

Physical anomalies; clinical history of serious illnesses or conditions

?Additional information for females?

Other:

*Multiple sport athlete would maintain only one Participant ID No.

RECORDER FORM--MORBIDITY* IDENTIFICATIONInformation Sought

Institution ID No.

Sport ID No.

Participant ID No.

*Morbidity ID No. (Classification by NAMSS guidelines): number
of previous reports for individual; nature & location of complaint

Date of onset

Position (refer to codes by sport)

Activity (Drills/Game, etc; also secular, ie, not sports related)

Immediate attention (who, what)

Subsequent action (what, where)

**Date of return to competitive performance (or level) if first
degree of severity; referral to Disability ID Form if not

Special equipment involved (ie, not on sport ID form)

Other:

* that which causes athlete to cease activity more than momentarily
for evaluation of a medical complaint

** 1st Degree of severity: athlete returns to competitive performance
level by the next varsity competition or within one week after
onset if no competition is scheduled. If more prolonged, this
form is submitted and subsequent information is recorded on the
Disability ID Form.

RECORDER FORM--DISABILITY IDENTIFICATION

(for injuries and illnesses extending beyond 1st degree severity)

Information Sought

Institution ID No.

Sport ID No.

Participant ID No.

Morbidity ID No.

Medical Diagnosis (what, by whom)

*Degree of Severity (date of return)

Participant exposure prior to onset

Environmental conditions at onset

Nature of therapeutic attention

Other:

- * 3rd Degree: inability to return to competitive performance within three weeks of onset (competitive performance level for that person)
- 2nd Degree: between 1st & 3rd degree
- ?4th Degree: inability to return to that or equivalent competitive sport?
- ?5th Degree: inability to return to normal daily living (death, quadriplegia)?

RECORDER FORM--EXPOSURE IDENTIFICATION
(submitted once a week)

Information Sought

Institution ID No.

Sport ID No.

Dates of 7 day period

*Exposure/Varsity competitions

** Exposure/Practice sessions

Other:

* Actual duration of game multiplied by number of Institution's players in competition at one time (eg, basketball: 5 x (40 + overtime)]

** Week's estimated length of practice sessions multiplied by estimated daily mean of participants; more refined estimates of proportion of sessions being devoted to scrimmage, drills, etc., would be gained "coaching technique" data (see page 17) and/or be a sub-problem but not part of the routine NAMSS system

RECORDER FORMS--SUPPORTIVE MATERIALS

Logs, coding charts

"Case book" of illustrative situations and codes

Mailing envelopes

Periodic summaries of institution's experiences

FACTORS OF INFLUENCE--HEALTH SUPERVISION

Within the various forms, identification of salient details of health supervision and other potential determinents of prevention and causation are to be elicited. The following "Factors of Influence" pages consider possible considerations in this regard. It should be remembered that such detail must be kept within the rationale for a national surveillance system. In depth investigations would handle further detail.

Immediate care

Certified athletic trainer

athletic trainer; non-certified

student athletic trainer (under supervision of certified a.t.)

student manager/assistant coach

other faculty member

Medical Care

team physician (delegated medical decision responsibility by institution)

medical consultant (helps out regularly)

family physician (tends to essentially his patient=athlete)

clinic/hospital (who ever is on duty when called)

MD, DO, DC

Facilities/Services

Separate training room (Taping, Therapy)

Separate Medical Station (Examination, treatment)

Ambulance

FACTORS OF INFLUENCE --COACHING TECHNIQUES
(essentially connected with Sport ID forms)

Proportion of practice time customarily devoted to drills/scrimmage

Number of coaches per athlete

Respective styles primarily utilized (eg, football: Veer T:
Shoulder tackling, etc)

Duration of practice sessions

Conditioning Program

Other:

FACTORS OF INFLUENCE--EQUIPMENT/FACILITY
(by Sport)

(Brand, model, vintage)

Nature of practice arena, home game arena (turf, mat, apron size)

Protective equipment (eg, football: helmet, shoulder pads, mouth protectors)

Preventive measures (eg, taping, wrapping, collar)

Sports gear (shoes, uniform,)

Sports equipment (blocking sleds, trampoline)

Conditioning equipment

Other:

FACTORS OF INFLUENCE--ENVIRONMENT

(for morbidity and disability ID forms)

precipitation/dryness

temperature/humidity

control of contest

control of fans

other:

FACTORS OF INFLUENCE--PERFORMANCE
(by sport)

(descriptors of the athlete's role at the time of injury:)

defense

tackling/blocking

taking down/being taken down

batting/running bases

committing foul/victim of committed foul

DATA COLLECTION AND RETRIEVAL

It is recommended that the PAS/MAP models (Professional Activity Study/Medical Audit Program) developed and operated by the Commission on Professional and Hospital Activities (CPHA), nonprofit organization in Ann Arbor, be utilized as the basic system for NAMSS. CPHA has over two decades of experience in providing hospitals with ongoing data collection and analysis services.

The Commission has expressed interest in the concept of NAMSS and willingness to involve its staff and operation in the immediate development of NAMSS. The advantages lie in the relative ease of adaptation. PAS/MAP input details medical management experiences of individuals' hospitalizations. There are comparisons among hospitals as to clinical practices and morbidity rates. The forms, mailing, and programming procedures are already products of efforts to reduce routine data collection and reporting processes to the minimum.

A special feature of the PAS/MAP model is that each hospital gets feedback regularly on its own experience plus reference to the mean of the national experience of similar institutions. Yet, no hospital ever receives the particular data of another. The history of this system has demonstrated that this can be done. Since confidentiality is a highly sensitive concern in sports, this constitutes an advantageous feature of NAMSS.

MONITORING OF RECORDERS

A continuing surveillance system must function in a manner that is not conducive to close monitoring of the recorder's conscientiousness and competence. Consequently, motivation must be maintained by providing access to lines of supervision, ease in completing and filing forms, feedback in terms of summaries of results, and hopefully financial compensation. Further use of a functional definition of athletic injury and degrees of severity will provide for the purposes of NAMSS a valid and reliable equalizer of the many variations within medical description of a given problem. Sub-studies will be utilized periodically to examine degree of accuracy of information recorded. The national repository staff could handle some of this function through clerical checks; local coordinators and/or investigators would be involved for on-site purposes.

Within the above, it is highly desirable to utilize the certified athletic trainer as the pivotal persons in a monitoring system. A certified athletic trainer would be assigned as Assistant Project Director to supervise the collection system. In turn, District Coordinators (also certified athletic trainers) would be selected/appointed to coordinate NAMSS activity in each of the NATA Districts involved. They would by criterion in this regard be in institutions with an accredited educational athletic training program. The District Coordinators would in turn select and supervise geographically convenient Local Coordinators, probably student trainers (for high schools), possibly colleagues (for colleges). The Local Coordinator would maintain direct contact with the respective institutions assigned to him. Each cooperating institution would select

a Recorder, the person who completes the forms and relates to the Local Coordinator. The Recorder also should be a certified athletic trainer. In colleges, the Local Coordinator may be a Recorder as well. However, few high schools will have this convenience; a person such as a good student manager or the person closest to the sports program who is involved in insurance forms will have to be utilized.

IMPLICATIONS FOR SAMPLING

If the current version of the Forsythe Amendment is to be taken literally, there will be no sampling procedure. All institutions affected will be encumbered to file their injury experiences with the study. NAMSS then would be enabling these institutions to file the data with or for HEW in a uniform and feasible manner. The executive offices NCAA, NATA, and of the respective state high school athletic associations would be provided the forms (or they would provide NAMSS with their mailing lists) for the institutional forms to be circulated. Monitoring could not be systematic.

If, however, instead of the above or as well as the above the Advisory Committee recommends that some reasonable sample procedure be done to obtain a representative picture of athletic morbidity, certain feasibility assumptions will have to be considered.

If the monitoring system recommended is to be utilized, a cluster sampling process would be indicated. It would begin with a random sampling of all accredited athletic training programs within each NATA district to obtain a District Coordinator population. The high schools and colleges not having a certified athletic trainer within a given geographical distance (20 miles) of each selected District Coordinator could then be identified, and then another sampling process would determine those to be assigned to Local Coordinators. Stratification by school size and/or varsity sports offered will have to be considered; national information in this regard, however, is sketchy.

Selection could in addition utilize concurrently a random sampling of all high schools, colleges and junior colleges, respectively, having certified athletic trainers (to be obtained from NATA).

Further selection may have to utilize NFSHSA-DGWS-AIAW lists if girls' sports offerings are not frequent in the institutions selected by the above process.

Sample sizes will be determined after demographic data are in hand.

TREATMENT OF DATA

Statistical reports will be concerned with identifying endemic levels of sports injuries; patterns of injury reflecting on causal relationships of particular factors of influence; priorities within injury rates reflecting on areas meriting indepth investigation and/or change in administrative controls; and consequences of changes in educational and administrative controls.

Preparation of statistical reports will be the responsibility of the principal investigator. The content of public statistical reports and analyses forthcoming from NAMSS will be confined to that stipulated in grant protocols, that relevant to sports administration decision purposes, that relevant to product safety standards, and that relevant to the task of responsible investigators within sports medicine. Specific policies to guide the access and release of the information would be developed by the Advisory Committee.

For customary reference to endemic sports injury rates, or the incidence and prevalence of sports injuries, injuries recorded as 1st degree severity will be excluded. Such injuries do not reflect meaningfully on the calculated risk of participation. For analytic purposes, the 1st degree injury may be used if justified within the rationale of the investigator's curiosity. Further, the inclusion of man-hour exposure will be utilized to better reveal the relative significance of various classifications of interest.

An approach to gain better perspective for certain purposes could be by "Injury Unit". By Injury Unit could be, for illustration:

<u>Severity</u>	<u>No. Injuries</u>	<u>Multiplier</u>	<u>Injury Units</u>
1st Degree	16	1	16
2nd Degree	10	2	20
3rd Degree	4	3	12
4th Degree	1	4	<u>4</u>
			52

(The multiplier perhaps would probably be determined on a more sophisticated basis)

DEVELOPMENTAL STEPS

The previous worksheets were prepared to help elicit definitive suggestions and comments concerning the totality of the NAMSS concept. With general encouragement, a number of concurrent and sequential steps will have to be taken to bring the concept to fruition in time for consideration as the means for which sports administrators in educational institutions can fulfill their obligation to the requirements of the Forsythe Amendment, if enacted into law. At each step, particular members of the Advisory Committee will be involved. These steps include:

1. Preparation of a proposal for funding the following developmental steps.
2. Development of the prototype forms.
3. Preparation of the programming to accommodate the input.
4. Preparation of the programming to accommodate statistical reporting and analysis.
5. Preparation of the reporting format and statistical treatment of the data.
6. Preparation of the supportive materials, especially the case book.
7. Preparation of the rationale for the sampling processes.
8. Preparation of the budget for the first year of operation.
9. Circulation of drafted materials to the Advisory Committee and selected others for comment.
10. Execution of the sampling processes in sequential fashion.
11. Preparation of the proposal to HEW.
12. Meeting of the Advisory Committee on the proposal.

SUMMARY--SIGNIFICANCE

SIGNIFICANCE: Inherent with the concept of NAMSS are a number of anticipated significant outcomes.

1. For the first time, a valid picture of the endemic levels of injuries and associated determinants in a variety of sports will be available.
2. The association of products to significant sports injuries will be observable on a continuous basis.
3. Opportunities for discerning true priority problems warranting further investigation shall be revealed.
4. Analytic and experimental investigations that are found warranted will be pursued with the advantages of fiscal efficiency and reference data not otherwise obtainable. (NOTE: This project will blend well with that being pursued by Garrick which trains personnel, including athletic trainers, for in-depth investigations.)
5. The prevalence of sports injuries, once analyzed from continuous incidence data, will permit anticipation of determinants which will in turn permit more effective planning for minimizing and/or managing their consequences.
6. NAMSS, as a total system, combines the resources and objectives of several national organizations for a common purpose. With demonstrated success, the number of organizations are expected to increase.
7. The involvement of student athletic trainers in the discipline of a research project provides a unique opportunity to reveal to budding practitioners the significance of meaningful research.



Mankato State College
Mankato, Minnesota 56001

HEALTH SCIENCE DEPARTMENT/(507)389-2124

May 2, 1973

Mr. William White
Director, Injury Data and Control Center
Division of Product Safety, F.D.A.
5401 Westbard Avenue
Bethesda, MD 20016

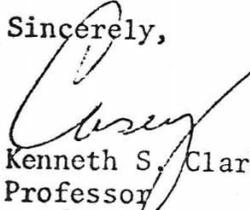
Dear Bill:

The Pre-proposal to develop a National Interscholastic Surveillance System for Athletic Injuries (NISSAI) is enclosed for your review and direction. Because of your suggested deadline of early May, I did not have the opportunity to share this draft, especially its financial aspects, with my forthcoming colleagues at Penn State. Nonetheless, I believe it expresses a feasibility and a significance that would elicit the funding interest and consequent direct assistance needed in preparation of the final proposal.

I've chosen to place this Pre-Proposal in your hands initially, because it appears fundamental to one of the Consumer Product Safety Commission's major tasks: identification of meaningful approaches to sports safety problems. If you feel that either as contract or grant it would be more fundable in another's hands, please feel free to so direct it.

Your interest and encouragement has been gratifying. Please let me know of any question that arises. Best wishes.

Sincerely,


Kenneth S. Clarke
Professor

bjr

Enclosure

cc: Clifford B. Fagan, N.F.S.H.S.A.
✓Otho Davis, N.A.T.A.
Vergil N. Slee, M.D., C.P.H.A.
Fred L. Allman, Jr., M.D., S.M.F.A.

a PRE-PROPOSAL to develop

A NATIONAL INTERSCHOLASTIC SURVEILLANCE SYSTEM FOR ATHLETIC INJURIES (NISSAI)

Kenneth S. Clarke, Ph.D.*
Professor of Health Science
Mankato State College
Mankato, MN 56001

(507) 389-2729 or 388-6357

in cooperation with the National Athletic Trainers Association
and the National Federation of State High School Associations

FOREWORD: This Pre-Proposal provides the rationale and general procedure for a system that would identify national endemic levels of injury among interscholastic athletes. The purpose of the Pre-Proposal is to elicit interest and understanding as to the significance and feasibility of this system and thereby to seek access to funds for initiating the development of this system.

PROBLEM: National organizations and assemblies facing problems in sports safety invariably return to the fundamental problem of inadequate injury data for scientifically based decision purposes. Most recently, both the December 1972 Workshop on Injuries of Adolescents in Sports and Recreation (cosponsored by the National Research Council and the American Academy of Orthopaedic Surgeons) and the February 1973 National Congress on Sports Safety (cosponsored by the American Association for Health, Physical Education and Recreation; the Sports Medicine Foundation of America, and the USPHS Bureau of Community Environmental Management) reaffirmed that available sports injury data essentially are uninterpretable, incomplete, or obsolete.

In explanation, reference to injury rates in sports remains tenuous for a variety of reasons, including

- limited scope of research attention (e.g., football only);
- limited geographical area (e.g., one school system or state);
- limited research design (e.g., naivety or bias in criteria, procedures, and conclusions);
- limited application (e.g., obsolescence of data from changes in equipment, style, rules, environment)
- limited continuation (e.g., design too intensive and costly to extend beyond study period)

In illustration, it is necessary to consider that accountability is upon those who direct young men and women into activities with inherent risk for purported benefits, and to acknowledge that this leadership has always assumed responsibility for this direction but with more principle than scientific finding to guide them. Nonetheless, the courts and legislative bodies are calling for standards, not guidelines, for sports safety from this leadership. Consider their dilemma from the following with respect to product safety standards.

Effective July 1973: Professor and Coordinator of Graduate Studies
Health Education
The Pennsylvania State University
University Park, PA 16802

• The North Carolina study (Robey, et al: JAMA 217: 184-189, 1971) has been acclaimed as a comprehensive and sophisticated sports product safety epidemiological study. Yet, it is limited to football, has provincial characteristics that prompt caution in projecting its results onto the rest of the U.S., and a vintage that will court obsolescence if not continued. However, the intensiveness of the design required to meet its objectives presents prohibitive costs for continuation and expansion on a routine basis.

• The AMA Committee on Medical Aspects of Sports, in November 1972, felt compelled to take a stand on a current product-safety issue in sports, "Should football helmets and shoulder pads have a soft outer covering?" Its reasonings led its position to call for soft outer covering. The only reference in their position statement to supportive data was "...field data...provided by an extension of a North Carolina study showing that a soft outer covering on helmets and shoulder pads reduces the incidence of injury." Pursuing these "field data", its source was found to be J. M. Robey's article, "Contributions of design and construction of football helmets to the occurrence of injuries," MED SCI SPORTS 4:170-174, 1972. Within this source, the "field data", in their entirety, are "...in the subjective judgment of many coaches, including some involved in the current North Carolina study, the incidence of injury is much less when they practice in helmets with soft external padding, and no increased incidence of neck injuries has been reported." Earlier in this article, which included no data on external padding, the author had deplored the tradition of using "'divine guidance' in lieu of controlled testing" in "the design and construction of protective equipment."

• The study by Torg et al (RES QUART 42:203-211, 1971) on the effects of shoe type and cleat length, was obsolete within the year of publication. The study demonstrated that over several seasons in one community, the long cleated shoe was associated with far more knee injuries than the soccer shoe. A rule change came into effect at that time barring the cleated shoe of the length studied by Torg, and extrapolation from these data to the relative protectiveness of the current short cleated shoe remains conjecture.

• The study of the Joint Commission on Competitive Safeguards & Medical Aspects of Sports entitled "National Football Injury Report - 1970" reveals the concern for feasibility as well as eventual utility of data collection systems. The following are a sequential series of selected quotations from that report that precede the discussion of the data obtained.

"In 1968, a cooperative project (of the Joint Commission) was established with the USPHS in a National Intercollegiate Football Injury Surveillance Project.... The...instrument was pre-tested in the Spring of 1969 in approximately 25 colleges. The revised injury report form was used to collect the data in the Fall of 1969. Additional problems in data collection and analysis were encountered in further modification of the...form which subsequently was used...(by) 40 participating colleges and universities in the Fall of 1970."

"The data from the Fall of 1969 was considered preliminary and developmental and therefore was not published... The changes in the reporting formats and an apparent lack of reliable definitions in 1970...have diluted the potential value of the present report. Also contributing to this dilemma has been an apparent fractionating of purposes and goals among those who designed the form, those who completed the form, those who compiled the form and those who analyzed it. An unfortunate end result has been a mass of data with no one person or agency continuously responsible for the resulting report."

• A study by Garrick and Kurland on unreported ski injuries (J SAFETY RES 3:182-187, 1971) revealed the potential significance of poorly designed surveillance systems. They found that 45% of ski injuries were not reported to the Ski Patrol services. Further, they demonstrated that the population who did not so report were not a random sampling of the skiing population. Essentially, they were older, experienced males. If this report is substantiated elsewhere, the equipment used by, and other characteristics peculiar to, this subpopulation would not be represented adequately in Ski Patrol data and accompanying generalizations.

In 1966, Haddon (JAMA 197: 894-896, 1966) stated, "We know far more, for example, concerning the sport and long term results of smoking or of maternal rubella than we do about the beneficial and injurious effects of the recreational activities that occupy the time of millions of adults and children. This state of affairs exists not because the scientific methods are lacking, but because they have not been applied." This statement is still valid. The calculated risk of engaging hazards for the sake of benefits through sport, unfortunately, is still a much-banded yardstick without calibration.

NEED: The value of continuous reporting and analysis of the occurrence of disease among populations has been well demonstrated in public health. By establishing base-line or endemic levels of occurrence, patterns and early anticipation of epidemic trends can trigger analytic and preventive activities with effective results.

Until recently, accidental injury was not given the same attention as other diseases in epidemiological surveillance systems. The National Electronic Injury Surveillance System (NEISS) became operational in July 1972. It has since demonstrated the feasibility and potential utility of gaining access to actual accidental injury detail in a manner that permits projection of national incidence and prevalence estimates. The NEISS assumptions, underlying the use of the emergency room for data collection, are reasonable for the purposes stated, and the procedure is administratively practical. Further, problematic areas revealed by NEISS can be pursued in depth by investigative teams according to demonstrated need and priority.

While NEISS, as a model, is beginning to serve the public's safety interests in the use of consumer products, its design is not appropriate for the magnitude of accidental injury incurred in sport. After the first six months of operation, the NEISS findings indicated that the classification, "Sports and Recreational Equipment," had the highest frequency of injuries of the nineteen NEISS classifications, and that three of the top four categories within this classification were team sports. However, the unique inherent hazards in sport participation, as with the considerable variation in method of attending to sports injuries, and the vagaries in definition of injury, severity, and disability collectively require a design based on the principles of NEISS, but with an architecture precisely related to the sports scene.

PROJECT: NISSAI has been conceived for obtaining continuous information on the incidence of varsity athletic injuries in a national sampling of secondary programs. Cooperating schools will be provided forms and supervision for weekly reporting to a central computer. The forms will be designed to elicit interpretable information without placing excessive demands on the recorder. The computer will return a periodic (biweekly or monthly) summary to each school displaying its experiences and the mean of experiences of all cooperating schools. The treatment of these data will remain descriptive and analytic, but not experimental. Further investigations into injury causation will stem from acquired data, as in the NEISS model, in accord with policies promulgated by an Advisory Committee governing use of the data.

Selection of Population. The interscholastic athlete -- male and female -- merits priority attention in the development of a meaningful system for analyzing sports injury occurrences. It is at this level where there is a governance structure permitting program controls, where the health and educational justifications of accepting the risks of athletic involvement are most credible, where the characteristics of "athlete" cross both recreational and super-star definitions, where the participant population is the largest in size.

Scope of Athletic Activities Studied. All varsity programs with appreciable inherent risk that are customary to interscholastic offerings are to be followed. These specific sports are found in Exhibit A of the Appendix.

Duration of Study -- Administrative Objectives. A minimum of three years is required to arrive at a mature operational system and the rudiments of endemic information. Central to this goal is a methodology that would permit indefinite continuation on a self-sustaining basis (i.e., nonreliance on federal funding). The first year would be devoted to development of forms, guidebooks, statistical treatment criteria, the sampling process, orientation of principals involved, criteria and procedures for data control and interpretation, and pilot operational demonstrations with spring sports. The second year would be devoted to refinement of procedure and broadening of its operational base with respect to sample size and scope of activities covered, with attention given cost analysis. The third year would be devoted to evaluation of the system in its operational routine and the expansion of the system to other levels of sport (collegiate, community, professional). The fourth year would constitute the transition from a pilot effort to an ongoing corporative activity.

It is expected that the Sports Medicine Foundation of America will be the vehicle for keeping this system operative and viable once its efficacy is demonstrated. Its purposes and resources (Exhibit B in the Appendix) are consistent with that on which this system is predicated. Fred L. Allman, Jr., M.D., Foundation President, has expressed his desire to encourage the development and demonstration of this system.

