



NFHS BASKETBALL POINTS OF EMPHASIS:

sports-medicine related topics for coaches





SPORTS MEDICINE

CONCUSSION RECOGNITION AND RISK MINIMIZATION

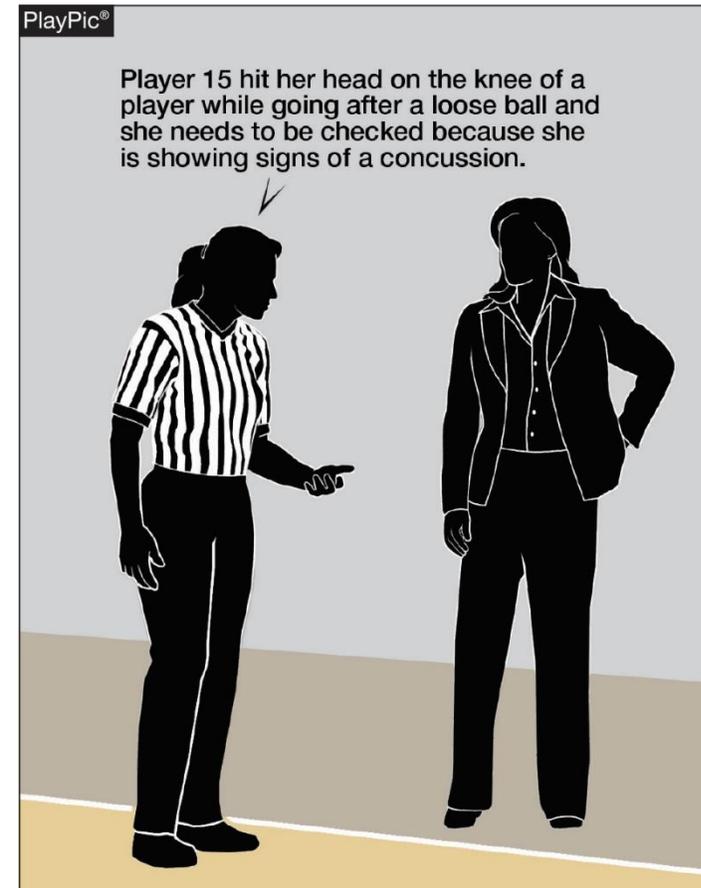
Concussions continue to be a focus of attention in contact and collision sports at all levels of athletic competition. The NFHS has been at the forefront of national sports organizations in emphasizing the importance of concussion education, recognition, and proper management. Widespread education on best practices in concussion management has led to the adoption of rules changes and concussion-specific policies by multiple athletic organizations, state associations and school districts.





SPORTS MEDICINE: CONCUSSION RECOGNITION

- It is important for contest officials to communicate with coaches when they observe action that might have resulted in a possible concussive event for a player(s).
- Officials are not expected to assume the role of medical professionals and attempt to diagnose injuries or concussions.



CONCUSSION PROTOCOL

IHSA Protocols for handling possible concussions include:

1. Identify in the pre-game conference whether or not school-approved M.D./D.O or ATC is present to evaluate any students who are removed from the contest with a possible head injury.
2. Removing from a contest any student who displays signs, symptoms, or behaviors consistent with concussion. When removing a student from a contest, a game official needs to clearly communicate with the head coach the reason for the student's removal.
3. Any student removed from a contest with a possible head injury shall not return to the contest unless the head coach confirms that the student was evaluated by the school-approved M.D./D.O or ATC and was cleared by that person to return to the contest.



CONCUSSION PROTOCOL

IHSA Protocols for handling possible concussions include:

4. Following a contest where a student was removed from a contest with a possible head injury, the official who removed the player shall complete a Special Report with the IHSA Office that contains, at a minimum, the following:
 - The number of the player
 - The approximate time in the contest when the player was removed
 - Whether or not the player returned
 - The person who gave clearance for the player to return
5. An official should not allow a player to return to a contest if no school-approved medical professional (M.D./D.O or ATC) is present.



