

2022 State Track and Field Meet
May 26-28 – MDU Resources Community Bowl
IMPORTANT Sports Medicine Information

Dear Coaches and Athletic Directors,

- Sports medicine coverage for the state and field meet will be provided by Sanford Orthopedics & Sports Medicine Bismarck. Certified Athletic Trainers from Sanford and athletic training students from the University of Mary will be present prior to, during, and following all track and field events throughout the entire meet.
- Dr. Jon Kolberg from Sanford Orthopedics & Sports Medicine Bismarck will also be present at the Bowl throughout the entire meet.
- Metro Area Ambulance Service will be on-call and staffed accordingly to respond in case of an emergency.
- Sanford Sports Medicine's medical headquarters will be located on the west end of the Bowl, just behind the scoreboard in the NORTH athletic training room (*just look for the big blue Sanford tent*). It will be staffed beginning at **3:00 pm** on **Thursday**, May 26 and **8:00 am** on **Friday**, May 27 and **Saturday**, May 28. They are available to assist you with taping and other pre-event/post-event needs.
- **We ask that you please bring your own kit with all the necessary tape, pre-wrap, and other supplies for your athletes.**
- There will not be any heat or other modalities available at the Bowl. If you need specific modality treatments, please arrange for alternative treatment methods as needed for your athletes. There will be ice available both days.
- In addition to the medical headquarters, Certified Athletic Trainers will be present at 1) the finish line located at the northwest corner of the track, 2) under the National Guard tent on the southeast corner of the track by the pole vault and long jumps areas, and 3) under the National Guard tent on the west field during the throwing events. All Certified Athletic Trainers will be wearing Sanford Orthopedics & Sports Medicine apparel so they are easily identifiable.
- If the pole vault is moved indoors due to inclement weather, a Certified Athletic Trainer from Sanford will be present at that facility.
- The sports medicine staff will follow the NDHSAA Concussion Management Procedure.
- If you wish to have your own team/personal medical provider be responsible for your athletes, please complete the NDHSAA Transfer of Care Form and present it to the Certified Athletic Trainer during the coach's meeting on Thursday, May 26. **All Transfer of Care forms must be completed and submitted prior to the start of the meet.** Only licensed and certified medical practitioners who have submitted the Transfer of Care Form will be allowed to evaluate and treat athletes on the Bowl premises – this includes on the track/field, in the stands, in the locker rooms and in the first aid area.
- In the absence of a Transfer of Care Form, all decisions on the athlete's fitness to compete will be made by the Sanford Orthopedics & Sports Medicine Bismarck staff.

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Please find a copy of the NDHSAA Concussion Management Procedure and Transfer of Care forms along with this letter. Copies of these documents are also available on and may be downloaded from the NDHSAA website.

http://www.ndhsaa.com/files/NDHSAA_Concussion_Policy.pdf

http://www.ndhsaa.com/files/Transfer_of_Care_Form.pdf

If you have questions, please feel free to contact myself or Dave Zittleman, Activities Director, Bismarck Public Schools, 701-323-4079, dave_zittleman@bismarckschools.org.

Sincerely,

Blaine A. Steiner, MS, LAT, ATC

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North Dakota High School Activities Association Concussion Management Procedure



Due to the increased focus on minimizing the risk for athletes exhibiting signs, symptoms and behaviors of a concussion, the National Federation of State High School Associations (NFHS) has placed the following language in all sports rule books beginning in 2010-11:

“An athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play [that day] until cleared by an appropriate health-care professional.”

It is highly recommended that every coach, official, student-athlete and parent should successfully complete the 20 minute NFHS online course **“Concussion in Sports—What You Need to Know”**. The course can be accessed at: www.nfhslearn.com

To implement this rule change, the NDHSAA Medical Advisory Committee has recommended the following procedures, which have been approved by the NDHSAA Board of Directors:

Role of contest officials in administering the new rule change

Officials are encouraged to review and know the signs and symptoms of a concussion and immediately remove any athlete who displays the following signs or symptoms from the contest.

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought process
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitivity to light and sounds
- Mood changes—irritable, anxious or tearful

Only and Appropriate Health Care Professional (AHCP) can determine if an athlete has had a concussion.

- An Appropriate Health Care Professional is empowered to determine whether an athlete has received a concussion.
 - Member schools shall determine their AHCP. AHCP is defined as a medical professional functioning within the levels of their medical education, medical training, and medical licensure.
- If it is determined that an athlete has a concussion, that decision is final and the athlete must be removed from all competition for the remainder of that day.
- If the event continues over multiple days, the designated event AHCP has ultimate authority regarding any return to play decision during the event.

Procedure to follow if an official removes an athlete and the AHCP has determined the athlete does not have a concussion

- If it is confirmed by the school’s designated AHCP that the athlete was removed from competition but did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play, and the athlete may reenter competition pursuant to the contest rules.

Procedure regarding an authorization to return to practice/competition in the sport:

- Once a concussion has been diagnosed by an AHCP, only an AHCP can authorize a subsequent return to play.
 - The clearance must be in writing;
 - The clearance may not be on the same date on which the athlete was removed from play.
- It is recommended that school administration notify the coach when an athlete has permission to return to play.

In the event a Transfer of Care form has not been previously filed with event management, school /NDHSAA designated AHCP medical providers shall not have their decision regarding an athlete’s ability to return to competition overruled by any other AHCP.

NFHS suggested Concussion Management Guidelines for Health Care Professionals if the athlete has received a concussion of the day of competition.

- No athlete should Return to Play (RTP) or practice on the same day of a concussion.
- Any athlete suspected of having a concussion should be evaluated by an AHCP that day.
- Any athlete with a concussion should be medically cleared by an AHCP prior to resuming participation in practice or competition.
- After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon the return of any signs or symptoms.

WHEN IN DOUBT...SIT THEM OUT

North Dakota High School Activities Association

Box 817

Valley City, ND 58072

Phone: 845-3953

Fax: 845-4935

www.ndhsaa.com

Transfer of Care Form

If you wish to have your own team/personal medical provider be responsible for your athletes, complete this form and return it to the medical staff at the tournament/contest. Team providers must review proper protocol with the event medical personnel prior to the contest and inform them of their specialty.

Transfer of care can be made only to a North Dakota licensed medical provider

I herewith transfer the care of _____ of _____
(Individual name or entire team) (School name)

To _____
(Athlete's private/team medical provider)

License No. _____ and expiration date _____, for continuing medical services throughout

The _____ held on _____
(tournament/contest) (dates of event)

Date Signed

Coach/AD/Principal

School Medical Provider

Tournament Medical Provider

Note: Parents' signature is required for individuals. I affirm I am the parent of the student athlete(s) identified above and I am transferring responsibility for the medical care of my student athlete(s) to the North Dakota licensed medical provider identified above.

Date Signed

Parent Signature