Forms. Central to all epidemiological activities are the forms used to capture the observations of interest. In this system, each sport would have its own form set. Within each set would be:

- 1). Sport Identification Form. On this will be the essential information concerning the school's administration of that sport that season. The size of school, number and experience level of supervisory personnel, number and age of particular products used, and nature of facilities, etc. would be obtained and, when indicated, up-dated.
- 2). Participant Identification Form. On this will be the essential unchanging information on each participant in the varsity program, and a code number identifying each respective participant.
- 3). Participant Injury Form. On this will be the participant's identification code plus only that information required to describe adequately the injury received and the salient circumstances of the occurrence. This form would be forwarded when the individual returns to "normal participation" or in one week, whichever comes first.
- 4). Participant Recovery Form. For those who do not return to "normal participation" within one week, this form will call for the participant's identification code plus only that information that describes the recovery process until the athlete returns to, or retires from, participation.

The use of different forms for different sports will permit definitive questions for each. The use of Identification Forms will negate unnecessary redundancies in completing information on injured athletes. The use of Injury Forms will permit quick processing of the many "nuisance" injuries; the use of one week maximum duration is arbitrary and may be lengthened to ten days if discussion indicates preference to a longer period. The essential concern is to reserve the Recovery form for the more significant injuries (i.e., longer duration of athletic disability) so that the desired accurate information on these injuries are not imposed on all injuries.

Ledgers and coding charts will be provided the schools to assist in these functions.

Criteria for "Injury" and "Severity". The following is the result of initial discussions between this investigator and the Chairman of the Research Committee of the National Athletic Trainers Association. Its premises are (1) the significance of an athletic injury, due to the motivational and pragmatic forces involved in sports, lies in medical eligibility for the game, and (2) there are many variations in medical management of a given injury to an athlete. Competitive performance impairment appears to be the most valid and reliable equalizer in this regard, and is thereby utilized as the critical index for interpreting the significance of an athletic injury. The criteria for severity shown below were related primarily to football; consideration shall be given to potential modification for other sports in which varsity competitions are more frequent than once a week.

Athletic Injury: Injury received during practice or game which required cessation of athletic activity. This includes professional attention (e.g., for lacerations) as well as performance impairment (e.g., sprains).

"Secular" Injury (or Illness): Injury received away from the particular activity of interest which caused cessation of athletic activity.

1st Degree Severity: Athlete has received treatment or suffered impaired performance but is back to normal participation within one week or by the next varsity competition, whichever comes first.

2nd Degree Severity: Between 1st and 3rd degree.

3rd Degree Severity: Injured athlete has not returned to normal participation within three weeks.

Incidence figures will be presented both in customary fashion and in "Injury Units" for perspective. By Injury Unit could be, for illustration:

	<u>No Injuries Encountered</u>	<u>Multiplier</u>	<u>Injury Units (Product)</u>
1st Degree	16	1	16
2nd Degree	10	2	20
3rd Degree	<u>4</u>	3	<u>12</u>
Total	30		48

The advantage of distinguishing patterns among injuries of varying severity is important to meaningful endemic surveillance. Further, the popular use of "surgery" as the index of severity is bypassed (as is the problem of diagnosis confirmation) because of the variability in medical attention to, and treatment preference for, athletic injuries. To this end, the Injury Unit Index will be accompanied by an index to man-hour exposure. Assumptions for determining exposure will be reduced to explicit guidelines for the recorder. For example, "exposure" will begin in the locker room while "suiting up" and end later in the lockerroom; beyond this consideration, game exposure assumptions will be derived independently of practice exposure assumptions.

Supervision. A triangle system (Exhibit C, Appendix) of operation and supervision will ensure responsible completion of the surveillance forms. The certified athletic trainer will serve as the central reference figure. Athletic training as a profession has enjoyed a rapid motivation in recent years. It now has standards for certification that require both a particular baccalaureate degree program and field experience; many are registered physical therapists as well. It has a curriculum accreditation process. Nineteen colleges and university programs now enjoy accredited status; more will be approved in June 1973. The AMA House of Delegates has recognized their significant role in sports medicine by formal resolution.

The certified athletic trainer therefore is considered knowledgeable and concerned with accuracy of meaningful information. He is the one who has suffered through previous studies and the forms/criteria utilized. He now has within his resources, a population of conscientious student trainers who can serve as an extension of his expertise.

Essentially, the triangle system will function as follows: The Project Director or Principal Investigator, through a series of professional positions.

and committee functions, is known to most organizations with a stake in sports safety and is respected for having both research and pragmatic sensitivities. The Assistant Project Director will be a certified athletic trainer. These two will relate to District Coordinators, all of whom will be certified athletic trainers in NATA-accredited teaching programs. Since NATA governance is divided into ten geographical districts (Exhibit D, Appendix), it appears advantageous to have one District Coordinator eventually from each District in which the schools in the sample are located.

Each District Coordinator shall in turn select and supervise a small number of Local Coordinators, probably student trainers, perhaps colleagues. The Local Coordinator will maintain contact with the respective cooperating schools assigned to him and with his District Coordinator.

Each cooperating school would select a School Coordinator, the person who will complete the forms and relate to the Local Coordinator. The School Coordinator would be preferably an athletic trainer; however, few secondary schools have such a faculty person. Whether student or faculty member, the School Coordinator must remain close to the sport program.

This triangle system provides a responsible "pecking order" yet in realistic terms placed on each individual. Questions requiring interpretation will go up the triangle as far as necessary to ensure reliability in judgement.

Sampling. The supervision triangle and cost considerations indicate cluster-sampling as the basis for selecting a representative listing of secondary schools. Stratification by school size and/or varsity sports offered will also be taken into consideration; national data of this nature are yet to be located. (NOTE: U. S. Office of Education has school-size data but in non-tabulated form.)

Sampling assumptions and procedures will be an early task in the year's course of action. For the remainder of this pre-proposal, a sample size of 100 schools will be assumed for convenience. This would mean that each of the five District Coordinators would supervise three Local Coordinators who in turn would have three-four schools each to monitor.

Data Collection and Retrieval. The PAS System developed and operated by the Commission on Professional and Hospital Activities (nonprofit corporation, Ann Arbor, Michigan) has over two decades of experience in providing hospitals with ongoing data collection and analysis services. This system offers many advantages to the development of the necessary system for following athletic injuries: The input details medical management experiences of individuals' hospitalizations. There is regular periodic return of the hospital's own data to the hospital (injury experience to each participating school). There are comparisons among hospitals as to clinical practices and morbidity rates (exposures to injuries and injuries incurred). The PAS forms, mailing and programming procedures are already products of efforts to reduce routine data collection and reporting process to the minimum. These forms and mailing procedures would be adapted to meet the needs of

this project. Vergil N. Slee, M.D., the Commission's President, has expressed his willingness to study both the development of an injury surveillance system on this same model and also the feasibility of the Commission serving as the data collection center.

Confidentiality. One feature of the PAS model is that each hospital gets feedback regularly on its own experiences and in reference with the mean of the national experience; yet no hospital ever receives the particular data of another. The history of the PAS system has demonstrated that this can be done. Since confidentiality is a highly sensitive concern in sports, this constitutes an advantageous feature of NISSAI.

Advisory Committee. It is recommended that policy for general reporting to the profession, for particular analytic use of the data, and for access to the data by other investigators for beneficial purposes, be in the hands of an Advisory Committee comprised of representatives of the National Federation, the AMA Committee on Medical Aspects of Sports, the National Athletic Trainers Association, the Commission on Professional and Hospital Activities, and Dr. Carl Blyth. Other experienced investigators such as Doctors Garrick and Kraus will be utilized from time to time as consultants.

SIGNIFICANCE: Inherent with the concept of NISSAI are a number of anticipated significant outcomes.

1. For the first time, a valid picture of the endemic levels of injuries and associated determinants in a variety of sports will be available.
2. The association of products to significant sports injuries will be observable on a continuous basis.
3. Opportunities for discerning true priority problems warranting further investigation shall be revealed.
4. Analytic and experimental investigations that are found warranted will be pursued with the advantages of fiscal efficiency and reference data not otherwise obtainable. (NOTE: This project will blend well with that being pursued by Garrick which trains personnel, including athletic trainers, for in-depth investigations.)
5. The prevalence of sports injuries, once analyzed from continuous incidence data, will permit anticipation of determinants which will in turn permit more effective planning for minimizing and/or managing their consequences.
6. NISSAI, as a total system, combines the resources and objectives of several national organizations for a common purpose. With demonstrated success, the number of organizations are expected to increase.
7. The involvement in the discipline of a research project of properly supervised students preparing for professional services provides a unique opportunity to reveal to budding practitioners the significance of meaningful research.

8. The cost of the system is not prohibitive in terms of indefinite continuation funded by interested parties.
9. The periodic visualization of one's school injury experience compared to the mean experience of others provides incentive for conscientious completion of forms.

REQUEST

With the above as preface, this pre-proposal is a request for funds to support Phase I in the development of NISSAI.

Objectives

1. To prepare and print the form sets for the twelve sports to be followed.
2. To establish format and statistical treatments for the output of the reporting system.
3. To prepare and incorporate the systems analysis flow chart that integrates all aspects of registry control.
4. To develop educational materials for the guidance of those involved in the reporting system.
5. To estimate the cost of a fully operative NISSAI (i.e., excluding start-up developmental costs).
6. To gain experience in the efficacy of the forms, their collection, and data retrieval and analysis.
7. To compare the product-related findings of NISSAI and NEISS.
8. To engender professional awareness of the potential merits of NISSAI.
9. To prepare for continuation into Phase II (the broadening of sample size and scope of sports covered).

Procedure and Suggested Time Table

- | | |
|---|----------------------------|
| 1. Project Director and Assistant Project Director meet with Advisory Committee to share the basic concepts and consensus involved in the development of NISSAI. | July 1973 |
| 2. Project Director and Assistant Project Director begin meeting with CPHA staff and consultants to begin drafting forms and systems analysis flow charts. (NOTE: Spring sports shall be designed first.) | August -
November 1973 |
| 3. Assistant Project Director selects District Coordinators for the project. | August -
September 1973 |

4. Project Director, CPHA staff and consultants determine sampling size and procedure. September 1973
5. Project Director effects sampling process by obtaining approval of cooperating schools and identification of probable School Coordinators. November 1973
6. Project Director, Assistant Project Director, meet with Advisory Committee to share progress to date. December 1973
7. Assistant Project Director begins orientation of District Coordinators to the details of the system. December 1973
8. District Coordinators select Local Coordinators. December 1973
9. Project Director and Assistant Project Director meet with District Coordinators. January 1974
10. District Coordinators effect relationship between School Coordinators and Local Coordinators. January 1974
11. Spring sport forms and related materials are circulated to all District Coordinators. Determination will have been made by Project Officials whether the complete sample will be used. February 1974
12. Respective District Coordinators convene meeting of their School and Local Coordinators. February 1974
13. NISSAI commences. March 1974
14. Request for funds to move into Phase II is drafted. March 1974

ESTIMATED EXPENSES (July 1, 1973 - June 30, 1974)

Project Director (Kenneth S. Clarke, Exhibit E)		\$10,760
Stipend	\$ 5,000	
Expenses - Telephone (\$25/mo)	300	
- Travel (10 trips @ \$250)	2,500	
- Supplies/Postage (\$30/mo)	360	
Secretarial Services (1/2 time)	2,600	
Assistant Project Director (NATA Appointee)		8,100
Stipend	4,000	
Expenses - Telephone (\$30/mo)	360	
- Travel (10 trips @ \$250)	2,500	
- Supplies/Postage (\$20/mo)	240	
Stenographic Services (1/4 time)	1,000	
Advisory Committee and Consultants		6,600
Six persons @ \$100/day for six days	3,600	
Six persons @ two trips @ \$250/trip	3,000	
Commission on Professional and Hospital Activities		18,200
Professional Services (Exhibit F)	11,200	
Travel	2,000	
Programming and Operation (Estimate)	5,000	
District Coordinators		8,100
Stipend (5 @ \$1,000)	5,000	
Expenses - Telephone (5 @ \$10/month)	600	
- Travel (5 trips @ \$250)	2,500	
Local Coordinators		3,060
Stipend (15 @ \$2.00/hr @ 5 hrs/wk for 15 weeks)	2,250	
Expenses - Travel (15 @ 30/mi/week @ 12¢/mi for 15 weeks)	810	
School Coordinators		15,375
Stipend (50 @ \$2.00/hr @ 10 hrs/wk for 15 weeks)	15,000	
Postage (50 @ \$0.50/week for 15 weeks)	375	
Other		
Forms (Printing & Distribution)		2,000
SUBTOTAL		<hr/> \$72,195
Indirect Costs*	(to be determined)	
TOTAL		<hr/> <hr/>

*Fiscal Agent can be either the Sports Medicine Foundation or The Pennsylvania State University

INTERSCHOLASTIC PROGRAMS TO BE INCLUDED IN NISSAI*

	BOYS		GIRLS	
	Schools	Participants	Schools	Participants
Baseball	12,896	400,906		
Basketball	19,647	645,670	4,856	132,299
Football - 11 man	14,004	878,187		
- 8 man	541	15,727		
Gymnastics	1,861	40,530	1,006	17,225
Ice Hockey	573	22,656		
Lacrosse	171	3,520		
Skiing	478	9,787	142	2,659
Soccer	2,290	78,510		
Tennis	6,312	91,279	2,648	26,010
T & F (Outdoor)	16,383	642,639	2,992	62,211
Volleyball	3,826	63,544	1,550	17,952
Wrestling	7,587	265,039		

*1971 Data, National Federation of State High School Associations

SPORTS MEDICINE FOUNDATION OF AMERICA, INC.

33 North Avenue, N. E.
Atlanta, Georgia 30308
Telephone: (404) 874-4878

Purpose

The Sports Medicine Foundation of America was incorporated in 1972 as a non-profit organization with tax-exempt status to enhance the health qualities of sport. Physicians involved with active people know the health benefits of being suitably active, and that to gain health, one must risk it. Participation in sport thus involves controlling a calculated risk. To this end the Foundation provides focal support for meaningful research and educational activity.

History

Beginning in the early 1960's, organized attention to the prevention and management of health problems among active people became recognized by more and more national organizations as a worthy if not necessary objective. Many medical, professional, and sport organizations are now working well to promote health supervision of sports and professional preparation of those supervising. However, no organization has had the financial and professional resources plus freedom from particular vested interests to approach that objective with credibility. Meaningful research is too costly for reliance on piecemeal budgeting of the respective interested organizations and too complex to leave by chance.

Nature

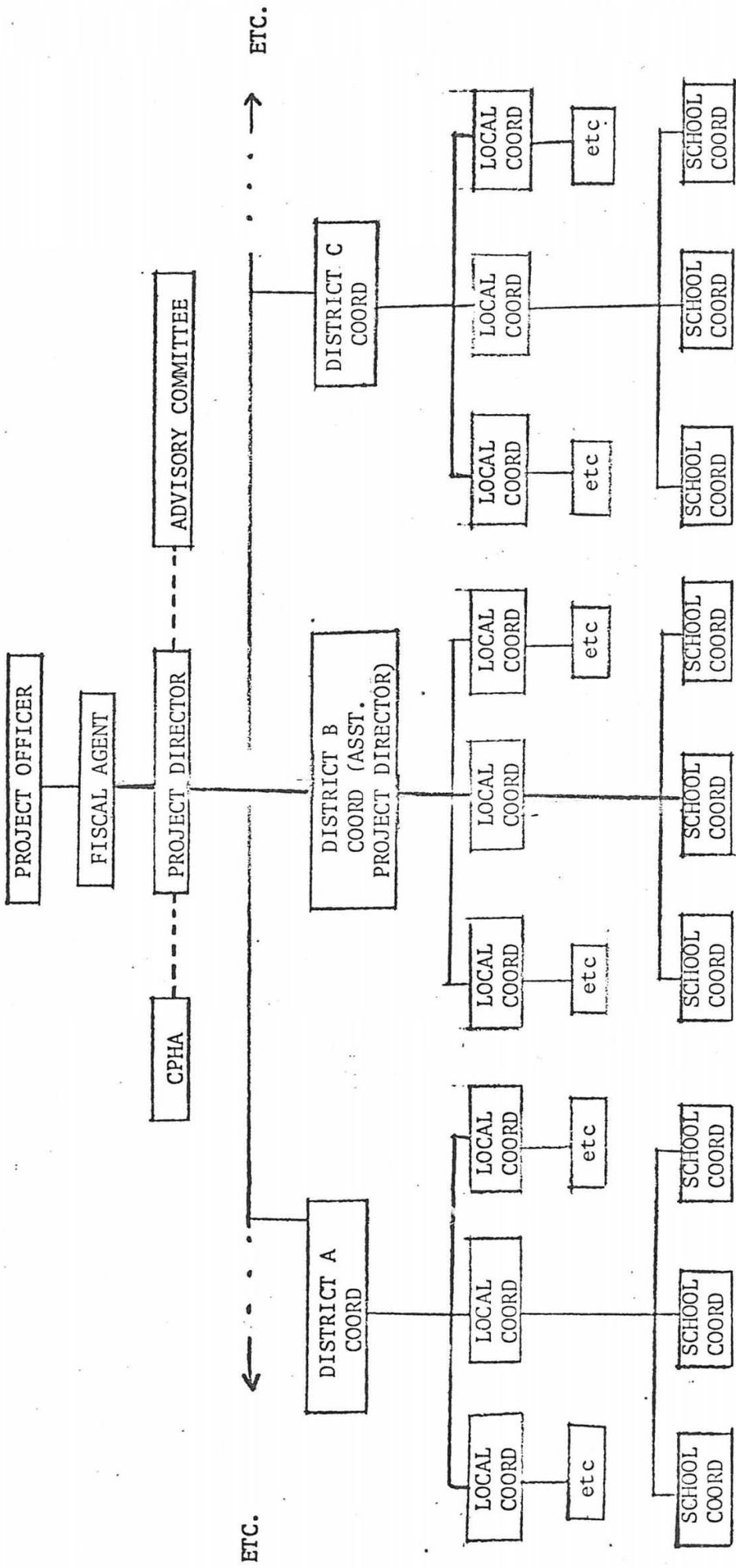
As a voluntary health agency conceived to collate financial and professional resources for pursuing the health qualities of sport, the Foundation enables a correlation of resources with need, opportunities with priorities,

research with education, recommendations with implementation. Through the Foundation, monies from public, organizational, industry, and Government sources can be pooled, budgeted, and allocated efficiently via a studied process. This process utilizes an interdisciplinary advisory body that draws from the respective expertise already serving the sports medicine movement. The Board of Directors that oversees policy and program is comprised of persons associated with professional and amateur sports, with financial and executive enterprises, with medical and educational perspectives. President and founder of the Foundation is Fred L. Allman, Jr., M. D., Team Orthopaedist for Georgia Tech University, Orthopaedic Consultant for Atlanta Public School Athletics, Past-President of the American College of Sports Medicine, and member of AMA's Committee on Exercise and Fitness. Planning Consultant to the Board is Kenneth S. Clarke, Ph.D., Professor of Health Science at Mankato State College (Minnesota), former coordinator of AMA's Committee on Medical Aspects of Sports, and past Vice President of the American College of Sports Medicine.

Programs

Of the various problem areas of particular interest to the Foundation, the following can be considered representative.

- replacement of degenerated knee articular cartilage
- effectiveness of taping and wrapping (product and technique)
- design of protective equipment in various sports
- epidemiological information about significant health problems among athletes
- prevention of heat illness
- increased availability of quality health supervision to sport programs in all communities



ETC.

ETC.

NATA DISTRICTS

<u>District</u>	<u>States Included</u>
1.	New Hampshire, Connecticut, Massachusetts, Vermont, Rhode Island, Maine, Quebec
2.	New York, Pennsylvania, New Jersey, Delaware
3.	Virginia, South Carolina, North Carolina, Maryland, West Virginia, District of Columbia
4.	Minnesota, Wisconsin, Michigan, Ohio, Indiana, Illinois, University of Iowa, Manitoba, Ontario
5.	Iowa, Missouri, Nebraska, Oklahoma, South Dakota, North Dakota, Kansas
6.	Texas, Arkansas
7.	Arizona, Colorado, New Mexico, Utah, Wyoming
8.	California, Nevada, Hawaii
9.	Georgia, Alabama, Louisiana, Tennessee, Florida, Mississippi, Kentucky
10.	Alaska, Idaho, Montana, Washington, Oregon, Alberta, British Columbia, Saskatchewan

Biographical Sketch

Kenneth S. Clarke, Ph.D.
Professor of Health Education
The Pennsylvania State University

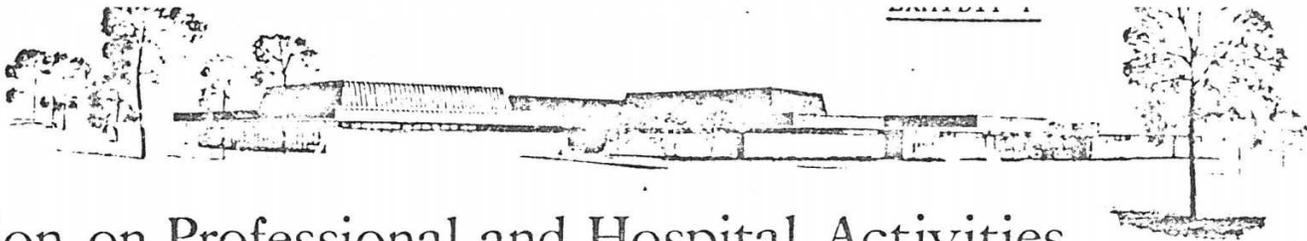
Doctor Clarke came to Penn State from Mankato State College (Minnesota) in 1973 to develop and coordinate its graduate program in Health Education. Earlier, he had served the American Academy of Orthopaedic Surgeons as its Coordinator of Continuing Education. Prior to that, he had served as Consultant in Health and Fitness in the Department of Health Education of the American Medical Association and as Staff Coordinator of AMA's Committee on Medical Aspects of Sports. He co-edited Bibliography of Sports Medicine while with the Academy, was Secretary to the Subcommittee that produced AMA's Standard Nomenclature of Athletic Injuries, and edited AMA's recent publication, Fundamentals of Athletic Training. Doctor Clarke had served earlier on the faculty of the University of Illinois Division of Rehabilitation-Education Services, during which time he conducted research on the physiology of traumatic paraplegia and was instrumental in standardizing a variety of adapted sports for physically disabled persons.

Doctor Clarke is married and has four children. Born in South Bend, Indiana, in 1931, he earned his B.S. degree in Health and Physical Education at George Williams College, and his M.S. and Ph.D. degrees in Health Education at the University of Illinois. In college, he earned six varsity letters and was co-captain and most valuable player in his senior year in basketball. He was selected for inclusion in the 1967 Jaycee edition of Outstanding Young Men of America, and in the 1972 edition of Outstanding Educators of America. In 1970, he received the University of Illinois Alumni Merit Award.

