

## **2021 SPORTS MEDICINE ADVISORY COMMITTEE MEETING**

**Virtual (ZOOM) Meeting**

**Monday, May 11, 2021 – 9:30 a.m.**

### **Members Present:**

Nicole Carter, Novi  
Candace Cox, Quincy  
Dr. John Evans, Ann Arbor  
Dr. Monica Goble, East Lansing  
Dr. Edwin Kornoelje, Grand Rapids  
Dr. Dallas Lintner, Owosso  
Sandra Noto, Wyoming  
Kristi Nowka, East Jordan  
Meaghan Rourke, Allen Park

Meg Seng, Ann Arbor  
Mitch Smelis, Fenton  
Pat Watson, Bloomfield Hills  
Dr. Neal Weinberg, Ypsilanti  
J.D. Wheeler, Hartland

### **Members Absent:**

Dr. Michael Shingles

### **MHSAA Staff:**

Tony Bihn  
Cody Inglis  
Cole Malatinsky  
Kathy Vrugink Westdorp (Recorder)

### **GENERAL REVIEW AND PURPOSE OF THE COMMITTEE**

The MHSAA Sports Medicine Advisory Committee (SMAC) exists to serve the MHSAA membership while emphasizing the health and safety of students in interscholastic sports. The goals of this committee include:

1. To advise and work cooperatively with the Representative Council, Executive Committee, staff and sport committees on medical and safety issues as they relate to interscholastic sport's rules writing, regulations and guidelines.
2. Monitor, evaluate and disseminate current sports medicine information to the MHSAA and its member schools.
3. Evaluate existing resources while developing new educational measures provided through the MHSAA for member schools.
4. Work cooperatively with MHSAA sport committees to address sports medicine issues and the impact on the health and risk management of its participating students.
5. Assist the MHSAA in identifying, prioritizing and researching sport medicine issues.

The Sports Medicine Advisory Committee continues to be cognizant and look at the full picture of what the MHSAA does as well as to be aware of the culture of what the MHSAA does in connection to schools and students in grades 6 – 12. Additionally, the process in which the Representative Council considers proposals and how the proposals relate to the educational mission of member schools was explained.

### **INFORMATION PROVIDED**

Provided for the committee were prior meeting minutes as well as several documents including:

- General MHSAA Spring Return to Play Document
- MDHHS Interim Guidance for Athletics – issued 05/04/21
- MDHHS Update of Epidemic Order – issued 05/04/21
- MHSAA Update to Schools – issued 05/05/21
- Mott Poll Report: Playing Through a Pandemic
- MHSAA Concussion Update
- Recommendations for Primary Care Providers regarding Post-COVID19 RTP – C.S. Mott Children's Hospital.
- Recommendations for Post-COVID Return to Play – AAP.
- The Female Athlete Triad – AAP
- Task Force Questions regarding Physicals.
- 2021 SMAC Initial Statement of Rationale regarding Physicals
- Conditions to Screen
- MHSAA Physical Examination
- MHSAA Health Questionnaire

## **COVID19 UPDATES – REPORTS FROM ADVISORY COMMITTEE**

Committee members were asked to report out the latest information on COVID-19 from their respective areas of expertise. Dr. Monica Goble reported that although there were initial concerns about the potential of COVID 19 to increase cardiovascular issues following contraction of the disease (myocarditis, etc.) there has been no significant data to date indicating increased risk of sudden cardiac death in children following a positive COVID19 diagnosis. Dr. Goble also provided a report on recommendations for primary care providers regarding post-COVID19 return-to-play for athletes and indicated that there has been no change to the guidance from C.S. Mott Children’s Hospital, which has been posted as a reference on the MHSAA Health and Safety page since published in December 2020. This Guidance suggests that those with mild or moderate cases do not necessarily need clearance from a physician prior to returning to activity and need not be referred to a pediatric cardiologist for evaluation prior to starting a Return to Play progression. However, those suffering from severe cases of COVID19, as well as any mild or moderate cases that present with red flags/or symptoms of serious cardiac and lung-related issues during the Return to Play progression, need to be evaluated by a cardiologist. This guidance differs from the American Academy of Pediatrics guidance which recommends all children who have recovered from COVID should receive clearance from a physician prior to returning to activity. Dr. Neal Weinberg added some additional insight into this recommendation from the AAP. The MHSAA recommends that prior to a return to play following a positive COVID diagnosis, that a clearance from a physician be provided.