Doctor Clarke's articles have appeared in medical and educational journals, and his activities include a number of professional organizations. He became a member of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports in 1972 and assumed Chairmanship of that Committee in 1973. He has served on the National Safety Council's Executive Committee for Public Safety since 1967 and the Editorial Board of that organization's Journal of Safety Research since 1969. Doctor Clarke has recently served as Vice President of the American Association for Health, Physical Education and Recreation, and Chairman of its Safety Education Division. He edited AAHPER's book, Drugs and the Coach, which appeared in 1972. In 1972, he was appointed Planning Consultant for the Sports Medicine Foundation of America (Atlanta).

He has served five years on the Board of Trustees of the American College of Sports Medicine, being on its Administrative Council four years and chairing two committees (Inter-disciplinary Coordination and Advanced Planning) during that period. He held the office of Vice President in 1969-70, and was a member of the Editorial Board of its journal, Medicine and Science in Sports, from 1969-72. From 1966-67, he was Chairman of the Resolutions Committee of the American Public Health Association's School Health Section.

While Professor of Health Science at Mankato, he was active in community as well as national affairs. He served on the Commissioner of Education's ad hoc Committee that studied the Minnesota State High School League, and conducted research on predicting desirable weight of young wrestlers. He directed Mankato's Task Force on Health-Related Programs, was a member of the Mental Health Board's Inebriety Advisory Committee, and served as founder and Chairman of the Board of Mankato's program serving persons with drug problems. He initiated the Emergency Care Education program that is serving as a national model for collegiate institutions, and an education program for persons convicted of drunken driving that is a model in that state.



Commission on Professional and Hospital Activities

1968 Green Road Ann Arbor, Michigan 48105

313 769-6511

Vergil N. Slee, MD, President

William H. Kincaid, Exec. Vice-President

6 April 1973

Kenneth S. Clarke, PhD
Professor of Health Science
Mankato State College
Mankato, Minnesota 56001

Dear Dr. Clarke

This letter is in response to your request that CPHA design and operate a sports injury registry system.

We have reviewed your proposal and have decided the best course for us to take would be to perform a design study which would evaluate all aspects of your proposed system.

The result of such a study would be to furnish you with a design of an abstract, or data collection sheet, which would incorporate pertinent information desired by you, and your panel of advisors. You would also receive recommendations in the form of report samples for the output of the system which would, of course, incorporate your recommendations as well as any necessary statistical test of significance as recommended by our statisticians. The third result of such a study would be a systems analysis flow chart which would detail all the necessary aspects of the registry system and would enable you to answer any questions as to the flow of data. As a by-product of this study, you would also receive our estimate of what it would take to program and operate such a system.

In order to do this, we estimate that 700 hours of our professional staff's time would be required. This study would be performed by staff members from our Research and Development group who possess backgrounds in the fields of medicine, medical records, systems and data processing, and administration. Consulting with this group would be our statisticians, who would evaluate and recommend the proper statistical tests based on your needs. The systems analysis segment would be performed by members of our Programming and Systems Department and would provide you with the proper information flow, regardless of who operates the system ultimately. Recommendations for the type of educational materials necessary would also be furnished, although the material itself would be developed as part of this contract. This segment is crucial, since proper collection of data requires proper briefing of the personnel doing the actual abstract. It is very important to note, Dr. Clarke, that to properly conduct such a study requires the cooperation and participation of the members of your Advisory Committee so that the wishes of your group can be properly represented to both the input and output phases.

6 April 1973

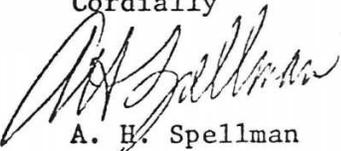
We estimate that the cost of producing such a study would be \$11,200 plus a maximum of \$2,500 travel expenses. The travel expenses would not be invoiced to you unless actually incurred. Our standard rates of \$16.00 per hour for a professional staff member for services performed at the Commission, and our all inclusive rate of \$250 per day (covering the work day, travel time, and all expenses) were used to arrive at this figure. We estimated that 700 hours of professional time and approximately ten days away from the Commission would be necessary to complete this study.

To sum up, we feel at the end of the six month period you would receive from us the designs necessary to cover the input and output demands of an injury registry system as well as the systems analysis flow chart. At that time, we would make a decision as to whether or not CPHA could operate such a system for you and what the cost of programming and operating such a system would be. You would be able to take the flow chart and the input and output designs to outside computer sources and receive their estimates for such a project.

We feel that CPHA is indeed uniquely qualified to handle such a project. We have over 20 years of experience in gathering, processing and displaying data for our member hospitals. In that period, CPHA has grown from 13 hospitals to more than 1,750 hospitals with an annual volume of over 14,300,000 patient records processed. Our Data Library contains the records of more than 85,000,000 patients. We perform many special studies for research agencies, as well as more than 600 annually for our member hospitals, in addition to the standard reports of the PAS System. Our staff consists of more than 325 employees, many of whom are physicians, statisticians, administrators, nurses, and health record analysts. Our computer facilities consist of two Honeywell 2070 computers and one IBM 360-40 computer.

If we can provide any additional information, please do not hesitate to contact us at any time.

Cordially



A. H. Spellman
Manager
Information Services

National Federation



Executive Offices

400 LESLIE ST., POST OFFICE BOX 98 ELGIN, ILLINOIS 60120 Phone: 312 697-4100

CLIFFORD B. FAGAN, Executive Secretary

April 26, 1973

Dr. Kenneth Clarke, Professor
Department of Health Science
Mankato State College
Mankato, MN 56001

Dear Casey:

The National Federation has learned that you are presently constructing a proposal for an athletic injury study which would include the interscholastic level. We certainly hope that your proposal is accepted and you will be able to secure support for conducting it.

We would like to say that as we understand the principal^{le} of the study, we enthusiastically support it. The National Federation would certainly contribute whatever it could in the way of information we have and whatever information it could get to assist you. As you know, several of our member state associations have rather detailed injury reports for a considerable number of years. These reports are valid and reliable in many respects and if the study becomes an actuality, we would do everything we could to make all this information available to you should you have any use for it.

Cordially,

Clifford B. Fagan
Executive Secretary

CBF/cap

National
ATHLETIC TRAINERS ASSOCIATION
RESEARCH AND INJURY COMMITTEE

GORDON GRAHAM, Chairman
Mankato State College
Mankato, Minnesota 56001
Phone A/C 507-389-6112

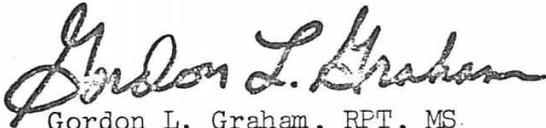
April 26, 1973

Kenneth S. Clarke, Ph.D.
Professor of Health Science
Mankato State College
Mankato, Minn. 56001

Dear Dr. Clarke:

As Chairman of the Injury and Research Committee of the National Athletic Trainers Association, I assure you that our committee endorses your pertinent research proposal for surveillance of athletic injuries at the interscholastic level. You can be assured of the full cooperation of our committee and additional professional manpower from athletic trainers within our association.

Respectfully,



Gordon L. Graham, RPT, MS.
Assistant Professor and Head Athletic Trainer
Mankato State College

GLG:cma

PRESIDENT
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MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Ind. 47904
Phone (317) 447-6025

11 May 73

Dr. Kenneth S. Clarke, Ph.D.
Professor of Health Science
Mankato State College
Mankato, Minnesota 56001

Dear Dr. Clarke:

I am pleased to express support of the National Interscholastic Surveillance proposal as outlined in your proposal and discussed preliminarily with officials of the F.D.A. Bureau of Product Safety. This system will provide the information that has been sorely needed by athletic trainers and others interested in effective injury prevention programs. Further, the system is feasible and makes appropriate use of the certified athletic trainer in the planning and operational phases.

I sincerely hope that the proposed will receive favorable attention.

Respectfully,

Otho Davis
Executive Director

OD/b

Bobby -

Otho recently wrote me the enclosed letter. I replied and want you as a Board member to have a copy of my letter.

Sincerely,

Sam Footree

National
ATHLETIC TRAINERS ASSOCIATION

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Houston Oilers
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Philadelphia Eagles
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Phone (215) 463-2500

December 14, 1973

Mr. James H. Goostree
University of Alabama
Dept. of Athletics
P.O. Box K
University, Alabama 35486

Dear Jim:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

There was discussion on the Dellums Bill, H.R. 7795,
the "Athletic Care Act". According to the Minutes you,
as a Certified member of N.A.T.A., voted against this
Bill.

Since no alternative response has been offered in ref-
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some of the negative attitudes to H.R. 7795 and would
appreciate receiving your views and reasons why you
are on record as being opposed to the "Athletic Care
Act".

Please send your views to me prior to December 28th.

Thank you for your assistance.

Sincerely,

Otho
Otho Davis
Executive Director

OD;hf

1232-7252

The University of Alabama

Department of Athletics

University, Alabama 35486

The Crimson Tide

December 21, 1973

National Football Champions

1961, 1964, and 1965

Mr. Otho Davis
Executive Director
Philadelphia Eagles
Veteran Stadium
Broad & Pattison Street
Philadelphia, Pennsylvania 19148

Dear Otho:

In answer to your letter of December 14, 1973, I felt that not only myself but the majority of NATA membership had been inadequately informed about HR7795.

I felt that the plan described in the bill was not workable or feasible and would have hidden implications that might well tend to destroy many phases of interscholastic athletics. This being particularly true in rural communities.

I felt that the creation through Federal Legislation would weaken not strengthen the position of the Athletic Training profession in bringing it under centralized control on the Federal level.

I, also, feel that tremendous effect would be felt in the present active membership of NATA in that there is no way to provide proper instruction in the proposed program except to include active instruction by working members of NATA. I feel that much opposition would be present among administrators of athletic programs on the college and university level in that such legislation would bring additional duties to working trainers that could not be shouldered in a quality instruction program. I cannot visualize where the instructors would come from unless they come from present active, working trainers. Many of these men may not be ready to enter into a teaching career either in conjunction with or void of athletic training responsibilities.

Rose Bowl
1926-1927
1931-1935-1938
1946

Sugar Bowl
1945-1948
1961-1963
1966

Orange Bowl
1943
1953
1962-1964-1965
1971

Cotton Bowl
1942
1954
1967
1972

Bluebonnet Bowl
1960
1970

Liberty Bowl
1959
1969

Gator Bowl
1968

As was stated by our placement man at NATA meeting in Atlanta, our present people seeking jobs on the high school level have had difficulty being placed when physical education in a teaching field. Therefore, here again presents a problem that must be faced in reviewing our suggested NATA curriculum that presently prepares people for the field. It appears different teaching areas must be provided in order to meet needs of schools in order to place beginning trainers.

This is another area that turned me off in pushing legislation to create immediate instruction on a national basis.

I know that in the Southeast there have been two schools propose curriculums that have been rejected due to lack of funds, (although I realize the government would subsidize the University entering into instructional program for athletic trainers) and due to dismissal of faculty and staff in other instructional areas deemed by University administrators as more critical.

Presently there are still many unanswered alternatives that I am not familiar with that might possibly clarify the intent of the bill in my mind.

I remain on record as opposing this mass approach to providing limited athletic health care for all levels of interscholastic and intercollegiate athletics.

Normal evolution and development of the National Athletic Trainers Association has been outstanding for the past few years. I can see the needs daily that must be met in the care of athletes on all levels but I feel that we should turn to our Doctors, Athletics Administrators, Secondary School Administrators with the needs of the athlete and come up with some workable solution other than federal legislation. It is my feeling that the Federal Government would impose standards that would prove to be unworkable and would result in the NATA being a social organization with little strength professionally.

Sincerely,



Jim Goostree
Athletic Trainer

JG/lk

Many private schools would feel the immediate need to follow suit in hiring additional healthcare personnel. These schools need time to establish themselves not have added burdens of additional personnel.

Kenny Howard discussed this letter with me and would like to go on record as concurring with the views presented.

National
ATHLETIC TRAINERS ASSOCIATION

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*Mr. John H. Anderson, II
708 Folmer St.
Troy, Alabama 36081*

Dear John:-

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appreciate receiving your views and reasons why you
are on record as being opposed to the "Athletic Care
Act",*

Please send your views to me prior to December 28th.

Thank you for your assistance.

Sincerely,

Otho Davis
Otho Davis
Executive Director

OD;hf

25th ANNIVERSARY
1974 Annual Meeting — Kansas City, Missouri
Hotel Muehlebach, June 16, 17, 18, 19

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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

*Mr. L. Donald Boyne, Jr.
Athletic Trainer
L.S.U. at New Orleans
Dept. of Athletics
Lakefront Campus
New Orleans, Louisiana 70122*

Dear Don:-

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Thank you for your assistance.

Sincerely,

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Executive Director

OD;hf

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3315 South Street
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*Mr. George H. Camp, III
Head Trainer
Middle Tennessee State
Box 490
Murfreesboro, Tennessee 37130*

Dear George:-

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*Otho Davis
Executive Director*

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December 14, 1973

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December 13, 1973

Mr. M. Mickey Cobb
Kansas City Royals Baseball Academy
6700 Clark Road
Sarasota, Florida 33577

Dear Mickey:-

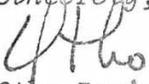
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December 14, 1973

Mr. Pat Dyer
Georgia Institute of Technology
Athletic Department
Atlanta, Georgia 30332

Dear Pat:-

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Otho Davis
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Macomb, Illinois 61455

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RICHARD MELHART
Washington State University
Pullman, Washington 99163

ADMINISTRATIVE ASSISTANT

MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 13, 1973

Mr. Ernest D. Golin
Assistant Athletic Trainer
University of Georgia
Dept. of Athletics
Athens, Georgia 30601

Dear Ernie:-

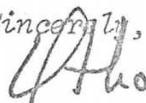
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Sincerely,

Otho Davis,
Executive Director

OD;hf

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December 14, 1973

*Mr. James H. Goostree
University of Alabama
Dept. of Athletics
P.O. Box K
University, Alabama 35486*

Dear Jim:-

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Executive Director*

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*Mr. Brady B. Greathouse, Jr.
636 N.E. 10th Avenue
Gainesville, Florida 32601*

Dear Brady:-

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*Mr. Kenny Howard
Auburn University
Athletic Department
Auburn, Alabama 36830*

Dear Kenny:-

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District 9 meeting in Atlanta, held on June 11, 1973.*

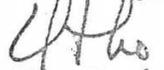
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Washington State University
Pullman, Washington 99163

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3315 South Street
Lafayette, Indiana 47904
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*Mr. Anthony J. Jonaitis, Jr.
University of South Florida
Physical Education Dept.
Tampa, Florida 33620*

Dear Tony:-

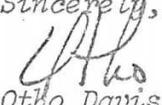
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Philadelphia Eagles
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December 14, 1973

Mr. Michael H. Jones
5207 Northwest 16th St.
Fort Lauderdale, Florida 33313

Dear Mike:-

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Mr. Wesley Knight
Box 84
University, Mississippi 38677

Dear Wes:-

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December 14, 1973

Mr. D. Tracy Ladd
Athletic Department
Louisiana State University
Baton Rouge, Louisiana 70803

Dear Tracy:-

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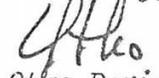
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Mr. John R. Lopez
University of Tampa
Athletic Department
Tampa, Florida 33606

Dear John:-

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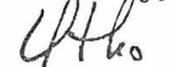
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Sincerely,



Otho Davis
Executive Director

OD;hf

National ATHLETIC TRAINERS ASSOCIATION

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Houston Oilers
P. O. Box 1516
Houston, Texas 77001
Phone (713) 748-2780

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Philadelphia Eagles
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Washington State University
Pullman, Washington 99163

ADMINISTRATIVE ASSISTANT
MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 14, 1973

Mr. Richard W. Milder
Athletic Trainer
The Florida State University
Dept. of Intercollegiate Athletics
Football Fieldhouse
Tallahassee, Florida 32306

Dear Dick:-

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Mr. Steve Moore
Tennessee Tech University
Box 98A
Cookeville, Tennessee 38501

Dear Steve:-

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Mr. Warren Morris
University of Georgia
Athletic Department
Athens, Georgia 30601

Dear Warren:-

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District 9 meeting in Atlanta, held on June 11, 1973.

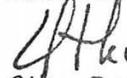
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MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

Mr. Ken Murray
Walnut Hill Road
Deacon Hills, Route 7
Richmond, Kentucky 40475

Dear Ken:-

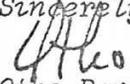
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*Mr. Chris Patrick
Athletic Trainer
University of Florida
P.O. Box 14485
Gainesville, Florida 32601*

Dear Chris:-

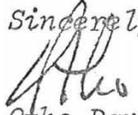
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Mr. Jim Pippin
U.S.L. Box 455
U.S.L. Station
Lafayette, Louisiana 70501

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Mr. Jack A. Redgren
Vanderbilt University
Dept. of Athletics
P.O. Box 6158
Nashville, Tennessee 37212

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December 14, 1973

Mr. Jerry Rhea
Atlanta Falcons Football Club
Atlanta Stadium
521 Capitol Avenue
Atlanta, Georgia 30312

Dear Jerry:-

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RICHARD MELHART
Washington State University
Pullman, Washington 99163

ADMINISTRATIVE ASSISTANT

MRS. HARRIETT FRANKLIN
3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

Mr. Jerry Robertson
East Tennessee State University
Athletic Department
Box 2383
Johnson City, Tennessee 37601

Dear Jerry:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

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Please send your views to me prior to December 28th.

Thank you for your assistance.

Sincerely,


Otho Davis
Executive Director

OD:hjf

25th ANNIVERSARY

1974 Annual Meeting - Kansas City, Missouri
Hotel Muehlebach, June 16, 17, 18, 19

National
ATHLETIC TRAINERS ASSOCIATION

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BOBBY GUNN
Houston Oilers
P. O. Box 1516
Houston, Texas 77001
Phone (713) 748-2780

EXECUTIVE DIRECTOR
OTHO DAVIS
Philadelphia Eagles
Veteran Stadium
Broad & Pattison Streets
Philadelphia, Pennsylvania 19148
Phone (215) 463-2500

N.A.T.A. DIRECTORS

December 18, 1973

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Lafayette, Indiana 47904
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Mr. Fred J. Schwake
Assistant Trainer
Atlanta Falcons Football Club
521 Capitol Avenue, S.W.
Atlanta, Georgia 30312

Dear Fred:-

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District 9 meeting in Atlanta, held on June 11, 1973.

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3315 South Street
Lafayette, Indiana 47904
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December 13, 1973

Mr. Tom Wall
Athletic Department
University of Tennessee
Box 47
Knoxville, Tennessee 37901

Dear Tom:-

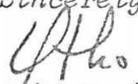
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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 14, 1973

Mr. Carl L. Williams
Southern University
Athletic Department
Baton Rouge, Louisiana 70813

Dear Carl:-

I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.

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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 14, 1973

*Mr. Roy D. Wilson
Football Trainer
University of Kentucky
Memorial Coliseum
Lexington, Kentucky 40506*

Dear Roy:-

*I have recently received the Minutes of the N.A.T.A.
District 9 meeting in Atlanta, held on June 11, 1973.*

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Executive Director*

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ADMINISTRATIVE ASSISTANT

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3315 South Street
Lafayette, Indiana 47904
Phone (317) 447-6025

December 13, 1973

Mr. Joe L. Worden
Vanderbilt University
Athletic Department
P.O. Box 6158
Nashville, Tennessee 37212

Dear Joe:-

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*Sent 11-28-73 to Rod Compton for
inclusion in the next Journal*

Dear Fellow Trainers,

I apologize for not including more correspondence to you through the Journal and have no reason except the same we all have - football season.

Work has been progressing on the Athletic Care Act. Apparently some of you have been following up on our request to suggest positive and progressive changes in the proposed legislation and we can report favorably that there is much interest by your Congressmen and the amended document is on its way. Representative Edwin Forsythe of New Jersey has proposed a years study amendment to Congressman Dellums' original bill which should allow adequate time and funding to hammer out the type of legislation which is workable and worthwhile.

It has been noted in the past few months that some of the violent objectors to the legislation last summer, when it was originally proposed, have changed 180° now that there is a possibility of money forthcoming for study purposes. If the membership will go back to the original discussions presented to you after Otho Davis and myself conferred with Congressman Dellums' staff, it was brought out that the basic idea or proposal was not in a finalized form but was started in order to encourage, or even force, people to work on this pressing need for having Teacher-Certified Athletic Trainer personnel on the staffs of every school in the country. Many individuals, and Districts, reacted violently and negatively without even trying to understand what was being worked for. Fortunately, there have been enough farsighted trainers working for the proposal that it is moving forward. It is not "buried" as some have stated; it is not going to "doom" interscholastic athletics, as others have loudly cried; it is not going to "ruin" the N.A.T.A., as has been frightfully forecast. And it has not been railroaded by a few N.A.T.A. officers, as many have been told.

You should be grateful to men like Otho Davis who have steadfastly refused to give up the goal of providing competent care for the young people participating in interscholastic athletics throughout the nation. The goals and objectives of the proposed legislation may take a number of years to accomplish, but will never be realized if we don't work toward them.

So again I appeal to each and every member of the N.A.T.A. to contact your District Director for new information concerning the progress of the study and legislation. Send copies of our excellent new brochure composed by Mel Blickenstaff to your Congressmen and to your school administrators. And above all, send your ideas, thoughts and advice to your officers and Board of Directors.

The future of Athletic Training is unlimited. The need for competent, well educated athletic trainers is great now, but the future needs - not only in schools but in industry - are nearly beyond comprehension. Let us have the foresight to work now to fulfill the future.

Bobby Gunn

PRESIDENT

93d CONGRESS
1ST SESSION

H. R. 7795

A BILL

To require educational institutions engaged in interscholastic athletic competition to employ certified athletic trainers.

By Mr. DELLUMS

MAY 15, 1973

Referred to the Committee on Education and Labor

93D CONGRESS
1ST SESSION

H. R. 7795

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 1973

Mr. DELLUMS introduced the following bill; which was referred to the Committee on Education and Labor

A BILL

To require educational institutions engaged in interscholastic athletic competition to employ certified athletic trainers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Athletic Care Act".

4 SEC. 2. The Elementary and Secondary Education Act
5 of 1965 is amended by adding at the end thereof the follow-
6 ing new section:

7 "EMPLOYMENT OF ATHLETIC TRAINERS

8 "SEC. 812. (a) The Commissioner shall issue regula-
9 tions requiring that, within such period (not longer than
10 eight years) as the Commissioner may prescribe, each local
11 educational agency, and any other educational agency, which

1 controls an elementary or secondary school which engages
2 in or sponsors interscholastic athletic competition must main-
3 tain in employment at each such school at least one person
4 from the profession of athletic training certified by the Com-
5 missioner under subsection (c).

6 “(b) No elementary or secondary school shall engage in
7 interscholastic athletic competition while it is not in com-
8 pliance with the regulations issued under subsection (a). No
9 local educational agency or other educational agency which
10 violates the preceding sentence shall be eligible for a grant
11 under this Act or under title I of the Elementary and Second-
12 ary Education Act of 1965 for the fiscal year following the
13 fiscal year during which the violation occurred.

14 “(c) The Commissioner shall carry out a program of
15 certifying persons as athletic trainers. He may certify a
16 person as an athletic trainer only if he determines such per-
17 son is qualified to carry out the practice of prevention, care,
18 and/or physical rehabilitation of injuries incurred by athletes,
19 and—

20 “(1) has met the athletic training curriculum re-
21 quirements of an institution of higher education ^{as prescribed} approved
22 by the National Athletic Trainers Association and given
23 proof of graduation, or

24 “(2) was, on the date of enactment of this section a
25 certified member in good standing of the National Ath-

1 letic Trainers Association, but the Commissioner may re-
2 quire periodic recertification of such persons, or
3 “(3) has completed at least four years beyond the
4 secondary school level, with a minimum of one thousand
5 eight hundred clock-hours on-the-job training, as an
6 undergraduate or graduate student serving as an appren-
7 tice athletic trainer at an institute of higher education not
8 offering a National Athletic Trainers Association ap-
9 proved athletic training curriculum under the direct
10 supervision of an athletic trainer certified under this
11 section. These periods of supervision must be consecu-
12 tive, periods of military service excepted.”

13 SEC. 3. The Higher Education Act of 1965 is amended
14 by adding at the end thereof the following new section:

15 “EMPLOYMENT OF ATHLETIC TRAINERS
16 “SEC. 1207. (a) The Commissioner shall issue regula-
17 tions requiring each institution of higher education which
18 engages in or sponsors interscholastic athletic competition to
19 employ at least one person from the profession of athletic
20 training certified by the Commissioner under subsection (c)
21 of section 812 of the Elementary and Secondary Education
22 Act of 1965 within such period (not longer than eight
23 years) as the Commissioner may prescribe.

24 “(b) No institution of higher education shall engage in
25 interscholastic athletic competition while it is not in com-

1 pliance with the regulations issued under subsection (a).
2 No institution of higher education which violates the preced-
3 ing sentence shall be eligible for a grant under this Act for
4 the fiscal year following the fiscal year during which the
5 violation occurred."

6 SEC. 4. Title 5 of the Higher Education Act of 1965 is
7 amended by adding at the end thereof the following new
8 part:

9 "PART G—TRAINING PROGRAMS FOR ATHLETIC TRAINERS

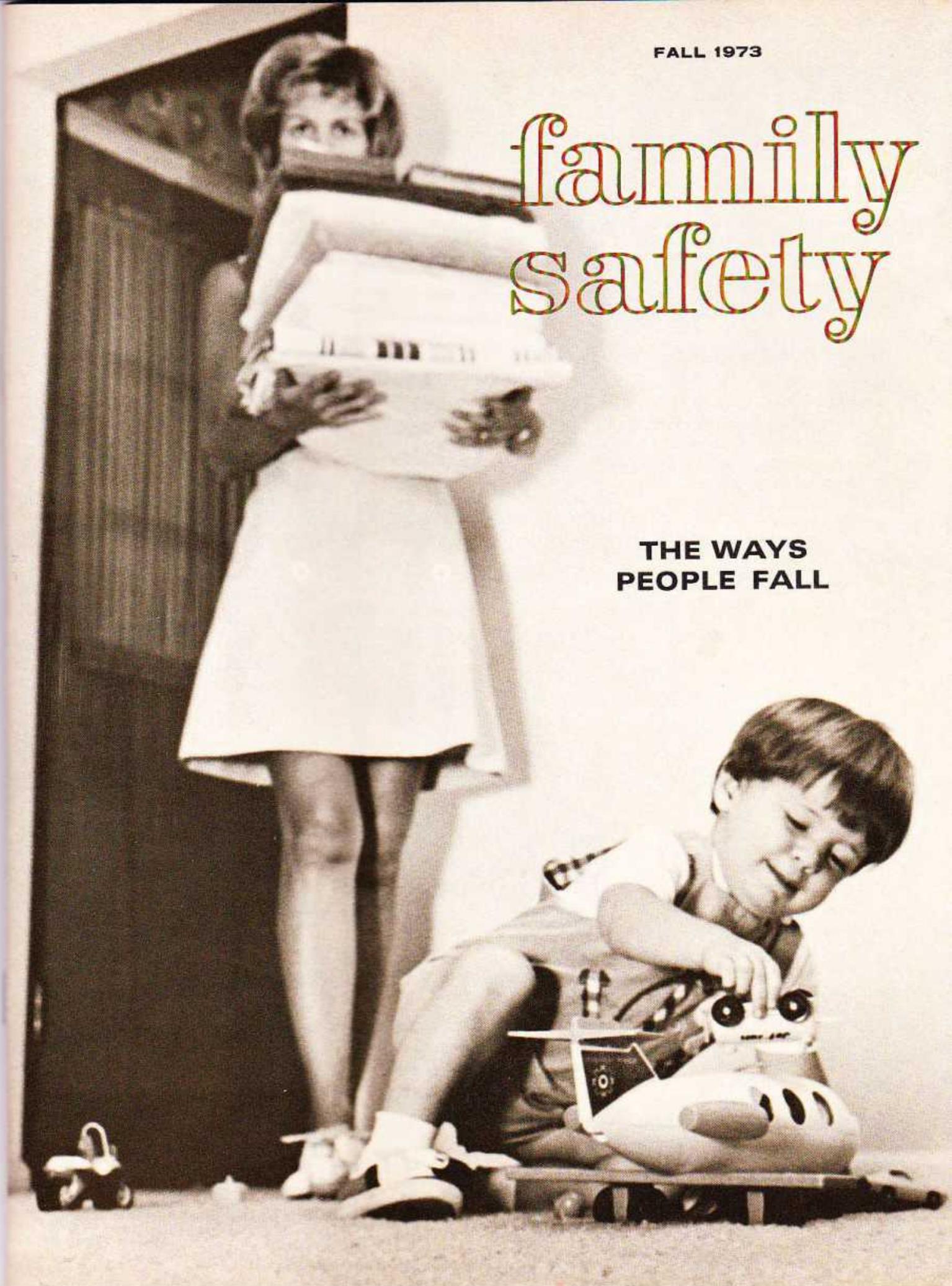
10 "SEC. 561. (a) The Commissioner shall formulate and
11 carry out a program for making grants to institutions of
12 higher education to assist them in meeting the costs of estab-
13 lishing and maintaining programs to provide the education
14 and training necessary to qualify persons for certification un-
15 der section 812 (c) of the Elementary and Secondary Educa-
16 tion Act of 1965. Such programs shall be so designed as to
17 assure that there will be available certified athletic trainers
18 in sufficient numbers to meet the requirements imposed by
19 section 812 (a) of such Act.

20 " (b) There is authorized to be appropriated, in addition
21 to the amounts authorized to be appropriated by section 501,
22 such amounts as may be necessary to enable the Commis-
23 sioner to make the grants provided for in this section."

FALL 1973

family safety

**THE WAYS
PEOPLE FALL**



family safety

A NATIONAL SAFETY COUNCIL PUBLICATION for the prevention of home, traffic and recreational accidents

Editor
PAUL DREISKE

Assistant Editor
BARBARA PETERSON

Art Director
TED WHEELER

Editorial Director
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Publications Director
JACK HORNER

NATIONAL SAFETY COUNCIL
Chartered by the Congress of the United States

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departments

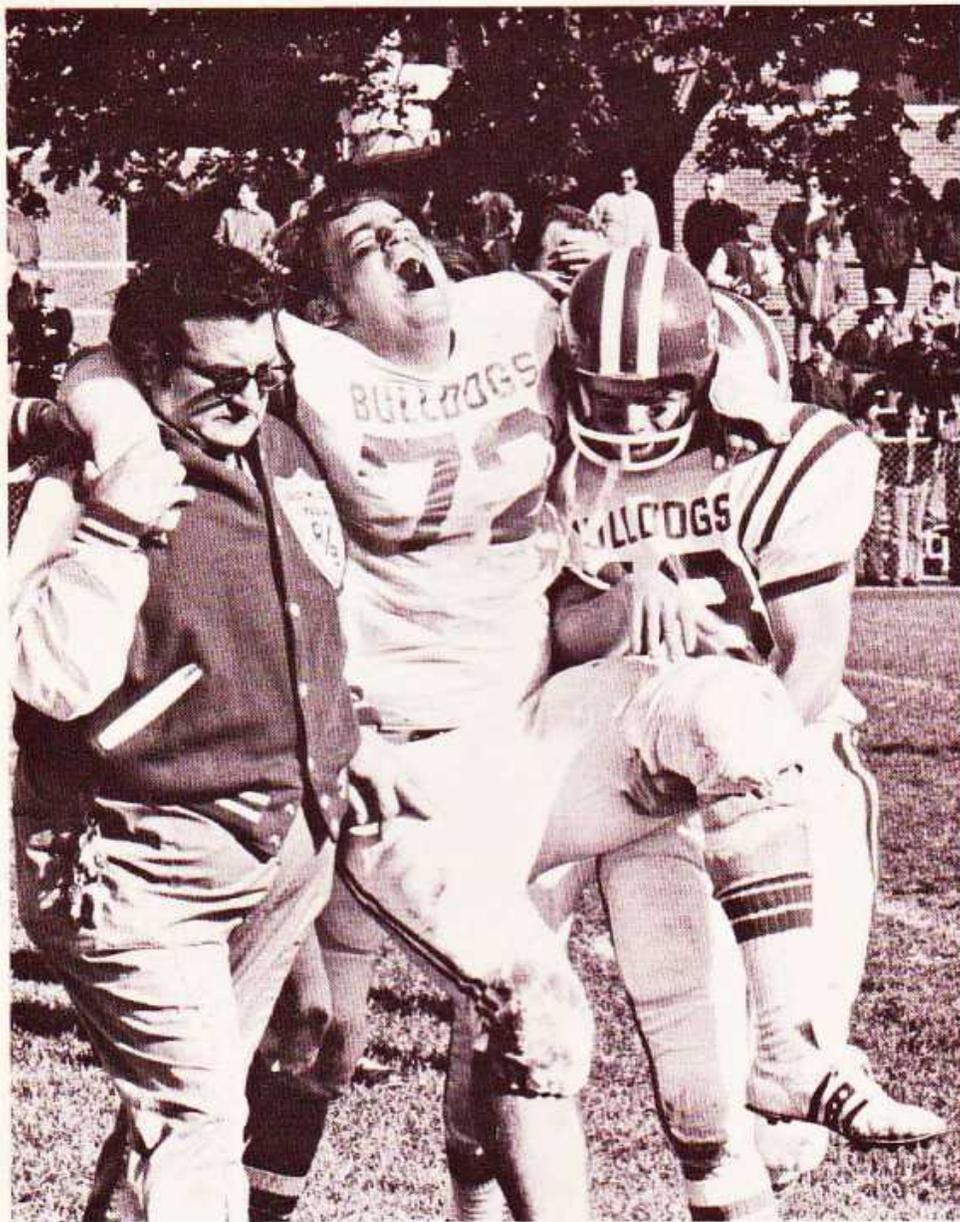
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Wanted: High School Football Trainers



"EACH YEAR hundreds of thousands of young Americans are injured participating in scholastic sports competition."

Those words were spoken on the floor of the U.S. House of Representatives—and placed in the Congressional Record—by Rep. Ronald V. Dellums of California.

Pointing out that professional athletes are now covered by the Occupational Safety and Health Act (OSHA), Congressman Dellums said:

"I want to speak today on behalf of another group whose lives and health are also regularly put at hazard—but who have no protection

against unsafe conditions to which they are exposed.

"I am talking about athletes in America's high schools and colleges. They are the cream of our youth, and they are injured with a frequency we should not tolerate.

"For example, can you believe that every year one out of every two high school football players is injured? Since there are about 1.2 million high school football players, it means that there are 600,000 football injuries in high schools alone each year."

Law would require trainers

That speech was made during the last football season. In May of this year, Congressman Dellums introduced a bill (H.R. 7795) which, if enacted, would become the Athletic Care Act.

Its purpose is "to require educational institutions engaged in interscholastic athletic competition to employ certified athletic trainers" within eight years of the bill's passage into law.

The Athletic Care Act, like all laws, would penalize for violations. "No local educational agency or other educational agency which violates . . . shall be eligible for a grant under this Act or under title I of the Elementary and Secondary Education Act of 1965 for the fiscal year following the fiscal year during which the violation occurred."

If, as a parent, you are beginning to realize that there is a critical nationwide shortage of qualified high school athletic trainers, you are absolutely correct.

All sports-medicine authorities agree, moreover, that the shortage of qualified high school athletic

trainers relates directly to the surplus of high school athletic injuries—many of which are serious, some of which are permanent, a few of which are fatal.

A similar (though more serious) problem would occur in military combat if, despite the presence of doctors in field hospitals, our soldiers and marines were deprived of medics and corpsmen. The qualified athletic trainer makes many contributions to health and safety, but none is more vital than first aid.

For that reason, the Dellums bill is strongly endorsed by the prestigious National Athletic Trainers Association, an organization that has done much to raise standards in the profession.

NATA President Bobby Gunn, head trainer of the Houston Oilers, recently mailed copies of the Dellums bill to his more than 2,000 members. In his covering letter, Gunn urged them to support the bill by talking to their Congressmen, team physicians, medical societies, parents and the press.

Another point of view

Obviously the heat is on—and it isn't the kind an athlete gets with diathermy treatment.

Although everyone involved in sports medicine agrees with the basic objectives of the Dellums bill, not everyone agrees with its methods and, more importantly, its future consequences.

One sincere and thoughtful adversary is Clifford B. Fagan, executive secretary of the National Federation of State High School Associations. In a recent memo to his 50 state executive officers, Fagan wrote:

"It is our point of view that the qualified athletic trainer can make a valuable contribution to the health care of athletes at the interscholastic level as well as at other competitive levels. We are hopeful that at an appropriate time, schools will be financially able to include as members of their faculties qualified

trainers who will be able to provide service to both boys and girls."

But here is where Fagan parts company with the Dellums bill: "Under present conditions, the imposition of the requirement on secondary schools would be a financial burden which many could not tolerate and, as a result, some schools would be compelled to discontinue interscholastic athletics."

Today, just about everybody knows that interscholastic athletics are an important part of education. Yet, at the same time, nobody is rooting for unnecessary risks and preventable injuries. The argument therefore appears to be one of means, not ends.

But still standing in the middle of that argument are more than 1,000,000 high school football players. And even if the Athletic Care Act were passed today, it wouldn't become enforceable until 1981. So in the meantime one must ask: Is there a middle ground? If you're a parent, the question almost answers itself: There has to be.

Of course, if your school district is rich in both wisdom and funds, your high school may well have a qualified trainer—perhaps one who is even certified by NATA.

If your district has a trifle more wisdom than money, your school may still have a qualified trainer who doubles as a teacher on the faculty.

Not enough to go around

But rich or poor, wise or otherwise, one basic problem remains—there just aren't enough qualified trainers to staff every high school in the country.

Fortunately that problem is now in the process of being solved by a large number of dedicated individuals and organizations including the American Medical Association, the American Academy of Orthopedic Surgeons, the American Academy of Pediatrics, NATA, NFSHSA—in addition to colleges, clinics and countless state and local organizations

such as governments, school districts and medical societies.

All of those organizations have not been content to pass resolutions; all are actively involved in overcoming the shortage of qualified trainers.

NATA, supported by the AMA Committee on the Medical Aspects of Sports, is encouraging high school students to become career trainers.

College scholarships for student trainers are increasing. And a college degree covering the proper courses—plus a NATA Certificate—guarantees a rewarding future as either a full-time trainer or trainer-teacher.

Some emergency measures

Some ingenious emergency remedies are also being applied. In 1971 Texas passed a law requiring all trainers to be licensed by the state, the first law of its kind in the U.S. (Oklahoma will consider similar legislation next year).

Laws like that of Texas solve the problem of quality but not, unfortunately, the problem of quantity. To solve the latter, Houston came up with a solution that could be adopted by other school districts—possibly your own.

Vernon Eschenfelder, Jr., head trainer of the Houston Independent School District, described that unique solution in *The Trainer*.

"There are 59 schools in the Houston Independent School District—23 senior high schools and 36 junior high schools. The number of athletes suited up ranges from 50 in smaller schools to 125 in the larger ones.

"At the present time there are three full-time athletic trainers—one head trainer and two assistant trainers. The trainers have their training rooms at the three stadiums in the district and see the athletes after school for treatment. They see a student during school hours only in an emergency.

"The schools have a whirlpool and sufficient training supplies,

which they draw from the three stadium trainers. Each school has an assistant coach in charge of injuries. This coach has two or more student trainers who are trained by professional trainers.

"Each team has a team physician, and the professional trainers... consult the team physician for advice.

"Each year, during the month of August, a training school is conducted by the trainers. At this time students are trained and coaches brush up on training arts, i.e. emergency treatment of fractures, heat exhaustion, air-way maintenance and transportation.

"It is recommended that each school have three student trainers, the head trainer a senior, and a junior and sophomore trainer. The student head trainer gets a letter and jacket as the athletes do. Many go on to college on athletic training scholarships.

"The athletic training program is a very successful operation. It saves the school district money and... with more intensive care the athlete has a better chance for complete recovery.

"The professional requirements for the trainer are the same as for teachers in the district; plus his professional experience in the field of athletic training. The pay scale is the same as for teachers, except trainers are on ten and one-half months contract. The trainer also receives extra pay equivalent to the pay of assistant coaches."

The Houston program is supported primarily by ticket sales.

Much assistance is now being given to high school student-trainers for, by default, the burden frequently lands on them when qualified trainers aren't available.

To aid those willing but sometimes unprepared youngsters, an inexpensive book has been published by the AMA in cooperation with NATA and the Athletic Institute: *Fundamentals of Athletic Training*. Copies of the paperback book are

available for \$2 each from the American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.

A multitude of other valuable teaching aids are offered by manufacturers of athletic equipment and training supplies—such as Cramer Products, Inc., Gardner, Kansas 66030, and The Kendall Company, Sports Division, 20 Walnut Street, Wellesley Hills, Massachusetts 02181.

In addition, Cramer sponsors summer Student Trainer Workshops at colleges and universities all over the country. Professional trainers supervise the 3½-day sessions, and a \$55 fee covers tuition, meals and lodging.

What parents can do

Dr. Timothy T. Craig, secretary of AMA's Committee on the Medical Aspects of Sports, told *Family Safety*:

"Parents should insist that five measures are taken prior to fielding a team: proper conditioning, careful coaching, good officiating, good equipment and facilities and adequate medical care (which means at a minimum a student athletic trainer, and a physician to contact in an emergency).

"With many communities it may be possible for parents, the board of education of several high schools and the local medical society to establish a coordinated sports medicine unit where injuries and rehabilitation are taken care of."

With parents' active concern, much can be done to reduce those annual 600,000 high school football injuries. And experiences like the following can be kept where they belong—in the past.

During a high school scrimmage some years ago, one of the young players started to limp. The coach told him: "Take a few laps around the track and run it off."

After running a few yards he fainted. X-rays later confirmed he had a broken ankle!

Asleep at the Wheel

(continued from page 6)

the head between the knees (when parked, of course) to carry blood, and thus oxygen, to the brain. Others suggest deep breathing. Force all the air from your lungs, inhale as deeply as you can, and then exhale in short, trumpet-like bursts.

One note about pulling over to the side of the road. It is illegal except in emergencies on many highways and "sleepiness" is not, in spite of its dangers, generally considered an emergency. But the only danger is not from state troopers—many road shoulders are very narrow and parking can make you a target for other sleepy drivers careening off the road. In two recent Maryland accidents, parked trucks were hit by vehicles driven by drivers asleep at the wheel. If you must park on the roadside, especially at night, be sure to activate your four-way flashers and leave your dome light on, use signal flares and maybe string a large white sheet or towel to the trunk. I even put my car in reverse to light the back-up lights. Preferably, get to a safe parking area.

• *Avoid a sleep-inducing atmosphere in your auto.* A warm, comforting temperature can put a driver to sleep. In summer, air conditioning can help fight the feeling. In winter, one truck driver suggests that if you must turn on your heater, run it without the blower, to avoid cat-on-the-hearth torpor.

• *Break the monotony.* Stop driv-



Frequent breaks help fight fatigue.

EDWIN B. FORSYTHE
131 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515
202-225-4765

MEMBER:
COMMITTEE ON EDUCATION AND LABOR
COMMITTEE ON
MERCHANT MARINE AND FISHERIES

Congress of the United States
House of Representatives
Washington, D.C. 20515

TO: Members of the Education and Labor Committee
FROM: Edwin B. Forsythe
DATE: October 29, 1973
RE: H.R. 69

There will be millions of youngsters participating in inter-scholastic athletics this year. A significant number of these young men and women will sustain some form of a injury. Preliminary studies based on spot surveys suggest that as many as 40,000 knee injuries requiring surgery are sustained by scholastic athletes each year. Other preliminary studies estimate that only one quarter of these 40,000 would have needed surgery if the involved schools had a qualified athletic trainer available to administer the proper specialized care that any athlete needs.

It seems that the young athlete has too often been the victim of specialized neglect. Too many youngsters have had untended cuts and blisters turn into infections. Too many young athletes have had a muscle tear treated as a simple sprain by well meaning but untrained student "trainers".

The American Medical Association estimates that approximately 50% of the 1.2 million young men who play high school football will sustain some form of injury this year. Many of these injuries will be recurring ones because of the lack of proper on-the-spot and long term medical care. According to the athletic trainer at Wake Forest University, "Most of the injuries you get in college can be traced directly to old high school injuries."

Despite these staggering injury statistics, there is a striking absence of certified athletic trainers in our nations schools. Of the nearly 15,000 high schools in the United States with football programs, it is estimated that only about 100 have full time certified athletic trainers. In the entire Washington Metropolitan area there are only eight athletic trainers and six of them are employed by area colleges.

The Texas state legislature has recognized the seriousness of scholastic athletic injuries in that state and in 1971 enacted legislation requiring adequate medical care for every schoolboy athlete. The result is that almost every Texas high school has or is in the process of acquiring a qualified athletic trainer.

The few statistice I have presented thus far point to the existence of a problem of some magnitude. The problem stems in great measure from the lack of certified athletic trainers and training facilities in our nation's schools. While legislation has been introduced to require each scholastic institution with an athletic program to employ a full time trainer, I do not believe that there are sufficient statistics presently available for this committee to make a wise decision. The data indicates the presence of a severe problem, but I cannot delineate the precise scope of the national problem.

Therefore, at the appropriate time during tomorrow's markup of H.R. 69 I intend to offer an amendment directing the Secretary of Health, Education and Welfare to undertake a study to determine the exact extent of the incidence of injuries in our nations scholastic athletic programs. It is my hope that the Secretary's report will provide the basis with which we can determine the precise scope of the problem and fashion an appropriate solution.

Enclosed is a copy of my amendment and excerpts of letters supporting the view that the problem of scholastic athletic injuries is a serious one meriting the attention of this committee.

There is a Need

"How safe are school sports? One look at a prep injury survey is enough to convince you that something must be done."