Dr. John Evans provided a report on the mental health impact of COVID-19 on young athletes. The benefits of being involved in school sports – socialization, being in structured/team environment, purpose/goals and physical activity continue to outweigh the risks posed to young people by contracting COVID. Dr. Evans spoke about the mental health challenges of COVID-related quarantines and that many young athletes continue to do everything that is asked of them, but are afraid of missing out on activity, which is leading to considerable stress and anxiety. Additionally, there is concern that this increased stress has the potential to lead to increased risk of injury. With this, it continues to be important to monitor mental, physical and emotional well-being of all students returning to sport and promote available resources.

School reports included information from Certified Athletic Trainers who reported on the challenges they were facing in dealing with the adjusting MDHHS orders and school athlete testing requirements. One of the committee’s athletic directors indicated that he is pleased with rapid antigen testing efforts at his school but disappointed with inconsistency between local health departments and opposing schools with regard to enforcement of COVID related quarantines, game cancellations policies, etc.

High school principals and superintendents reported that the evidence indicated that the vast majority of transmissions could be attributed to unsupervised activities outside of schools and interscholastic athletics. Discussion included the challenges faced by schools in navigating the constantly changing guidance from the MDHHS and local health departments on quarantining for close contacts. The energy in the schools is currently focused on safely conducting end-of-year senior student activities which compounds the current challenges of schools attempting to conduct in-person instruction and sports programming.

## **CONCUSSION CARE UPDATE**

MHSAA staff reported on preliminary concussion data for the 2020-21 school year. Overall reports for the fall and winter seasons are down 58%, which was not unanticipated given the decrease in contact practices and games resulting from MDHHS orders which delayed the start of both fall and winter seasons. Additional games were cancelled as a result of positive cases/quarantines and teams/individuals opted out of participation which results in fewer games and fewer potential exposures – therefore fewer concussions. The true impact of COVID-related measures may not be quantifiable and there will be more to learn as additional participation and concussion data is gathered throughout the school year.

## **PRE-PARTICIPATION PHYSICAL**

The “Physical” SMAC sub-committee provided a report from their meeting in which they explored alternative options to the MHSAA annual physical requirement, specifically regarding the firm April 15<sup>th</sup> date (i.e., a pre-participation physical is only current and valid if it is performed on or after April 15<sup>th</sup> of the previous school year). Meg Seng and Cody Inglis reported on the efforts of the task force related to the move to a two-

year preparticipation physical cycle. Providing technical/logistical guidance to schools continues to be one of the aspects needed in moving forward with this recommendation. It was reiterated that schools could also continue to make the PPE an annual requirement, even if the two-year requirement is instituted.

This SMAC sub-committee recommended moving to a model that requires a pre-participation physical exam to be completed once every 24 months, and in alternating years, students submit an annual questionnaire (developed by the MHSAA), signed by the student and parent/guardian and submitted to the school administration. If the student answers “yes” to any questions, a new physical or physician’s clearance will be required prior to participation. Rationale included that the logistical problems, such as insurance coverage limits and associated costs of a separate sports PPE, especially if tied to a specific date, are significant for parents and medical offices and that American Academy of Pediatrics and the American Heart Association recommends that a history and physical examination be performed every two years during sports participation and an interim history taken in the intervening years. The PPE could still be performed in the office setting or through a station approach. However, exams in the office setting by the athlete’s primary care provider have the advantages of privacy, continuity of care and the provider’s knowledge of the medical and family history and the two-year model increases the likelihood that a detailed exam will take place under the best possible circumstances, and therefore more likely to uncover conditions associated with increased risk of sports-related illness, injury or sudden death, including cardiovascular conditions, musculoskeletal conditions and neurological conditions.

#### **FUTURE MEETING DATES**

Current future meeting dates for the 2021-22 school year are: Thursday, October 21, 2021 and Thursday, April 21, 2022.