Johnny Futch, Daily Sports Editor, Athens Georgia Banner - Herald

"I agree 100% with your thinking that too many schools and colleges do not follow sound safety practices. If every school had a full time athletic trainer it would certainly be one of the great steps forward in preventing athletic injuries."

O. Charles Olsen, J.D., Spokane, Washington

"The necessity of establishing athletic trainers in all of our county high schools in an attempt to upgrade our treatment of the vast number of athletic injuries that are occurring at the high school level is clear."

Gerald A. Engh, M.D. Arlington, Va.

"We happen to be one of the very fortunate few that has an athletic trainer (M.S. degree from Indiana University in Athletic Training), and I can assure you that he is worth his weight in gold--and he weighs about 250 pounds. Heaven knows athletic trainers are needed. Most coaches do not know enough about athletic training plus the fact they do not have the time to it, in addition to their coaching."

Orville E. Johnson, Athletic Director, West High School, Bremerton, Washington

"It is estimated that around one-half of the nation's football players from the high school through professional levels, suffer some sort of injury every year. The trouble is that high quality medical care often is lacking at the high school level."

Editorial, The Daily Progress, Charlottesville, Va.

"We at the University see many athletic injuries which could have been prevented if only someone with a knowledge of athletic injuries could have been with the school system."

Joe Gieck, Department of Interscholastic Athletics, University of Virginia

"I would like to strongly encourage the efforts of Congressman Dellums toward the enactment of the Athletic Care Act of 1973".

Anne E. Atwater, Ph. D., Associate Professor and Coordinator of the Graduate Program in Physical Education for Women, University of Arizona.

"The presence of athletic trainers is essential to the well being of our athletes."

William Busit, Director of Athletics, Hudson High School, Hudson, Mass., and Secretary of the Massachusetts Athletic Director's Association.

"Last fall, a young high school football player in a nearby state suffered a severe spinal injury in an attempt to make a tackle. His coaches and teammates had no idea of the extent of the injury. There was no qualified athletic trainer present to tell them the boy should not be moved. So they carried him off the field. He was paralyzed, and died less than a month later."

Bill Millsaps, Associate Sports Editor, Richmond Times Dispatch

Offered by Mr. Forsythe

Page 82, immediately after line 19, insert the following new title:

TITLE VIII---STUDY OF NEED FOR ATHLETIC TRAINERS IN SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

Sec. 801. (a) The Secretary of Health, Education and Welfare (hereinafter referred to as the "Secretary") a full and complete investigation and study to determine--

(1) the number of athletic injuries and deaths occurring in athletic competition between schools and in any practice session for such competition, for the 12-month period beginning 60 days after the date of enactment of this Act;

(2) the number of athletic injuries and deaths occurring (for the 12-month period under paragraph (1)) (a) at each school with an athletic trainer, at the time of such death or injury, who is certified by the National Athletic Trainers Association (hereinafter in this section referred to as "certified trainer") and (b) at each school with an athletic trainer, at the time of such death or injury, who is not certified by the Association (hereinafter in this section referred to as "non-certified trainer");

(3) the number of schools which have a certified trainer during the 12 month period under paragraph (1);

(4) the number of schools which have student and nonstudent noncertified trainers during the 12 month period under paragraph (1);

(5) the period of time required before a certified trainer could reasonably be available for all of the schools which have only a noncertified trainer pursuant to paragraph (4);

(6) the estimated cost to the schools included in paragraph (5) for having a certified trainer for each of the 3 fiscal years beginning with the first full fiscal year immediately following the period of time under paragraph (5); and

(7) appropriate certification procedures for athletic trainers for schools, such procedures to be formulated in consultation with appropriate professional organizations (including the National Athletic Trainers Association).

(b) Within 50 days after the date of enactment of this Act, the Secretary shall request each school to maintain appropriate records to enable it to compile information under paragraphs (1)-(4) of subsection (a) and shall request such school to submit such information to the Secretary immediately after the 12 month period beginning 60 days after the date of enactment of this Act. Not later than 18 months after the date of enactment of this Act, the Secretary shall make a report to the Congress on the study required by subsection (a), together with such recommendations as he may deem appropriate. In such report, all information required under each paragraph of subsection (a) shall be stated separately for the two groups of schools under clauses (1) and (2) of subsection (c), except that the information shall also be stated separately (and shall be excluded from the group under clause (2)) for institutions of higher education which provide either of the two year programs included under section 901(e) (3) of the Elementary and Secondary Education Act of 1965.

(c) For the purposes of this section, the term "school" means (1) any secondary school or (2) any institution of higher education, as defined in section 901 of the Elementary and Secondary Education Act of 1965.

Sec. 802 for the purposes of this Title there is authorized to be appropriated the sum of \$75,000.

Congress of the United States
House of Representatives

RONALD V. DELLUMS, 7TH DISTRICT, CALIFORNIA

DISTRICT OF COLUMBIA COMMITTEE

COMMITTEE ON EDUCATION

ARMED SERVICES COMMITTEE

October 15, 1973

Dear Colleague:

Once again, the football season begins annual cycle of scholastic sports competition. Unfortunately, though, each year hundreds of thousands of young Americans are injured participating in sports activities at all educational levels.

For example, a study published in the Journal of the American Medical Assn. indicates that every year one out of every two high school football players is injured; since there are about 1.2-million high school football players, it means that there are 600-thousand football injuries in high schools alone. And the rate of injuries for other sports--contact and non-contact--is just as alarming. Over the past few years, as a result of rising concern about such injuries, some major steps have been taken by educational and health groups to bring about reductions in the probability of injuries occurring.

Still, most sports injuries are not properly treated. According to the Fall 1973 Family Safety magazine: "There is a critical nationwide shortage of qualified...athletic trainers...All sports-medicine authorities agree, moreover, that the shortage of qualified high school athletic trainers relates directly to the surplus of high school athletic injuries--many of which are serious, some of which are permanent, a few of which are fatal." At the college level, the problem is equally distressing.

In response to this need, in May I introduced H.R. 7745, "The Athletic Care Act", which amends the Elementary and Secondary Education Act and the Higher Education Act to require over an eight year period that all schools which engage in or sponsor interscholastic athletic competition must employ certified athletic trainers. The bill also contains provisions for federal assistance for training programs for athletic trainers.

The measure has been endorsed by athletic trainers, professional and amateur athletes, coaches and health officials throughout the country. I now plan to re-introduce the bill with co-sponsors within the next ten days, and I would be pleased to have you join with me as a sponsor of this proposal.

To co-sponsor the bill--or to gain further information about it--please call Michael Duberstein on x53751.

Sincerely,



Ronald V. Dellums
Member of Congress

RVD:tw

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WASHINGTON, D.C. 20540
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SECRETARY

DISTRICT OFFICE
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(415) 434-1100
CHARLES J. HENNING
DISTRICT OPERATOR



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

University System of Georgia

ABAC STATION

TIFTON, GEORGIA 31794

A Comprehensive Coeducational College

DIVISION OF HEALTH, PHYSICAL
EDUCATION AND RECREATION

November 7, 1973

Mr. Otho L. Davis, Athletic Trainer
Philadelphia Eagles Football Club, Inc.
Veterans Stadium
Broad and Pattison
Philadelphia, Pennsylvania 19145

Dear Mr. Davis:

Word has filtered down that there is pending legislation in the United States Congress which if accepted and funded will require a competent athletic trainer in all high schools of a certain size in the United States.

To what extent is this true? To whom should I write to find out specific information on this? If this is true or if it has a possibility of being accepted, I need to think in terms of giving this training here at our college or as much of it as I can in the first two years of college work.

Any other information you might know of which would help me I would appreciate it if you would pass it on.

Sincerely,

Frederick P. Reuter
Division Chairman

FPR/jmh

*Bobly -
looks like some
people might be getting
excited!
→
Q*

An Act

79 STAT. 27.

To strengthen and improve educational quality and educational opportunities in the Nation's elementary and secondary schools.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Elementary and Secondary Education Act of 1965".

TITLE I—FINANCIAL ASSISTANCE TO LOCAL EDUCATIONAL AGENCIES FOR THE EDUCATION OF CHILDREN OF LOW-INCOME FAMILIES AND EXTENSION OF PUBLIC LAW 874, EIGHTY-FIRST CONGRESS

SEC. 2. The Act of September 30, 1950, Public Law 874, Eighty-first Congress, as amended (20 U.S.C. 2366-244), is amended by inserting: 64 Stat. 1100.

"TITLE I—FINANCIAL ASSISTANCE FOR LOCAL EDUCATIONAL AGENCIES IN AREAS AFFECTED BY FEDERAL ACTIVITY"

immediately above the heading of section 1, by striking out "this Act" wherever it appears in sections 1 through 6, inclusive (other than where it appears in clause (B) of section 4(a)), and inserting in lieu thereof "this title", and by adding immediately after section 6 the following new title:

"TITLE II—FINANCIAL ASSISTANCE TO LOCAL EDUCATIONAL AGENCIES FOR THE EDUCATION OF CHILDREN OF LOW-INCOME FAMILIES

"DECLARATION OF POLICY

"SEC. 201. In recognition of the special educational needs of children of low-income families and the impact that concentrations of low-income families have on the ability of local educational agencies to support adequate educational programs, the Congress hereby declares it to be the policy of the United States to provide financial assistance (as set forth in this title) to local educational agencies serving areas with concentrations of children from low-income families to expand and improve their educational programs by various means (including preschool programs) which contribute particularly to meeting the special educational needs of educationally deprived children.

"KINDS AND DURATION OF GRANTS

"SEC. 202. The Commissioner shall, in accordance with the provisions of this title, make payments to State educational agencies for basic grants to local educational agencies for the period beginning July 1, 1965, and ending June 30, 1968, and he shall make payments to State educational agencies for special incentive grants to local educational agencies for the period beginning July 1, 1966, and ending June 30, 1968.

2/6/73

Mr. Dellums

A B I L L

To require educational institutions engaged in inter-scholastic athletic competition to employ qualified athletic trainers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Athletic Care Act".

Sec. 2. The Elementary and Secondary Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 812. (a) The Commissioner shall issue regulations requiring that, within such period (not longer than eight years) as the Commissioner may prescribe, each local educational agency, and any other educational agency, which controls an elementary or secondary school which engages in or sponsors interscholastic athletic competition must maintain in employment at each such school at least one athletic trainer certified by the Commissioner under subsection (c).

"(b) No elementary or secondary school shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No local educational agency or other educational agency which violates the preceding sentence shall be eligible for a grant under this Act or under title I of the Elementary and Secondary Education Act of 1965 for the fiscal year following the fiscal year during which the violation occurred.

"(c) The Commissioner shall carry out a program of certifying persons as athletic trainers. He may certify a person as an athletic trainer only if he determines such person is qualified to carry out the practice of prevention, care, and/or physical rehabilitation of injuries incurred by athletes, and--

"(1) has met the athletic training curriculum requirements of an institution of higher education approved by the National Athletic Trainers Association and given proof of graduation, or

new "(2) was, on the date of enactment of this section a ^{CERTIFIED} member in good standing of the National Athletic Trainers Association, but the Commissioner may require periodic recertification of such persons, or

"(3) holds a degree ^{BACHELORS} in ~~physical therapy or corrective therapy~~ with at least a minor concentration, in physical education or health which included a basic athletic training course, and has spent at least two academic years working under the direct supervision of an athletic trainer, certified by the National Athletic Trainers Association, or

*my suggestion
eliminate all
of this section*

"(4) has completed at least four years beyond the secondary school level, ^{WITH AT LEAST A MINOR CONCENTRATION IN HEALTH OR PHYS. EDUC. WHICH INCLUDED A BASIC ATHLETIC TRAINING COURSE} as an undergraduate or graduate student, as an apprentice athletic trainer under the direct supervision of an athletic trainer certified under this section. These periods of supervision must be consecutive, periods of military service excepted."

Sec. 2. The Higher Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 1207. (a) The Commissioner shall issue regulations requiring each institution of higher education which engages in or sponsors interscholastic athletic competition to employ at least one athletic trainer certified by the Commissioner under subsection (c) of section 812 of the Elementary and Secondary Education Act of 1965 within such period (not longer than eight years) as the Commissioner may prescribe.

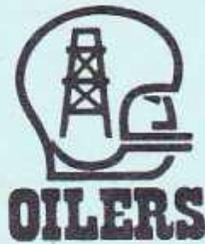
"(b) No institution of higher education shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No institution of higher education which violates the preceding sentence shall be eligible for a grant under this Act for the fiscal year following the fiscal year during which the violation occurred."

Sec. 3. Title 5 of the Higher Education Act of 1965 is amended by adding at the end thereof the following new part:

"Part G--Training Programs For Athletic Trainers

"Sec. 561. (a) The Commissioner shall formulate and carry out a program for making grants to institutions of higher education to assist them in meeting the costs of establishing and maintaining programs to provide the education and training necessary to qualify persons for certification under section 812(c) of the Elementary and Secondary Education Act of 1965. Such programs shall be so designed as to assure that there will be available certified athletic trainers in sufficient numbers to meet the requirements imposed by section 812(a) of such Act.

"(b) There is authorized to be appropriated, in addition to the amounts authorized to be appropriated by section 501, such amounts as may be necessary to enable the Commissioner to make the grants provided for in this section."



FAMILY SAFETY MAG.
NATL. SAFETY COUNCIL

Have 0 send you copies
of new Brochure

From the desk of:

BOBBY GUNN

Mike Duberstein

Cong. Jarrythe

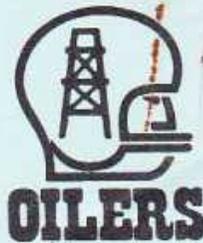
Colleges & Jr Colleges

Mike Duberstein

202 225 3751

If NATA is withdrawn
would it put responsibility
for criteria in hands
of Comm. of Educ

What is possibility of future
inclusion of high schools - where
greatest need is!



Called 10-6-73 & put
note on tape at N.S.C. office
by long distance.

From the desk of:

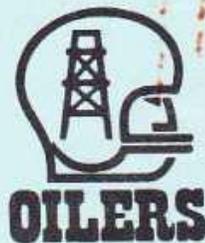
BOBBY GUNN

40 copies of FALL 73
Family Safety magazine
to Mike Duberstein
(to Comm on Educ & Labor)

Paul Dreiske

312 527-4800

Mr Mike Duberstein
Adm. Asst to Rep. R. V. Dellums
Longworth Bldg. - Rm 1417
U. S. House of Representatives
Wash, DC 20515



From the desk of:
BOBBY GUNN

TO MR. PAUL DREISKE
EDITOR
FAMILY SAFETY MAGAZINE
FROM BOBBY GUNN - PRES.
NATIONAL ATH. TR. ASSOCIATION

PAUL,
WOULD YOU BE SO KIND AS TO
SEND ABOUT 40 COPIES OF THE
FALL 1973 FAMILY SAFETY
MAGAZINE TO MIKE DUBERSTEIN,
ADM. ASST. TO REPR. RONALD V DELLUMS
U.S. HOUSE OF REPR., RM. 1417, LONGWORTH
BLDG., WASH. D.C. 20515, WHO WILL
DISTRIBUTE THEM TO THE HOUSE
OF REPR. COMMITTEE ON EDUC. &
LABOR. THANK YOU, BOBBY

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••••• 92-049-h

**U.S. House of Representatives
Committee on Education and the Arts**

93d CONGRESS, 1st SESSION

Room

2365 CARL D. PERKINS, Kentucky, *Chairman*
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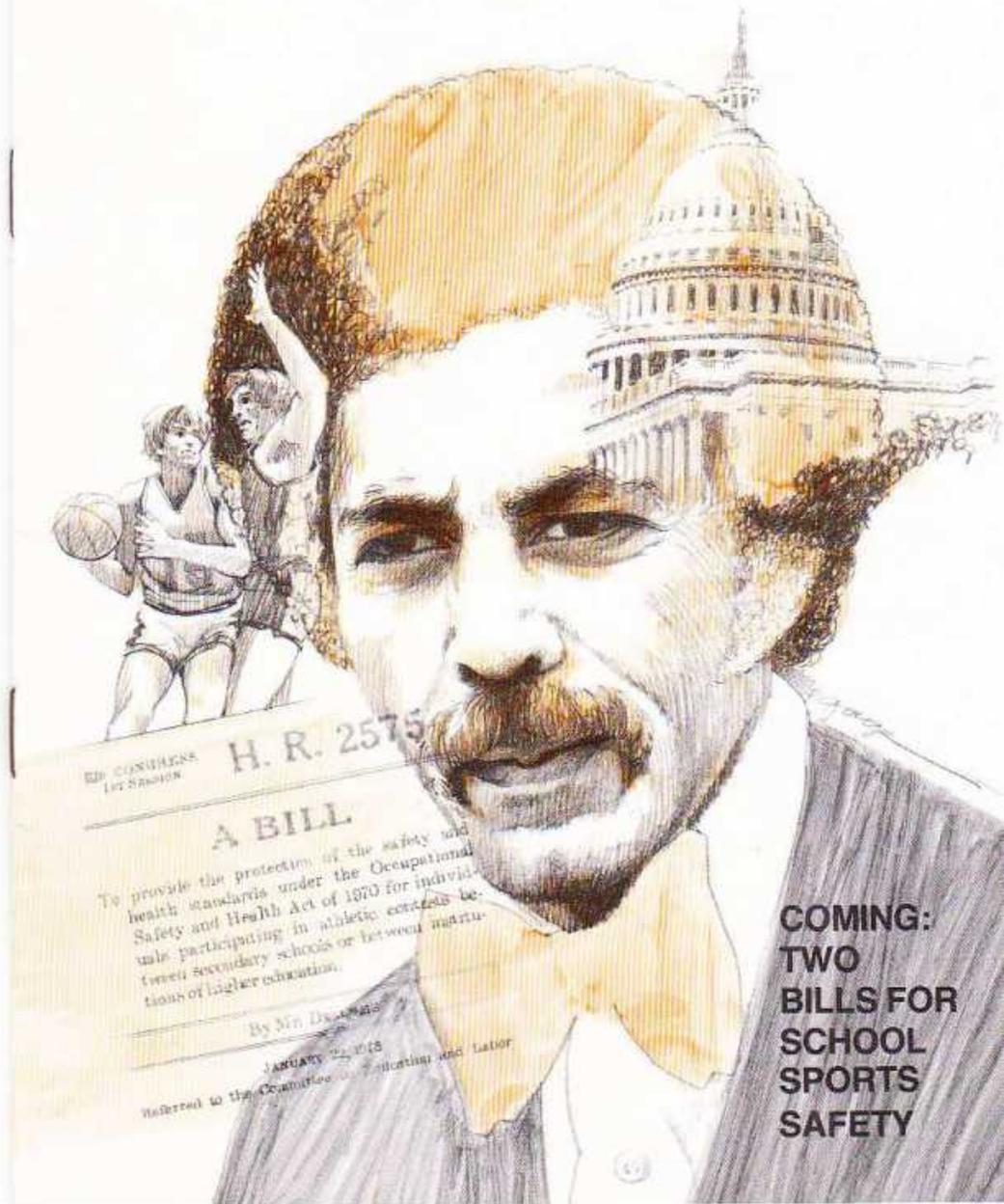
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KENDALL

27:5 / May-June, 1973

SPORTS TRAIL®

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**COMING:
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SAFETY**

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**THE
PRESS
BOX**



Student-athlete health and safety has been a recurrent theme in *Kendall Sports Trail*. It is the dominant theme of this issue.

Our first feature, "Coming: Two Bills for School Sports Safety" (pp. 4-7), outlines two bills sponsored by Congressman Ronald V. Dellums (D., Calif.) - one already introduced into the House of Representatives and one whose first draft is being circulated to school and college athletics administrators around the country for their comments and support.

In "How Uncle Sam Monitors Team Sports Injuries" (pp. 8 & 9), Jay Stafford reports the findings of the FDA's Bureau of Product Safety concerning hospital emergency room treatment of athletic-product-related accidents.

"The Quest for Safer Athletic Products" (pp. 10-13), describes the efforts that the Sports Division's research project team at The Kendall Company's Barrington (Ill.) Research Center put into lab and field-testing in the development of new products, or the improvement of established products, for the division's Bike, Nelson, Southern Athletic and Victoriaville units.

We hope you find these topics informative and interesting.

John S. O'Neill
Editor



COMING: TWO BILLS FOR SCHOOL SPORTS SAFETY

by JOHN O'NEILL

It was 86° and muggy in Chapel Hill one September afternoon in 1971. The UNC football squad had been practicing for an hour and fifty minutes without a rest or liquid break, according to later testimony before a House subcommittee, when Tar Heel lineman Bill Arnold collapsed from heat stroke and died.

The tragedy of his death set in motion a chain of events that led to the introduction of Bill H.R. 2575, "The Athletic Safety Act of 1973", by Congressman Ronald V. Dellums, representative from California's 7th district.

Bill H.R. 2575, if and when it is enacted into law by Congress, has as its objective "to provide the protection of the safety and health standards under the Occupational Safety and Health Act of 1970 [OSHA] for individuals participating in athletic contests between secondary schools or between institutions of higher education".

Congressman Dellums originally intro-

duced The Athletic Safety Act (then coded H.R. 16447) as a series of amendments to OSHA on August 17, 1972.

Dellum's Reasons for the Bill

On September 13, 1972, before a special labor subcommittee of The House of Representatives chaired by Representative Daniels (N.J.), Dellums testified on behalf of his Bill: "I ask you . . . to reject . . . false arguments that athletes deserve no statutory protection because the schools will look after them or that there is nothing that can be done about injuries anyway," he exhorted. "We know that too many schools & colleges do not follow sound safety practices; we know the pressure on the schools and the coaches to produce winners; and we know those pressures result in sacrificing the safety of the athlete for the athletic prestige of the school. We know that accidents are not inevitable - they can be

reduced with proper practices, equipment and availability of care.

"We cannot rely on the benevolence of the schools or the coaches; we must protect the health and safety of our athletes with federal legislation – and that is exactly what the Athletic Safety Act does. The Act applies provisions of the Occupational Safety and Health Act to high school and college athletic contests. It also expands the definition of national consensus standards to include the code of the National Collegiate Athletic Association and similar state and national athletic associations so that the expedited rule-making procedures of the Act can be used for athletes as they were used for workers."

Specifically, Bill H.R. 2575 proposes to amend the Occupational Safety and Health Act of 1970:

1. by expanding OSHA coverage to every participant in an athletic contest between secondary schools or between institutions of higher education (as defined in section 801 of The Elementary & Secondary Education Act of 1965);

2. by regarding each such secondary school and institution of higher education as an "employer" of an individual representing that school or institution as a participant in an athletic contest;

3. by expanding the definition of national consensus standards to include for any athletic contest the code of the NCAA or the code of any other recognized national athletic organization for institutions of higher education, any recognized national athletic organization for secondary schools, or any recognized State Athletic organization for such schools or institutions. But if more than one code applies to any such contest, the Secretary shall designate as applicable to such contest the code which assures the greatest protection of the safety or health of the affected participants.

Definitions

The Athletic Safety Act amendment to OSHA defines an athletic contest as (A) an athletic game, meet, bout, match, or similar physical competitive meeting between teams or individuals representing at least two secondary schools or at least two institutions of higher education, (B) any practice or other preparation for such a meeting, or (C) any transportation to such a meeting, practice, or preparation provided for any participant of such contest by such school or institution which the participant represents.

The Act defines a participant as any individual (A) who competes in any such meeting against such other institution or school, (B) who is a member of a team that so competes or a member of such team during any practice or preparation for any such meeting, or (C) who is a coach, trainer, manager, or similar supporting individual of such team or individual which competes.

OSHA, as amended by the Athletic Safety Act of 1973, defines and refers to the place of employment as any location where an athletic contest occurs. By the same token, all OSHA stipulations regarding administration, record/keeping, citations, enforcement, judicial review, penalties and workman's compensation, would apply to the situation of student-athletic health and safety in interscholastic and intercollegiate athletic programs. Specific details of these are subject to change, however, pending current oversight hearings before the House subcommittee on education and labor to propose revisions to the original Occupational Safety and Health Act.

Athletic Care Act in the Works

Congressman Dellums proposed the Athletic Safety Act to provide statutory protection against unsafe conditions for participants in interscholastic or intercollegiate athletics programs.

To complement the protection intended

by this Act, he plans to introduce soon "The Athletic Care Act of 1973". This bill, which will be proposed as amendments to the Elementary and Secondary Education Act of 1965 and The Higher Education Act of 1965, will require all schools, colleges and universities receiving aid under the 1965 acts and participating in interscholastic or intercollegiate competition to employ a qualified athletic trainer within eight years from the date of its enactment. If, after the eight-year deadline, a school has failed to employ a qualified teacher-trainer, the Office of Education, empowered to do so under the Athletic Care Act, would prohibit it from participating in interscholastic or intercollegiate competition.

Dellums sees the Athletic Care Act as a legislative solution to a critical problem in school sports, a problem eloquently defined in another context by Dr. L.W. Combs at an A.M.A. conference on sports injuries, November, 1971: "Of the approximately 25,000 high schools in this country, of which about 60% sponsor football programs," he said, "only about 100 schools employ the services of a full-time teacher-athletic trainer. It is unfortunate indeed that the fewest athletic trainers are to be found where the need is greatest."

Objections Anticipated

Supporters of the Athletic Care Act anticipate two areas of opposition to the bill: (1) the lack of adequate qualified personnel to supply enough trainers to fulfill the bill's requirement; and (2) the economic pressure such a requirement would put on the already over-taxed budgets of athletic departments, particularly of smaller schools.

Bobby Gunn, President of the National Athletic Trainers' Association, whose Board of Directors recently voted to endorse the modified bill, is optimistic about turning out enough qualified teacher-athletic trainers within eight years to supply the demand of

all schools having interscholastic or intercollegiate athletics programs. "We are talking about a person who is *primarily* a teacher, then a trainer – but a qualified one," he remarked. There are currently sixteen N.A.T.A.-approved college curricula in the U.S. leading to professional qualification in athletic training, and several other educational programs are under review at this time. All of these programs are geared to produce state-certified secondary school teachers who are qualified athletic trainers as well.

"We are investigating, also, abridged summer programs," he added, "which will enable secondary school teachers and/or coaches to qualify after one or two summers of intensified instruction and practical training."

The new bill may transfer the responsibility for trainer certification from the N.A.T.A. to the Commissioner of Education, speculates N.A.T.A. Executive Director, Otho Davis.

Dellums's aide, Mike Duberstein, sees no cause for economic concern in this respect on the part of school administrators, explaining that the proposed bill would provide federal assistance to train selected personnel for qualification in athletic training.

According to Duberstein, copies of the first draft of The Athletic Care Act are being circulated to school administrators around the country for their comments. The A.M.A.'s Committee on the Medical Aspects of Sports plans to review both Acts and to formulate a position on each at its spring meeting to be held in mid-May.

Athletics officials are encouraged to submit their comments on The Athletic Safety Act of 1973 (H.R. 2575) or The Athletic Care Act to: Mr. Mike Duberstein, c/o Honorable Ronald V. Dellums, Room 1417, Longworth House Office Building, Washington, DC 20515.

How Uncle Sam monitors team sports injuries

by JAY STAFFORD

When it comes to injuries receiving hospital emergency room treatment, team sports are the runaway leader.

According to figures reported in *NEISS News*, a publication of the Food and Drug Administration's Bureau of Product Safety, 17,084 cases treated in the emergency rooms of 119 hospitals surveyed from July 1 to November 30, 1972, involved team sports injuries. Of these total cases, 3,364 were treated in November, 5,355 in October, and 8,095 from July 1 thru September 30, 1972.

The January, 1973 issue of *NEISS News* breaks down the 3,634 team sports injury cases treated in November, 1972 by percentages according to the age and sex of the victims: a total of 88.9% were between the ages of 5 and 24 years (36.8%, ages 5-14; 52.1%, ages 15-24); 90.4% were male; 9.6% female.

Survey Origin

The on-going survey, known as the National Electronic Injury Surveillance System (NEISS), had its origin with the National Commission on Product Safety, which completed its two-year study and investigation in 1970. The Commission found a crucial need for valid, hard data on actual injuries and developed a unique system to meet that need. This system used Touch-tone telephones at 14 hospital emergency rooms to transmit coded data to a central computer each day. The computer printout provided the basis for timely investigations of product-related accidents. When the commission completed its work, the system and selected staff were transferred to the Food and Drug Administration. During the evolution of FDA's product safety functions, studies of the commission's system and FDA's system for injury surveillance laid the groundwork for NEISS, claimed by the FDA to be the world's only statistically valid,

nationally representative system for continuous monitoring of consumer product-related injuries. After operating on a pilot basis for 12 months, NEISS became fully operational on July 1, 1972.

Since then, the FDA's Injury Data and Control Center (IDCC) has expanded its NEISS program to include data from 114 hospital emergency rooms in 30 states comprising a representative sample for the continental United States.

How NEISS Works

The National Electronic Injury Surveillance System's definition of an injury is trauma requiring competent medical care, or resulting in at least one day of restricted activity. Its reports are submitted only on product-related injuries receiving emergency room treatment, an estimated 38 percent of all product-related injuries. Not currently reported by NEISS are those injuries treated in doctors' offices, at home (or in training rooms) and by direct hospital admissions. Statistically valid projections of all data may be made for any given reporting period. Projections can be made with respect to

age and sex of victims as well as to body parts affected; they cannot be applied, however, to any individual hospital, city, county, state, or to injuries not treated in emergency rooms.

When the victim of a product-related injury enters a NEISS hospital emergency room, the NEISS operations are set in motion.

(1) The emergency room admissions clerk records information on consumer products associated with the injury, along with answers to routine questions. (2) Emergency room records are completed to show diagnosis, body part affected, and disposition. (3-4) Each day, a trained hospital coder fills out code sheets in computer language. Data on the code sheet for each injury are date, hospital case number, sex and age of victim, diagnosis and body part affected, disposition, product associated, involvement of a second product, and location or type of accident. (5) The hospital terminal accepts the coder's typed information from the code sheet and stores it on tape ready for transmission. (6) The central computer queries all of the 119 hospital terminals each night during hours when line usage is low. (7) A daily injury register prepared by

the computer includes a summary and detailed case printouts. (8) The IDCC staff reviews the register each morning and determines the need for investigation of specific cases. (9) Field investigators contact the emergency room concerned and request permission for an interview with the victim or the family. (10) The injury investigation report describes not only the sequence of events but also characteristics of the victim, the environment, and the product, including brand name and product model and serial numbers when available. (11) The IDCC staff evaluates the report and makes recommendations.

Crude Rate & Mean Severity

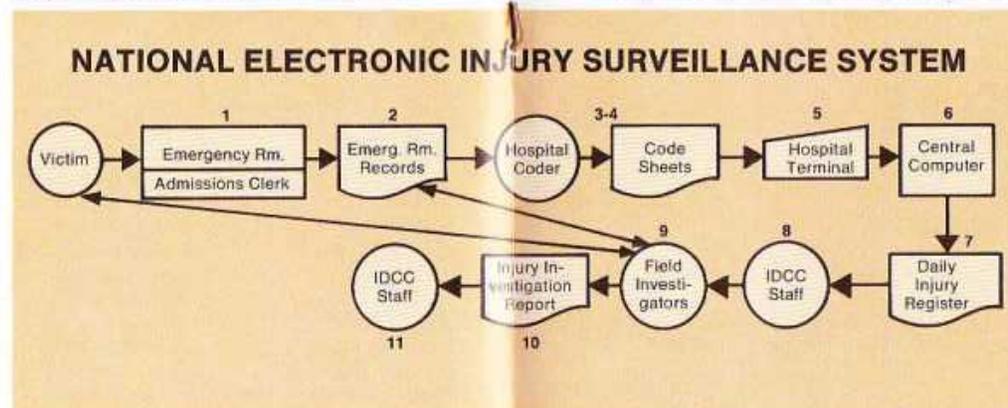
Team sports lead the list in crude rate, a projection of the number of injuries per 100,000 product-related emergency room treatments, during November, 1972. The rate per 100,000 November emergency room treatments for team sports injuries was 79.95, double that of the second highest rate involving stairs and railings-related accidents.

Conversely, team sports injuries have a very low Mean Severity Index, 23, used by the Bureau of Product Safety to set priorities for special investigations and studies. Both severity and frequency of injuries are involved in the computations. A high number indicates more serious injuries, on the average, than a low number.

NEISS Program Growing

With NEISS already recognized as the most important epidemiological program in the field of product safety, it will be expanded to cover a broader spectrum of injury patterns. Plans include adding data from doctors' offices, clinics, hospital inpatient admissions, household surveys, and other sources such as death certificate records of fatal injuries.

Requests for inclusion on the *NEISS News* mailing list should be directed to: USDHEW, Food and Drug Administration, Bureau of Product Safety, 5401 Westbard Avenue, Bethesda, MD 20016.



KENDALL

27:1 / September-October, 1972

SPORTS TRAIL®

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**HOW
SAFE
ARE
SCHOOL
SPORTS?**



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Kendall Sports Trail is published bi-monthly by The Kendall Company, Sports Division, 20 Walnut Street, Wellesley Hills, Massachusetts 02181, for those involved in all aspects of school & college athletic department administration. Third Class Postage paid at Rowley, Mass. Editorial content may not be reproduced without permission.

Sixty-four percent – better than six in ten – of those who go out for high school sports sustain injuries.*

WHY AREN'T SCHOOL SPORTS SAFER?

by John S. O'Neill

One very significant reason for so many injuries among high school athletes has to be the lack of adequate training room programs for student-athlete health and safety at the secondary school level.

To find out just how significant it might be, *Kendall Sports Trail* conducted a poll of secondary school athletic directors, asking twenty-one relevant questions about their departments' training room programs.

Survey Profile

The vast majority of the 450 secondary school athletic directors who responded represented public schools, 59% of which were of less than a thousand enrollment, and located in cities and towns of less than 25,000 inhabitants.

*Letterman Magazine Poll No. 4, November, 1971.

Chart 1: School Affiliation (Base: 450)

Public	87%
Private	7%
Church-Related	6%

Geographically, 40% of the replies came from the North Central states; 20%, from the Eastern Seaboard; 15%, from the Far West; and 10%, from the South Central states.

Schools With Training Rooms

Surprisingly, reflecting on the high ratio of injuries to participants, two-thirds of the athletic directors polled head departments having training room facilities; 87% of these are public schools; 5%, private; and 8% church-related. Two-thirds of the public schools surveyed have an athletic training room. The ratio climbs significantly for private and church-related schools: 73% and 82%, respectively.

Predictably, larger schools show the higher percentage of training rooms: 80% for schools of a thousand or more enrollment; 70% for schools of five hundred to a thousand enrollment; and 53%, for schools of less than five hundred enrollment.

How They Are Used

Seventy-eight percent of the schools polled as having training rooms use them for their varsity sports programs; 73%, for junior varsity. Use diminishes markedly for physical education programs and intramural programs: 56% and 31%, respectively.

Basketball ranks as the sport for which most of the training rooms are used; track and football run a close second. Two-thirds are used for baseball; and about half for field sports and wrestling. All others, including soccer, cross-country, tennis, ice hockey, golf, gymnastics, and girls' sports, don't fare nearly as well.

Chart 2: Use by Sport (Base: 297)

Basketball	81%
Track	78%
Football	77%
Baseball	67%
Field	52%
Wrestling	50%
Other	43%

Reason For No Training Room

One-third of the schools surveyed gave two fundamental reasons for not having an athletic training room: (1) there is no room in



or near the athletic department which can be properly outfitted as a training room, and/or (2) they have no money to establish and maintain such a room.

Thirteen percent of those schools without a training room of their own have access to a nearby training room facility, usually connected with a college or university athletic department. Including this 13%, a total of 70% of the schools polled have the use of an athletic training room, theirs or another.

Reasons For So Many Injuries

If so many of the schools surveyed have the use of an athletic training room, why are so many high school student-athletes getting hurt?

1. Too Few Certified Trainers

It takes more than a training room facility to make a training room program. It takes a skilled para-medical, educated to accept and fulfill the responsibilities of competent medical supervision of a high school athletic program.

Our survey found that only 6% of all the schools polled, and 11% of the schools polled as having a training room, employ a certified athletic trainer as a member of their staff. More than half of the athletic directors who have no certified trainer on their staff named lack of funds as the primary reason. A third of the athletic directors declined to say why so important a member of any athletic staff is not on theirs.

In place of the certified athletic trainer, 87% of those schools who do not employ one delegate the responsibility for student-athlete health and safety to one of the coaches who does the best he can under the circumstances, but has little knowledge, education and experience in the area of medical supervision. In 56% of the cases, the coach is fortunate enough to have a student trainer assisting him in fulfilling these responsibilities; still, their combined para-medical knowledge and experience cannot compare with that of a certified, professional athletic trainer.

Nowadays, high school trainers are not a luxury, but a necessity; and college curricula, sanctioned by the National Athletic Trainers Association, are providing dedicated young men with the education and the experience to become certified secondary school teachers and athletic trainers. In addition to his studies in education and the major area in which he wishes to teach, the student-trainer's course-work includes anatomy, physiology, physiology of exercise, kinesiology, psychology, first aid and safety, nutrition, remedial exercise, personal hygiene, basic athletic training, and

techniques of athletic training. Requirements for certification by the N.A.T.A. demand, also, that each student trainer complete a minimum of two years' internship in practical athletic training at the college level under the close supervision of a certified athletic trainer.

To date, the N.A.T.A. has approved eight college undergraduate curricula in athletic training which meet or surpass their standards:

California

CALIFORNIA STATE COLLEGE, Long Beach. Contact: Daniel D. Arnheim, Ph.D., Physical Education Department, California State College, Long Beach, California 90801.

Indiana

INDIANA STATE UNIVERSITY. Contact: Mel Blickestaff, School of Health, Physical Education and Recreation, Indiana State University, Terre Haute, Indiana 47809.

PURDUE UNIVERSITY. Contact: William E. Newell, Basketball Arena, Purdue University, West LaFayette, Indiana 47907.

Minnesota

MANKATO STATE COLLEGE. Contact: Gordon L. Graham, Athletic Trainer, Athletic Department, Mankato State College, Mankato, Minnesota 56001.

Montana

UNIVERSITY OF MONTANA. Contact: Walter C. Schwank, Chairman Department of Health, Physical Education and Recreation, University of Montana, Missoula, Montana 59801.

New Mexico

UNIVERSITY OF NEW MEXICO. Contact: L.F. "Tow" Diehm, Athletic Trainer, Department of Intercollegiate Athletics, University of New Mexico, Albuquerque, New Mexico 87106.

Pennsylvania

WEST CHESTER STATE COLLEGE. Contact: P.B. Donnelly, Athletic Trainer, School of Health, and Physical Education, West Chester State College, West Chester, Pennsylvania 19380.

Texas

LAMAR STATE UNIVERSITY. Contact: Paul Zeek, Athletic Trainer, Department of Intercollegiate Athletics, Lamar Tech Station, Box 10066, Lamar State University, Beaumont, Texas 77705.

In addition to fostering collegiate educational programs to make professional athletic trainers available to high schools, the medically recognized National Athletic Trainers Association conducts a national certification examination to maintain standards within the profession.

Athletic directors or school officials interested in the availability of a qualified teacher-trainer for their staffs will find the N.A.T.A.'s placement service very helpful. Job vacancies and inquiries should be submitted to the N.A.T.A. placement service committee chairman, Mr. Alan Hart, Head Athletic Trainer, Ohio State University, Department of Athletics, 410 W. Woodruff, Columbus, Ohio 43210; phone: 614-422-1164.

Recently, Kendall Sports, in cooperation with the National Athletic Trainers Association, produced a 29-minute, sound, color motion picture, "The Absent Link", which dramatizes the need for an athletic trainer, and depicts his role in high school student-athlete health and safety. Those wishing to obtain this film on a free loan basis for showing to school board members, interested parents and civic groups may do so by mailing the coupon on page 15 to the closest Modern Film Library.

2. Too Few Team Physicians

Another critical reason for the high ratio of athletic injuries at the high school level is that less than half of all the schools surveyed have a team physician who attends all of their home games; and only 29% have one on call during home games.

Athletic directors whose teams are without the services of an athletic trainer or attending team physician would do well to scout a local M.D. or osteopath interested in sports and the health and safety of young students. Since most doctors fill these requirements, the search may not be as difficult as one might imagine. A good source for referrals are the members of the Committee on Sports Medicine of your state's medical association.

3. Inadequate Training Rooms

A third important factor in the high incidence of high school athletic injuries is the admitted inadequacy of 43% of the existing training room facilities surveyed.

Extremely limited space and lack of proper equipment are given as the major reasons for the inadequacies.

Funding: The Ultimate Problem

Ultimately, these problems — lack of or inadequate training room facilities and lack of a certified athletic trainer — boil down to inadequate training room program funding. In 45% of the schools polled, the annual budget for athletic training is less than a thousand dollars; in 26%, less than five hundred dollars. Thirty-nine percent of the athletic directors declined to disclose their current annual expenditures on student-athlete health and safety.

Defining the present value of their training room facility with its equipment and

inventory, 29% of the athletic directors surveyed valued it at less than a thousand dollars; 15%, at between one and two thousand dollars; and 17%, at more than two thousand dollars. Again, 39% declined to disclose the monetary worth of their training rooms.

In an effort to keep costs down, nearly half of the schools polled have furnished their training rooms with some home or shop-made equipment. Equipment bought used makes up some of the furnishing in 18% of the training rooms, and 18% were fortunate enough to have a portion of their equipment donated. Two-thirds of the training rooms surveyed boast some new equipment; half of these have at least 75% of their furnishings bought new.

Chart 3: Training Room Furnishings (Base: 297)

	1-25%	26-50%	51-75%	76-100%
Home Made	20%	15%	4%	8%
New	7%	17%	8%	36%
Used	12%	4%	1%	1%
Donated	13%	3%	—	2%

The big problem in funding a high school athletic training room program is the method of funding itself. Funds for 77% of the training room programs surveyed are derived from the athletic department's annual budget. The remaining programs are funded independently by means of booster or touchdown clubs, student fundraising drives, gate receipts, alumni contributions, and the like.

With increasing pressures on school administrators to trim expenses, athletic department budgets are frequently pared to bare minimum. If the training room program depends on the severely reduced general administrative budget for its sustenance, in most cases, it will surely founder unless the school administration and the athletic director are highly motivated about student-athlete health and safety.

A more dependable method would be to budget for a training room program, based upon an independent means of fund raising; and to plan, and construct or remodel a training room facility with its necessary furnishings and supplies within that annual budget.

How do you go about it? We asked the six knowledgeable and experienced trainers who make up our Bike Training Room Foundation Board of Directors (see pages 8 & 9) the same question. Their interesting and informative answers will appear in "How to Plan a Training Room on a Budget" in our November-December issue.

SPORTS MEDICINE CHEST



Some like it cold!

Discussing current techniques for rehabilitating athletes, Dr. Donald J. Erickson of the Mayo Clinic notes recent interest in using cold instead of heat in the treatment of various musculoskeletal conditions. The favored technique, he says, is to apply ice directly to the skin by massage or by immersing accessible joint areas (ankles, feet, wrist, hands) in ice water.

After ice massage for five to seven minutes or immersion for one minute, exercise is given. (Small cylinders of ice are made by freezing water in small cans or paper cups. The exercise as described is active only through the pain-free range.)

"In addition to altering the local circulation," explains Dr. Erickson, "changes in the temperature of the skin and subcutaneous tissue may decrease the sensitivity of the muscle spindles to stretch. Also, the end-organs in the tendons fire more slowly when cooled. There is no evidence," he says, "that cooling produces vasoconstriction in muscle."

Studies during and after treatment show a decrease of 17-19°C. in iced skin and a decrease in subcutaneous temperature of an average of 12°C. after five minutes of exposure. Numbness and anesthesia were noted four minutes after the start of icing, persisting up to three hours (with an average of one hour).

"There are many clinical reports," says Dr. Erickson, "indicating the effectiveness of this form of treatment in the care of athletic injuries. Many trainers have noted that, when mobilization of a joint is required and there is spasm of the muscles, it seems preferable to precede exercise with the local application of cold rather than heat."

by Mike Michaelson

The Mayo clinician cautions, however, that "more carefully controlled clinical studies will be needed to evaluate accurately this method of physical therapy."

Hot, humid, and deadly

During the past 10 years, there have been 46 heat stroke deaths in American football — second only to head injuries as the largest cause of death.

Yet, with proper precautions, many such tragedies could be avoided, says Robert J. Murphy, M.D., team physician at Ohio State University. One important safeguard, he says, is the availability at all times on the practice field of large quantities of water. Dr. Murphy also recommends the use of lightweight, loose-fitting clothing, proper acclimatization, avoidance of salt tablets unless accompanied by large amounts of water, and the ability of each school to measure heat and humidity (wet bulb temperature) so that practice can be postponed when conditions are unfavorable.

If, despite these precautions, heat stroke should occur, it should be treated as a true medical emergency, says Dr. Murphy. "Minutes are precious in preventing deaths," he points out, noting that the purpose of emergency first aid management is to lower the body temperature.

"Those players who lapse into unconsciousness," Dr. Murphy notes, "have a dry, very hot skin with a rising temperature." An ambulance should be summoned immediately, he says, and an attempt made to cool the body while awaiting medical assistance. This could include removal of clothing, application of cold cloths, immersion in a cold tub, fanning with towels, or rubbing the extremities with ice.

TRAINING ROOM FOUNDATION
BIKE®
BOARD OF DIRECTORS
1972-73

Bob Behnke

Bob brings academic excellence and a broad range of practical athletic training experience to the BTRF. In the past eleven years, he has served as trainer for two Illinois high schools, a semi-pro football club, and two Illinois state universities. He begins his fifth year as head trainer for the University of Illinois this season. Having completed his course work on his doctorate degree, Bob is currently working on his doctoral dissertation entitled: "An Evaluation Instrument for the Health & Safety Aspects of Secondary School Athletic Programs." He has conducted and appeared at numerous training clinics, and has authored several articles on the use of cold in the care of athletic injuries.



Larry Chace

A unique combination of pro team trainer and school administrator, Larry is a valuable asset to this year's BTRF Board of



Directors. He started his career in athletic training as a student trainer while attending the University of Colorado. On receiving his M.A. in education in 1959, Larry joined the Calgary Stampeder Football Club of the Canadian Football League as head trainer, and is now in his fourteenth season with them. Since 1960, he has been employed also, by the Calgary School Board as a teacher-counsellor, and is presently the assistant principal of a Calgary junior high school. Out of Larry's dual career came a 30-hour student trainers' course, which he instituted under the

sponsorship of the Adult Education Division and the Directors of Athletics of the Calgary Public School System.

Jim Goosetree

Jim, head trainer for all sports at the University of Alabama, came to athletic train-



ing at Alabama from a coaching position at Clarksville (Tenn.) High School fifteen years ago. He served as head trainer for the South team in the Senior Bowl from 1958 through 1970, and in 1960 he was head trainer at The Blue-Gray game. Jim holds a Master's degree from the University of Tennessee.

Bill Linskey

With all due respect, Bill, who started as a student trainer back in '32, is the "old pro" of this year's BTRF board. Since his first head trainer assignment in 1937, Bill has served at all levels of competition - high school, college, Olympic, and pro. For the past 26 years, he has been head trainer for The City of Cambridge (Mass.) Schools, and has been licensed by Massachusetts as a registered physical therapist since 1960. He is an active member of the National and



Eastern Athletic Trainers associations and The American College of Sports Medicine, and in 1962 he was named to the Helms Athletic Foundation Hall of Fame.

Jack Ward

Jack, a Registered Physical Therapist, has been head trainer at the University of

Southern California, Los Angeles, for twelve years. He began his career in athletic training nineteen years ago as a student trainer at the University of Nebraska, then went for his R.P.T. at the Herman Hospital School of Physical Therapy, Houston, before joining the USC staff as assistant trainer. Jack has been host trainer for the eastern NFL All-Pro team ever since he became head trainer at USC, and served on the summer training staff for The San Diego Chargers from 1960 to 1966. He is an active



member of the National Athletic Trainers Association and the American Physical Therapy Association.

Logan Wood

Logan is an exemplary solution to our nation's school systems' needs in terms of secondary school student-athlete health and safety programs. As head athletic



trainer of the Houston Independent School District for the past nine years, he is acutely aware of the need of secondary schools for adequate training room programs headed by certified athletic trainers. And, as Chairman of the Texas State Board of Athletic Trainers, which is responsible for the licensing of all practicing trainers in Texas, he is well-versed in what may soon become a legal requirement for athletic trainers in many more states. Logan, a very active member of the National and the Southwest Athletic Trainers Associations, frequently lectures on many aspects of athletic training.

Smith gains i

More full-time trainers needed for high schools

WASHINGTON — There is increasing concern over the way America cares for her athletes, especially at the high school level.

Of the nearly 15,000 high schools in the United States with football programs, involving more than 800,000 players, only about 100 have full-time trainers.

A recent study indicates that one of every two boys playing football suffers an injury and that 50 per cent of these injuries are preventable when supervision is placed in properly skilled hands.

"Many times here in Washington you have coaches and athletic directors trying to treat broken legs and separated shoulders," said one athletic director. "There aren't any provisions for trainers; the finances won't allow it. The only time doctors are available is for a game, and many times they don't show up."

Nationally, the situation is depressing enough for the executive secretary of the American College of Sports Medicine (ACSM) to call for "drastic improvement" and for a California congressman to consider legislation that would establish and enforce certain health standards.

Rep. Ronald V. Dellums

(D-Calif.) already has a draft of a bill amending the Occupational Health and Safety Act (OHSA) of 1970 to include "athletes participating in contests at the secondary and collegiate level."

There is precedent, Dellums believes, for the collegiate portion because courts in California and Colorado ruled that an employer-employee relationship existed when football players applied for workmen's compensation. The fact that public funds are involved would justify the high school portion, a Dellums aide said.

The colleges, high schools and many doctors vigorously oppose the government extending its large, often cumbersome hand even deeper into what they believe are individual matters.

The schools argue that the cost of meeting these standards would drive the minor sports into extinction, at the least, and that the government might some day regulate the rules of the major sports.

"The net (of medical information) is thrown pretty wide now," said Dr. Alan Ryan of the University of Wisconsin, adding that the average number of football deaths in high school and

college each year (20 to 22) probably would not decrease no matter how strict the standards.

In high schools the death rate is 1.7 for every 100,000 players.

"If you made it mandatory to have a doctor and an ambulance at each high school football game, which seems reasonable, there'd be an awful lot of non-athletes not getting any care Friday nights and Saturday afternoons," said Don Hermann, executive secretary of the Sports Medicine College.

"Up here (in Wisconsin) there just aren't enough doctors to go around. But I officiate games, and am shocked with the lack of medical attention at times," he said.

It is keeping relatively minor injuries from getting worse and exercising caution, especially during hot, humid periods, that is of the most concern. There are an estimated 40,000 knee injuries that require surgery each year.

"What happens sometimes is that money is appropriated to hire a trainer and another assistant coach is hired instead," said Otto Davis of the Baltimore Colts, executive director of the National Athletic Trainers Association (NATA).

Of the 2,000 members of the NATA, Davis said, only about 800 are certified, meaning they have received a college degree, been in the profession at least two years and passed an exam. Many of the remainder are students.

"What we're pushing is to hire persons qualified as trainers to be faculty members," said Clifford B. Nagan, executive secretary of the National Education

Of the 2,000 members of the NATA, Davis said, only about 800 are certified, meaning they have received a college degree, been in the profession at least two years and passed an exam. Many of the remainder are students.

"What we're pushing is to hire persons qualified as trainers to be faculty members," said Clifford B. Pagan, executive secretary of the National Federation of State High School Associations (NFSHA) after admitting athletic health care nationally is "not adequate."

"If the educators could hire a trainer who could teach, the same as a coach who teaches, I think they'd buy it," he said.

Frank Bolden, in charge of splitting athletic funds among the 15 schools, would support national legislation "if there were additional funds attached." He said he tried to get representatives from each school to attend a training course at George Washington University recently but was unable to raise enough money.

The situation seems much less serious at college level, although North Carolina discovered "inadequate staffing" during an investigation after the death of a football player last fall.

"While it may be true that the situation on this campus does not differ drastically from that found in other major universities, specific deficiencies have been identified and need correction," a faculty committee reported.

Although in the distinct minority, Davis said he might support national legislation.

"Sometimes the government's getting involved is a necessity," he said. "Educators have to be educated. Until it strikes home, they won't believe they have to spend the money."

"Everyone says 'it'll never happen to me,' but sooner or later it will. I used to live in constant fear of a fractured neck and it eventually happened. Thank God the boy's all right now."

"I guess if you stay in the business long enough, someone's going to die on you, although you hope not. All you can do is take proper precautions. You do that and you can sleep pretty good at night."

May 11, 1973

Glen A. Almquist, M.D.
1125 E. 17th Street, Suite N - 360
Santa Ana, California 92701

Dear Dr. Almquist,

A short note of sincere appreciation for your fine letter to our District 8 Director, Lew Crowl.

We need all of the advice and assistance we can get. We know, as you do, that the proposed legislation leaves a lot to be desired, and will require a tremendous effort by trainers, M.D.'s, coaches, and administrators to make it workable. But it is a start.

Even if we temporarily fail in this effort we should gain in knowledge of our strong and weak points and have better direction in the future.

Dr. Almquist, again I thank you. We certainly ask your help. We believe that this is a progressive step for Athletic Training and for the welfare of all athletes.

Sincerely,

Bobby Gunn, President

National Athletic Trainers Assn.

cc: Lewis C. Crowl

BG:ger

C
O
P
Y

Glen A. Almquist, M.D.

SPORTS MEDICINE

ORTHOPEDIC SURGERY

1125 EAST 17TH STREET · SUITE N 360

Santa Ana, California 92701

TELEPHONE 541-5271

May 2, 1973

National Athletic Trainers Association
District #8
Lewis C. Crowl
5207 J. Street
Sacramento, California 95827

Dear Mister Crowl:

I have just received from president Bobby Gunn the letter concerning the amendment to the Elementary and Secondary Education Act of 1965, section 812, that we feel that our commission should educate and instruct in the employment of a professional athletic trainer for the secondary schools and higher.

Needless to say, as an orthopedic surgeon extremely interested in sports medicine, I feel this Bill is probably one of the best things that has happened to secondary school athletics in the past twenty-five years. There is no question of the need for skilled professional athletic trainers, full time, in each secondary school would not only enhance the athletic program, hopefully diminish athletic injuries, but also increase the enjoyment and skill of the participant.

If there is anything that I can do in my area to help enhance this Bill, please feel free to call on me as I have been telling all the high school coaches here in Orange County, California that a high school trainer is as essential as the head coach, and especially as essential as the team physician.

My interest in sports medicine began as an undergraduate at UCLA where I participated in football for three years and from my scholarships worked with Ducky Drake in the athletic training room, and graduating from there with a degree in physician education, I continued my education in medical school and finished my residency training in orthopedics last July. Since my internship year, which was five years ago, I have been a member of the

National Athletic Trainers Association and have had under my guidance two high school for which I have been the team doctor. At the present time I now have five schools that I am the team physician for and each school, I am happy to say, does have an athletic trainer. Two of the schools are paid from the school district themselves, the other three schools we raise the money, do the physical examinations, etc., and pay the trainer. We have been trying to send our trainers to as many teaching courses as possible, then we all get together and discuss the various modalities of athletic training per se as I see it. I have also for the last five years worked with Dr. Paul Woodward for the San Diego Chargers in their summer camp here and have traveled with the team as their secondary doctor over these years. In all of these past experiences I have seen and have been greatly enthusiastic for increased education and importance to be given to the trainer.

Here in Orange County, California the first Sports Conditioning and Rehabilitation Clinic is now open where we are doing year 'round athletic conditioning of the athlete and specific rehabilitation of their injuries. This combined with a well educated and skilled athletic trainer I feel should greatly decrease the minor athletic injuries that hamper athletic performance.

In the long run, I feel an athletic trainer on a full time basis with the criteria for education as outlined by the commission will be much more valuable to a high school than a "part time" team physician. Here in Orange County only the varsity games are by law attended by physicians while the junior varsity, freshman and sophomore teams are unattended. Again, a full time trainer would be of greater value than the physician on these fields.

I am sure that all of the physicians in the United States that are directly and meaningfully involved in sports medicine will back this Bill. What little I can do to help, please feel free to call upon me. Those people that I can contact that may help this politically I will be glad to do so, and again let me thank all of you for making that part of athletics that is negative - i. e., sports injuries - less a problem with each passing year.

Sincerely yours,



Glen A. Almquist, M. D.

GAA:kd

cc: President, Bobby Gunn

National ATHLETIC TRAINERS ASSOCIATION

PRESIDENT
BOBBY GUNN
Houston Oilers
P. O. Box 1516
Houston, Texas 77001
Phone (713) 748-2780

May 31, 1973

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Phone (301) 685-6400

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Phone (317) 447-6025

Mr. Richard W. Redfearn
College of Osteopathic Medicine
Department of Biomechanics
East Fee Hall
Michigan State University
East Lansing, Michigan 48823

Dear Sir,

Thank you for your very informative letter of May 2. Please pardon my tardiness in answering but it seems that professional football has become a twelve month sport. We have had two try-out camps (one in Florida, one in Texas), two full squad three day camps in Houston, and two weeks of two-a-day workouts for about thirty select players, all in the past month and a half.

Your proposed Office of Athletic Medicine is very exciting and could establish a precedent that will be copied throughout the United States. Just the research possibilities alone are of tremendous import.

We in N.A.T.A. would be most grateful to receive the results of your initial study and survey, and any follow-up.

Again, may I thank you for including us in your thoughts, and through your efforts helping make athletics safer and more meaningful for our young people.

Sincerely,

Robert H. Gunn, President
National Athletic Trainers Association.

BG:vs

CC: Otho Davis
Philadelphia Eagles
Veterans Stadium
Broad & Pattison Ave.
Philadelphia, Pa. 19148

1973 Annual Meeting - Atlanta, Georgia
Sheraton-New Biltmore Hotel, June 10, 11, 12, 13

COLLEGE OF OSTEOPATHIC MEDICINE • EAST FEE HALL
DEPARTMENT OF BIOMECHANICS

May 2, 1973

Mr. Bobby Gunn, President
National Athletic Trainers Association
Houston Oilers Professional Football Club
P.O. Box 1516
Houston, Texas 77001

Ans -
5-30-73

Dear Mr. Gunn:

I am in receipt of your letter to the N.A.T.A. membership regarding the proposed amendment to the Elementary and Secondary Education Act of 1965 for "Employment of Athletic Trainers". I am very pleased to see that the subject is pending legislative action in the 93rd Congress.

It would appear that the N.A.T.A. action parallels, in some respects, the efforts of several individuals at Michigan State University to establish an Office of Athletic Medicine. One of the prime intentions of this office will be to stress the importance of athletic trainers in the Michigan high schools.

A basic document will be used for planning future educational, research and service functions of an Office of Athletic Medicine. It will be a report on the existing conditions in the Michigan high schools. It is my task, as a member of the Department of Biomechanics, to survey the membership of the Michigan High School Athletic Association in regard to the health care capabilities and athletic injury contingency plans. This will encompass the physicians role; physicals and on site medical treatment, the trainers practice of education of student-athletes, physical training programs and episodic treatment, and the physical therapist's methods of rehabilitation of injured athletes.

The survey has been put in grant proposal form and submitted to the National Institute of Education for funding monies. Should the grant be allowed by N.I.E., we will approach all 709 of the public, private and parochial secondary schools that form the membership of M.H.S.A.A. If the alternative occurs, no funding, we will stratify sample 75 high schools from each of the four classes; A,B,C, and D, for a total of 300. We feel a sum involvement of schools would be optimal, but much of the information we are after can be obtained by the second method of research.

AIR FORCE ACADEMY
UNITED STATES AIR FORCE ACADEMY



ATHLETIC ASSOCIATION
USAF ACADEMY, COLORADO 80840

May 2, 1973

Dear Mr. Gunn:

I have been receiving the material from Otho Davis on all 10 Districts. Thanks a lot for all your help.

I would like if possible to receive some additional copies of your letter and The Bill to Congress for the employment of certified athletic trainers. I feel I can contribute to the cause of letting Congress know of the Bill. My Dad, in Brenham, Texas, is Editor of the newspaper there and I believe he can give us some help, both by the news media and also in Congress. So, if at all possible, I would appreciate this material. I feel this is what we need and I am willing to help 110 %.

I still am looking for a job and hope to land one soon.

Thanks again for all your help and I will be waiting for the material to help the cause of the certified athletic trainer.

Sincerely,

Michael O'Shea

Michael O'Shea
Certified Athletic Trainer
Athletic Dept. (AHM)
USAF Academy

~~ask O to send
some extra copies to Mike~~

Ans. 5-9-73

Mr. Dellums

A B I L L

To require educational institutions engaged in interscholastic athletic competition to employ qualified athletic trainers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Athletic Care Act".

Sec. 2. The Elementary and Secondary Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 812. (a) The Commissioner shall issue regulations requiring that, within such period (not longer than eight years) as the Commissioner may prescribe, each local educational agency, and any other educational agency, which controls an elementary or secondary school which engages in or sponsors interscholastic athletic competition must maintain in employment at each such school at least one athletic trainer certified by the Commissioner under subsection (c).

"(b) No elementary or secondary school shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No local educational agency or other educational agency which violates the preceding sentence shall be eligible for a grant under this Act or under title I of the Elementary and Secondary Education Act of 1965 for the fiscal year following the fiscal year during which the violation occurred.

"(c) The Commissioner shall carry out a program of certifying persons as athletic trainers. He may certify a person as an athletic trainer only if he determines such person is qualified to carry out the practice of prevention, care, and/or physical rehabilitation of injuries incurred by athletes, and--

"(1) has met the athletic training curriculum requirements of an institution of higher education approved by the National Athletic Trainers Association and given proof of graduation, or

"(2) was, on the date of enactment of this section a member in good standing of the National Athletic Trainers Association, but the Commissioner may require periodic recertification of such persons, or

"(3) holds a degree in physical therapy or corrective therapy with at least a minor concentration, in physical education or health which included a basic athletic training course, and has spent at least two academic years working under the direct supervision of an athletic trainer, certified by the National Athletic Trainers Association, or

"(4) has completed at least four years beyond the secondary school level, as an undergraduate or graduate student, as an apprentice athletic trainer under the direct supervision of an athletic trainer certified under this section. These periods of supervision must be consecutive, periods of military service excepted."

Sec. 2. The Higher Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 1207. (a) The Commissioner shall issue regulations requiring each institution of higher education which engages in or sponsors interscholastic athletic competition to employ at least one athletic trainer certified by the Commissioner under subsection (c) of section 812 of the Elementary and Secondary Education Act of 1965 within such period (not longer than eight years) as the Commissioner may prescribe.

"(b) No institution of higher education shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No institution of higher education which violates the preceding sentence shall be eligible for a grant under this Act for the fiscal year following the fiscal year during which the violation occurred."

Sec. 3. Title 5 of the Higher Education Act of 1965 is amended by adding at the end thereof the following new part:

"Part G--Training Programs For Athletic Trainers

"Sec. 561. (a) The Commissioner shall formulate and carry out a program for making grants to institutions of higher education to assist them in meeting the costs of establishing and maintaining programs to provide the education and training necessary to qualify persons for certification under section 812(c) of the Elementary and Secondary Education Act of 1965. Such programs shall be so designed as to assure that there will be available certified athletic trainers in sufficient numbers to meet the requirements imposed by section 812(a) of such Act.

"(b) There is authorized to be appropriated, in addition to the amounts authorized to be appropriated by section 501, such amounts as may be necessary to enable the Commissioner to make the grants provided for in this section."

Longworth Bldg.
Rm 1417.

Mike Duberstein - Adm. Asst to Rep. Ronald V. Dellums. (will author bill) possibly as addendum to an existing educ. law.

No. of Secondary schools (High Schools) that are participating in sports (organized).

Bill will follow Texas Law

★ George S. Skinner - ^{Asst. Council - House of Representatives} House Legislative Council
KEY MAN IN WRITING LEGISLATION.

Sanctions - loss of funds, loss of accreditation, loss of participation capabilities.

HOW COULD THIS BE ENFORCED - poss. by state methods - probation from participation.

Lloyd Beaton } make aware of Texas Law
Jack Brooks }
Houston area legislator - ?

CONTACT
WHEN HAVE
PILOT COPY OF
BILL

Dellums Act. 2nd Bd Meeting
June 12, 1973

Dist. 1 - For, with modifications

Dist. 2 - For, with modifications

Dist. 3 - For, with modifications

Dist. 4 - For, with modifications

Dist. 5 - For, with modifications

Dist. 6 - For, with modifications.

Dist. 7 - For, with modifications

Dist. 8 - For, with modifications

Dist. 9 - 100% against Bill

Dist. 10 - For, with modifications

Form suggested by Rep. Dellums
office for circulation.

Dear Mr. _____

As an athletic trainer at _____ in your congressional District, I want to share my concern with you over the need for more qualified trainers in our community's schools.

Each year I treat hundreds of young athletes, but unfortunately, there are both too few qualified trainers and too few school systems willing to secure the services of qualified trainers. The result is that thousands of young Americans suffer needless --often crippling and ruinous--injury while participating in athletic competition.

For the past year, the National Athletic Trainers Association has worked with Rep. Ronald V. Dellums of California to develop federal legislation which would require all schools engaging in interschool athletic competition to employ certified trainers within an eight year period. This bill, H.R. 7795--"The Athletic Care Act", also provides assistance to schools for the education and training of athletic trainers.

I urge you to join Mr. Dellums as a sponsor of this important legislation, and I hope to receive your views on this issue.

Thank you very much.

National ATHLETIC TRAINERS ASSOCIATION

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Houston Oilers
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Houston, Texas 77001
Phone (713) 748-2780

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MRS. HARRIETT FRANKLIN
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Lafayette, Ind. 47904
Phone (317) 447-6025

Dear Fellow Trainer:

This letter accompanies probably the most important piece of literature you, as an athletic trainer, will receive during your entire career. We cannot overemphasize the importance of this proposed Bill to your future as a recognized professional man.

Many people, including Mr. Mike Duberstein, the Hon. Ronald Dellums, and Mr. Otho Davis, have done a tremendous job of formulating this Bill. It is now our job and duty to do everything in our power to enlighten our Senators and Representatives, our medical doctors, our school administrators, the parents of our athletes, and the general public as to the need for a Bill such as this. We must contact and talk with our local Congressmen. Show them our brochure on the Athletic Trainer; show them the proposed Bill; convince them of the need for a national requirement to help insure the quality of the men and women taking care of the thousands of young people engaged in sports activities in our schools. Encourage their active participation by asking that they co-author the Bill upon its presentation to the United States House of Representatives.

Talk with your team physicians. Enlist their active aid in this endeavor. Ask them to contact their local and state Medical Societies or Associations. Convince them of the need for certification and regulation of the Athletic Trainers of the nation, who are the people educated and qualified to carry out their treatment prescriptions and recommendations.

Talk with the parents of your athletes. They should be one of the most influential groups of all, if you can convince them of the need to make their voices heard by their Representatives and Senators. A mother and a father can and will recognize the great necessity for having qualified people looking to the health and welfare of their children.

Contact the sportswriters and radio and T.V. sportscasters in your community. Enlist their aid and support. In this day and time when sports injuries are being highly publicized (many times negatively), information that we are trying to elevate the quality and standards of care for our athletes will be of a very positive nature.

1973 Annual Meeting — Atlanta, Georgia
Sheraton-New Biltmore Hotel, June 10, 11, 12, 13

We need every bit of help we can enlist. We must inform the public of our goals, our standards, and of our ever increasing efforts to provide safe, competent care to the young athletes of our nation. We can insure proper care only if we can guarantee qualified, educated, and professionally dedicated Athletic Trainers.

If you need further information and/or material, notify your District Director or Otho Davis, Executive Director, N.A.T.A., 600 N. Howard Street, Baltimore, Maryland 21201.

The establishment of this law by the Congress of the United States will be a historic step and a "landmark" decision which will effect the growth and development of Athletic Training as a recognized profession throughout the world. It will be the most progressive step to date toward solving the problem of care and treatment of our young people engaged in sports activities.

This Bill will possibly be put before the United States House of Representatives during their current session. So we must not put off our efforts. Go to work immediately. Study the Bill. Study the N.A.T.A. brochure. Talk to people.

If you believe in the work you are doing, and are dedicated to progress and competency in your profession, inform the public. Tell your story to your Legislators. They, as you, are dedicated to serve the public. Ask them to help you do a better job.

Sincerely yours,

NATIONAL ATHLETIC TRAINERS ASSOCIATION

A handwritten signature in blue ink that reads "Bobby Gunn". The signature is written in a cursive, flowing style.

Bobby Gunn, President

A BILL

To require educational institutions engaged in interscholastic athletic competition to employ certified athletic trainers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Athletic Care Act".

Sec. 2. The Elementary and Secondary Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 812. (a) The Commissioner shall issue regulations requiring that, within such period (not longer than eight years) as the Commissioner may prescribe, each local educational agency, and any other educational agency, which controls an elementary or or secondary school which engages in or sponsors interscholastic athletic competition must maintain in employment at each such school at least one person from the profession of athletic training certified by the Commissioner under subsection (c).

"(b) No elementary or secondary school shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No local educational agency or other educational agency which violates the preceding sentence shall be eligible for a grant under this Act or under Title I of the Elementary and Secondary Education Act of 1965 for the fiscal year following the fiscal year during which the violation occurred.

"(c) The Commissioner shall carry out a program of certifying persons as athletic trainers. He may certify a person as an athletic trainer only if he determines such person is qualified to carry out the practice of prevention, care and/or physical rehabilitation of injuries incurred by athletes, and --

"(1) has met the athletic training curriculum requirements of an institution of higher education approved by the National Athletic Trainers Association and given proof of graduation, or

"(2) was, on the date of enactment of this section a certified member in good standing of the National Athletic Trainers Association, but the Commissioner may require periodic recertification of such persons, or

"(3) has completed at least four years beyond the secondary school level, with a minimum of 1800 clock-hours on-the-job training, as an undergraduate or graduate student serving as an apprentice athletic trainer at an institute of higher education not offering a National Athletic Trainers Association approved athletic training curriculum under the direct supervision of an athletic trainer certified under this section. These periods of supervision must be consecutive, periods of military service excepted."

Sec. 3. The Higher Education Act of 1965 is amended by adding at the end thereof the following new section:

"Employment of Athletic Trainers

"Sec. 1207. (a) The Commissioner shall issue regulations requiring each institution of higher education which engages in or sponsors interscholastic athletic competition to employ at least one person from the profession of athletic training certified by the Commissioner under subsection (c) of section 812 of the Elementary and Secondary Education Act of 1965 within such period (not longer than eight years) as the Commissioner may prescribe.

"(b) No institution of higher education shall engage in interscholastic athletic competition while it is not in compliance with the regulations issued under subsection (a). No institution of higher education which violates the preceding sentence shall be eligible for a grant under this Act for the fiscal year following the fiscal year during which the violation occurred."

Sec. 4. Title 5 of the Higher Education Act of 1965 is amended by adding at the end thereof the following new part:

"Part G--Training Programs for Athletic Trainers

"Sec. 561. (a) The Commissioner shall formulate and carry out a program for making grants to institutions of higher education to assist them in meeting the costs of establishing and maintaining programs to provide the education and training necessary to qualify persons for certification under section 812 (c) of the Elementary and Secondary Education Act of 1965. Such programs shall be so designed as to assure that there will be available certified athletic trainers in sufficient numbers to meet the requirements imposed by section 812 (a) of such Act.

"(b) There is authorized to be appropriated, in addition to the amounts authorized to be appropriated by section 501, such amounts as may be necessary to enable the Commissioner to make the grants provided for in this section."

THE
ATHLETIC
TRAINER



MR. MEL BLICKENSTAFF
ATHLETIC TRAINER
INDIANA STATE UNIVERSITY
TERRE HAUTE, INDIANA 47809

PLACE
STAMP
HERE

The National
ATHLETIC TRAINERS
Association



What is Athletic Training?

Athletic Training is an auxiliary function of medicine. It is involved with the prevention and care of injuries associated with competitive athletics. This is done through the:

Preparation and utilization of a program of conditioning for athletes in cooperation with the coaching staff.

Administration of first aid to injured athletes.

Application of devices such as strapping, bandaging or braces designed to prevent or protect against injury.

Administration of therapeutic modalities and techniques under the direction of the Team Physician.

Development and supervision of rehabilitation programs for injured athletes under the direction of the Team Physician.

Proper selection, care and fitting of equipment in cooperation with the coaching and equipment staffs.

Supervision of all training menus and diets.

Supervision of the safety factors involved with all athletic playing areas by insuring that all undue hazards are eliminated.

Why is Athletic Training Important?

Sports, by their very nature, invite injury. The all-out effort required, the speed of movement, throwing and striking of missiles and the rapid change of direction are among the hazards inherent in sports activities. These are the hazards that are responsible for the various injuries suffered by athletes.

There is no comprehensive estimate of the number of athletes injured annually in athletic competition. Insurance companies, however, report that tens of thousands of athletes suffer fractures, sprains, strains, abrasions and contusions annually. Statistics also indicate that the annual number of injuries resulting from athletic competition, especially football, have been increasing steadily.

The blame for this increasing number of athletic injuries does not, however rest with the nature of the activities alone. The increase is also due to the increased participation of youth in the sports programs of today. An example of this involvement is the estimate that more than 810,000 young men in over 14,000 high schools alone participate in football each year.

If the risk in sports competition such as football is to be justified, every sports program is morally obligated to do everything within its power to 1) prevent injury whenever possible, 2) minimize the severity of the injury, and treat each injury promptly and properly, with total rehabilitation as the goal. In order to fulfill this obligation each community must develop an athletic training program with appropriate personnel to carry out such a program.

Why Is There A Need For An Athletic Trainer?

Considerable progress has been made in the field of athletic training at the professional and collegiate levels, however, much remains to be done at the secondary school level. Too few high schools have a professionally trained man on their instructional staff to fill the position of an Athletic Trainer.

The importance of an athletic trainer in the high school athletic training program is compounded by several factors:

First, the coaching staffs at the high school level are smaller in number. This limits the time staff members have to cover the day-to-day services of an adequate athletic training program.

Secondly, many high schools in smaller communities and even some colleges have problems due to a lack of physicians experienced in athletic medicine.

In addition, the high school athlete is less mature and developed physically than he will be in college. Therefore, high school athletes need closer observation for physical disabilities.

Athletic Trainers, as recommended by the NATA educational program, are instructors who are medical technicians working directly under the supervision of a team physician and in cooperation with the coaching staff and administration of their schools. In this role of dual responsibility—one to athletics, one to medicine—the athletic trainer serves as a close liason between the coach and the team physician. The athletic trainer serves as a medical counsel to the coach.

The Certified Athletic Trainer

The CERTIFIED athletic trainer must meet the high standards set by the medically recognized National Athletic Trainers Association. These standards include passing the NATIONAL CERTIFICATION EXAMINATION and ONE of the following:

- (A) College preparation in an athletic training curriculum approved by the NATA and two years under the direct supervision of NATA approved supervisors.
- (B) College preparation in a physical therapy curriculum with a minor in health and/or physical education, a valid teaching certificate and two years athletic training experience under direct supervision of NATA approved supervisors.
- (C) On the job training (1800 hours minimum) under the direct supervision of a certified NATA member, a college degree, and a letter of recommendation by his immediate supervisor.

NATA Approved Schools

Lamar State	—Beaumont, Texas
Mankato State	—Mankato, Minnesota
Indiana State	—Terre Haute, Indiana
U. of New Mexico	—Albuquerque, N.M.
Purdue University	—Lafayette, Indiana
Westchester State	—Westchester, Pa.

College Preparation For Athletic Training

College preparation in an athletic training curriculum approved by the National Athletic Trainers Association includes the following basic minimal requirements:

- I. A major study including teaching license in physical education and/or health variable, by states.
 - a. 24 semester hours in physical sciences (6 hours), biological sciences and social sciences (10 hours including 6 hours in psychology).
 - b. Electives strongly advised—additional biological and social sciences, physical education, hygiene, and speech.
- II. Specific, required courses (if not included in I., these must be added).
 - a. Anatomy
 - b. Physiology
 - c. Physiology of exercise
 - d. Applied anatomy and kinesiology
 - e. Laboratory physical science—six semester hours in physics and/or chemistry
 - f. Psychology—six semester hours
 - g. Coaching techniques (nine semester hours)
 1. Include football, basketball, track
 2. Recommend baseball, soccer, wrestling
 - h. First aid and safety
 - i. Nutrition and foods
 - j. Remedial exercise
 - k. Organization and administration of health and physical education programs
 - l. Personal and community hygiene
 - m. Techniques of athletic training

APPLICATION FOR FURTHER INFORMATION:

- I would like more information in regards to becoming an athletic trainer.
- I would like the name of a certified athletic trainer in my area.

Name _____

Address _____

For information concerning N.A.T.A. approved curriculums, contact the following schools:

Undergraduate

Ball State University
Muncie, IN 47306
California State College
Long Beach, CA 90801
Indiana State University
Terre Haute, IN 47809
Lamar University
Beaumont, TX 77705
Mankato State College
Mankato, MN 56001
University of Montana
Missoula, MT 59801
University of New Mexico
Albuquerque, NM 87106
Northeastern University
Boston, MA 02155
Oregon State University
Corvallis, OR 97331
Purdue University
Lafayette, IN 47907
Southwest Texas State University
San Marcos, TX 78666
Texas Christian University
Fort Worth, TX 76129
Washington State University
Pullman, WA 99163
Westchester State College
Westchester, PA 19380
Western Illinois University
Macomb, IL 61455

Graduate

University of Arizona
Tuscon, AZ 85721
Indiana State University
Terre Haute, IN 47809

BATTLE OF THE TANKS, NAVY STYLE

"Good results have been achieved with the use of Rust-O-Leum on the seams of stainless steel PT modality equipment such as Hubbard tank, whirlpool and paraffin bath to prevent and reduce the spread of rust." (Richard M. Arnold, Jr., PT, Good Samaritan Hospital, Palm Beach Lakes Blvd. at Flagler Dr., W. Palm Beach, Florida 33402)

*Other -
Thought you
might like to know of
this -
Jpr*

BEHAVIOR MODIFICATION AND OPERANT CONDITIONING

"A one-and-one-half day symposium on behavior modification or operant conditioning in physical therapy was recently held in San Francisco, and transcripts will be available by March 1973 from the Executive Director, California Chapter, APTA, 1225 8th St., Suite 395, Sacramento, California 95814. Cost is \$5.00. I am interested in hearing from PTs who are conscientiously using these techniques apart from journal articles emanating from USC and the University of Washington." (S. Sampson, RPT, 1644-B Filbert, San Francisco, California 94123)

PT ATHLETIC TRAINERS IN A HUDDLE

"With the increased interest in athletic medicine and more physical therapists going into athletic medicine as trainers, I would be interested in knowing how many of these therapists would be interested in forming an 'Athletic Therapist' group (or any other name you would want to call it)." (Larry W. Standifer, RPT, Head Athletic Trainer, University of Oregon Athletic Dept., Eugene, Oregon 97403)

STIMULATING RESEARCH WITH SPASTICITY

The alleviation of certain dystonic forms of spasticity by repetitive stimulation of cutaneous nerves. Sound far fetched? A group of workers at the biomechanics laboratory and department of orthopedic surgery at the University of California School of Medicine felt the idea deserved some attention, especially in light of limited success in the past with surgical and medical treatment of spasticity. Fine, insulated wires were inserted beneath the skin along the sural nerve at the lateral malleolus, with the aid of retractable hypodermic needles, in 26 normal young adult male and female subjects and 17 subjects with motor disability. Recording electrodes were placed ipsilaterally and contralaterally in both the tibialis anterior and gastrocnemius muscles. Both single monophasic square wave stimuli and repetitive stimuli were used. Repetitive stimuli were controlled by the electrical activity of the muscle itself (referred to as autophasic stimulation) where an arbitrarily selected level of integrated electrical activity of the contracting muscle was used to activate the stimulator, which then delivered stimuli at preset voltage, frequency, and duration. Single stimuli caused periods of inhibition in the muscles of all but three of the normal subjects. Three subjects could not complete the testing procedure due to pain encountered with the stimuli. Increased voltage was necessary to obtain inhibition in the contralateral muscles. Inhibition was studied under conditions of varying duration and intensity of the stimuli as well as with various types of anesthesia. Subjects with complete cord transections reacted much the same way as normal subjects, thus showing that inhibition was not the result of activity initiated in higher regions of the central nervous system. Pain intervened in tests with autophasic stimulation to the point that two subjects could not complete the experimental procedure. During the application of stimuli, electrical activity decreased in the muscles of normal subjects, who described a decreased ability to contract their muscles while the stimuli were being administered. Single stimuli evoked periods of inhibition in 12 subjects with clinical spasticity. "With autophasic stimulation, one subject with hemiathetosis and dystonia, that is, a constant increase in muscle activity, displayed functional improvement." The other subjects did not benefit due to fixed contractures or inability to tolerate pain produced by the repetitive stimulation. Results showed that the mechanism of inhibition was not due to stimulation of muscle afferents, motor neuron excitation or an effect due to spindle unloading. The epidural anesthetic, which abolished the period of inhibition without affecting gross motor power, sensation and tendon reflexes, indicated that small fibers other than those of the gamma motor system were involved. The authors suggest that it is a slow impulse which travels along the dorsal roots C, or less likely, A fibers which effects inhibition. Although the University of California workers showed that voluntary muscle contraction could be transiently interrupted by a single stimulus and weakened or prevented by repetitive stimuli, the associated pain with the repetitive stimuli was of such a degree as to prevent practical application of the technique. The authors stressed the need for further work on intensity, polarity, duration and modes of application of electrical stimuli that can most effectively reduce spasticity without producing pain. (Chase JL, Pollock SF, Morris JM: Elicitation of periods of inhibition in human muscle by stimulation of cutaneous nerves. JBJS 54A(8): 1737, 1972)

From the desk of . . .

Otha Davis



2-1-73

Dear Group!

The enclosed was received today from Mike Deberstein.

I am sending each of you two copies. ① Please review very carefully; ② make comments on one copy and return to me within one week ③ Keep the other copy for your records.

As soon as your comments are returned, I will meet with Mike for further action and keep you informed —

Regards

O,

THE WALL STREET JOURNAL
An Athletic Trainer Is
29 Nov. 1973
*A Protector, Healer,
Dietitian and Friend*

• • • Page One

Purdue's Pinky Newell Has Led
Drive to Upgrade Profession;
Fire and Ice Are Main Tools

By BOB ARNOLD

Staff Reporter of THE WALL STREET JOURNAL

WEST LAFAYETTE, Ind. — The Purdue University football player runs onto the field at Ross-Ade Stadium dressed for battle and expecting pain. His fingers are taped to keep them from breaking, his forehead is padded, and his chronically weak left ankle is swathed in adhesive tape and narrow metal splints. All this armor is the handiwork of Pinky Newell.

A couple of hours later, as Purdue struggles to widen a slim fourth-quarter lead, the player, a 245-pound guard named Ralph Perretta, is helped from the field. His left ankle has been sprained again. But it isn't broken, primarily because the armor Mr. Newell applied to it has done its job.

"What most people don't realize is that we never get an individual well during the season," the soft-spoken Mr. Newell explains later. "What we do is get him back to activity."

William E. Newell—his nickname of Pinky describes the hue of his skin—is a college athletic trainer. He is recognized by his peers as one of the best and as a leader in elevating athletic training from a Band-Aid-and-towel step-child of sport to the paramedical profession it has become in the last decade.

Won Rule Changes

Mr. Newell, 53 years old, helped found the National Athletic Trainers Association and has been instrumental in gaining rule and equipment changes designed to make college sports safer. Former proteges during his 24 years at Purdue now are head trainers at a dozen or more colleges and with such professional teams as football's Dallas Cowboys and Buffalo Bills and basketball's Indiana Pacers.

A trainer's primary job is preventing injuries and, when they do occur, mending those that don't require a doctor's care. He also keeps a team healthy and well-fed (he plans the team's diet). And, in the pressure-cooker environment of college sports, he, more than anyone else, is the athlete's confidant and friend.

"There develops a great love between trainers and athletes," Mr. Newell says. "We try to help them mentally, physically and—this sounds corny—spiritually."

Often Mr. Newell acts as liaison between player and coach. "Two years ago he was a psychiatric basket case," the trainer says, pointing across the room to an offensive lineman. "He wanted to play, but he was shy and didn't show enough aggressiveness in practice." Mr. Newell told Bob DeMoss, who was then head coach, that the boy might need a psychological lift. Coach and player talked, and this year the boy is a starter.

An Athletic Trainer Is a Protector, A Healer, a Dietitian and a Friend

A Man for All Sports

Mr. Newell is Purdue's head trainer for all varsity sports. But on a typical recent football Saturday, he devotes all his time to the football team.

His day starts at 9:30 a.m. in a local motel where he, the coaches and the team have spent Friday night. At the motel, Mr. Newell does the routine ankle-taping that most players need. At 11:50, he and the team move to the 4,000-square-foot training room that Mr. Newell designed. There, players with injuries such as Mr. Perretta's weak ankle get special "strapping."

Mr. Newell and his five assistants work side by side, deftly and quickly, speaking only to ask if this wrap feels good, if that feels better. The trainer sprays the player's lower legs with an adhesive mist and wraps them in synthetic, skin-protecting gauze. He covers that with several layers of 1½-inch adhesive tape, applying each strip separately so that it fits the contour of the leg and supports the muscles and ligaments without binding them. Since 1950, Mr. Newell figures, Purdue's trainers have used 3,200 miles of tape.

"I Never See a Game"

By game time at 1:30, Mr. Newell, slim and lithe in white trousers and a dark blue shirt, is prowling the sideline, concentrating on players from a position even with the line of scrimmage. "I never see a game," he says, "just the players."

There are some minor scratches and bruises to treat during the 60 minutes of play, plus a sprained shoulder and Mr. Perretta's sprained ankle, but nothing really serious. Mr. Newell's version of an ambulance—a converted golf cart laden with towels, ice, crutches, a resuscitator and a stretcher—isn't needed.

(During its 1973 football season, which ended Saturday, Purdue's 130-man roster suffered 27 serious injuries, three of which were severe enough to force the players to quit the squad. Along with scrapes, cuts and bruises too numerous to mention, there were three back injuries, 10 knee injuries, a broken leg, two shoulder sprains, two neck sprains, three ankle injuries, a bruised kidney, a fractured elbow, a dislocated finger and a case of jammed toes.)

Mr. Newell himself played at Purdue as a 150-pound center in the early 1940s. After college, he spent a year as head trainer at the University of Washington. He returned to Purdue in 1949 as head trainer with an annual budget of \$4,500 and an annual salary of \$4,000. Last year he spent \$102,000 and earned "more than \$20,000."

An assistant professor of physical education, Mr. Newell teaches classes in training techniques and supervises six student trainers. He is also the head physical therapist at Purdue's student hospital. On a typical autumn weekday, he spends from midmorning till mid-afternoon seeing 50 to 70 patients there. About 2:30 p.m. he moves the two blocks to his training room to prepare players for practice.

From 4 to 6 p.m. he watches the team work out. After dinner with the players, he returns to the training room to look after men who have been hurt during practice or who need care to keep chronic minor injuries from getting worse. "Five-sevenths of everything a trainer does is physical therapy, rehabilitation and treatment," he says. "Two-sevenths is diet, taping, prevention and diagnosis."

Sunday Afternoon Off

Mr. Newell's average day ends at 10 p.m. On Sunday he checks Saturday's damage in the morning, then takes the rest of the day off. His hours don't always please his wife, but Mr. Newell says she has learned to "accept and live with it."

After football season, his schedule eases. Dennis Miller, the assistant trainer, handles basketball. A student trainer is assigned to wrestling, and Mr. Newell cares for trackmen.

It is a month after the football season, he says, before he adjusts to treating injuries in other sports. For instance, "what might be trivial to a football player, say a sore finger, might be critical to a basketball player." And "I've never been able to tape a wrestler's thumb so it will hold, and they all have bad thumbs." Trackmen, he finds, recover fastest. "They're so used to pushing themselves beyond established limits," he says, "that they know what their bodies can take."

The hardest injuries to treat, Mr. Newell says, are foot and back problems, the former because feet are complicated things that influence everything from a man's balance to his ability to run, the latter because back pains are often hard to diagnose.

Mr. Newell's primary tools are fire and ice. He uses heat—in the form of salve, hot packs and 100-degree whirlpool baths—to relax tight or strained muscles and to increase the circulation of blood near the injury, thus hastening healing. He also uses sound-wave machines, which, by penetrating as deep as two inches, both heat and massage the injured area.

Primarily because it is a cheap anesthetic, ice or a cold pack is used for more serious, more painful injuries such as a pulled muscle. Healing occurs as blood, driven out by the cold, flows back into the injury.

The whirlpool baths and sound machines haven't changed much during the past 25 years, Mr. Newell says. But trainers' attitudes, knowledge and responsibilities have.

Working With Doctors

As recently as the late 1940s, Mr. Newell says, many trainers "weren't working with doctors." Or with each other: "It wasn't unusual for a trainer to go behind a post to tape a guy so you couldn't see how it was done."

That began to change in 1950, when Mr. Newell and other trainers joined with equipment makers and doctors to form the National Athletic Trainers Association. Its purpose is to upgrade the education of trainers, increase their sharing of knowledge and heighten the interest and influence of doctors in sports medicine. The group certifies its members through tests, and today there are 800 certified trainers across the country, three times as many as a decade ago.

The association does most of its work in conjunction with the American Medical Association. Among the accomplishments are new rules and improved equipment and surgical techniques.

For instance, as recently as six years ago, surgery to remove torn cartilage, the surgery most frequently performed on injured knees, incapacitated a player for at least six weeks, including several days in a plaster cast. Now, thanks to simplified surgery—and to experience showing that most knees recover faster than doctors had thought—routine cartilage removal slows an athlete for only three weeks and doesn't require a cast.

Another change: Padding, benefiting from space research, is lighter and more resilient than ever. That is important because "anything that lets a man move more easily helps prevent injuries," Mr. Newell says.

Cutback on Crackbacks

The association has also had a hand in 16 recent rule changes. Knee injuries in college football have dropped significantly since crackback blocking, a type of blind-side blocking, was made illegal two years ago. And effective this year, players must wear plastic mouthpieces, a rule that is expected to cut down on concussions. Ninety per cent of football concussions happen when lower teeth slam into upper teeth after a blow under the chin.

Such changes don't always find ready acceptance. The National Collegiate Athletic Association has banned spearing, or a blocker's using a helmet as a battering ram, which led to frequent neck injuries to blockers. But, Mr. Newell says, "the damn coaches just changed the nomenclature—now they call it butt blocking—and continue to do it anyway." Hence the need to pad foreheads. Such problems aren't new, Mr. Newell says. He recalls that years ago, before face guards were mandatory, he "had to cut face guards off helmets at halftime

because a coach claimed that kids wearing them couldn't see."

Many coaches are more responsive to trainers' ideas today, Mr. Newell feels. Purdue's head coach, Alex Agase, says, "What Pinky says, I do." What worries Mr. Newell more these days is that most high-school trainers are undertrained. He figures that of the country's 14,500 high schools, only 100 employ certified trainers.