CONCUSSION RECOGNITION

There is no evidence that any type of soft headgear will prevent concussions in basketball. However, many concussions result from player to player collisions, or falls onto the court. Therefore, if coaches and officials strive to eliminate rough play through proper instruction and rigorous enforcement of the rules, the opportunity exists to greatly minimize concussion risk in practices and contests.



SPORTS MEDICINE: INJURY/CONCUSSION

Coaches, officials and game administrators must continue to recognize and follow proper protocols for injuries and concussions.



ANKLE SPRAINS

Ankle sprains are the most common injury seen in boys and girls high school basketball, often forcing athletes to miss significant playing time. Upon returning to activity, if not properly treated, an ankle sprain may limit the athlete's ability to play effectively for weeks, months, or even years following the initial injury. Fortunately, many of these injuries can be prevented.



ANKLE SPRAINS

The NFHS SMAC strongly advises that all basketball coaches take a proactive role in minimizing the risk of ankle sprains in their athletes. There is a great deal of research that shows a simple series of exercises and the regular use of ankle braces will eliminate 50-60% of all ankle sprains in high school basketball players.





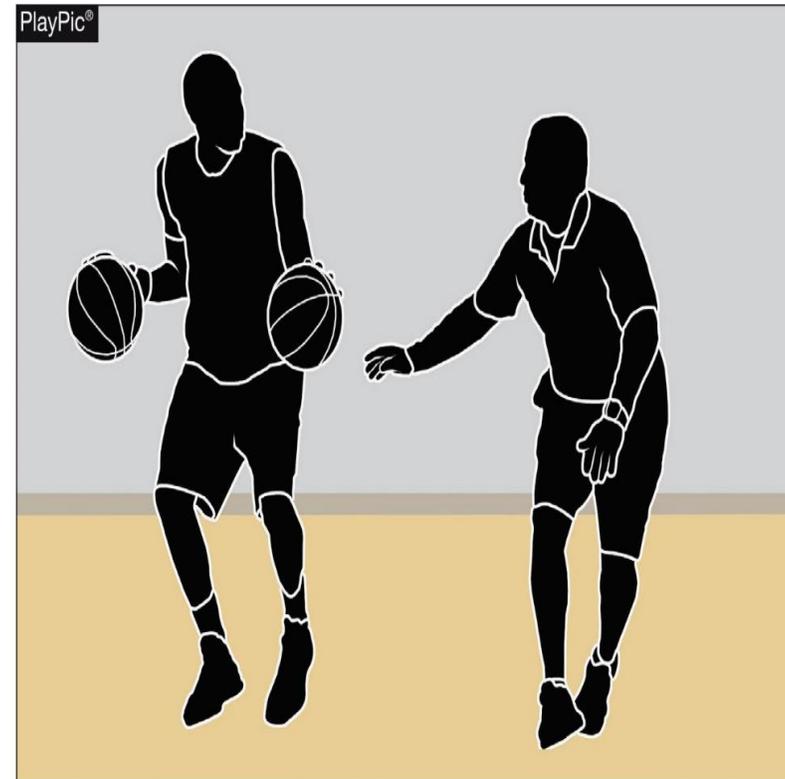
ANKLE SPRAINS

An effective exercise program can be performed with minimal equipment in as few as 5-10 minutes a day, 3 days a week, prior to and throughout the season. The program should include a proper warm-up, lower leg stretches, ankle strengthening with elastic bands, and exercises focusing on jumping and balance. Lace up ankle braces should be worn over a single pair of socks and the braces must be used for all practices and games. Wearing ankle braces does not affect an athlete's speed or agility, nor do they "weaken" the ankles or lead to other injuries.



SPORTS MEDICINE: INJURY RECOGNITION

Coaches should teach and require specific exercises, stretches, drills, etc., appropriate for the sport, to strengthen muscles in injury-prone areas and assist players with learning proper techniques that will minimize injuries when they practice and while competing.





GENERAL GUIDELINES FOR UNIVERSAL PRECAUTIONS

NFHS Sports Medicine Advisory Committee (SMAC) has outlined strategies for reducing potential exposure to infectious diseases include following Universal Precautions such as:

- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, *shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.*





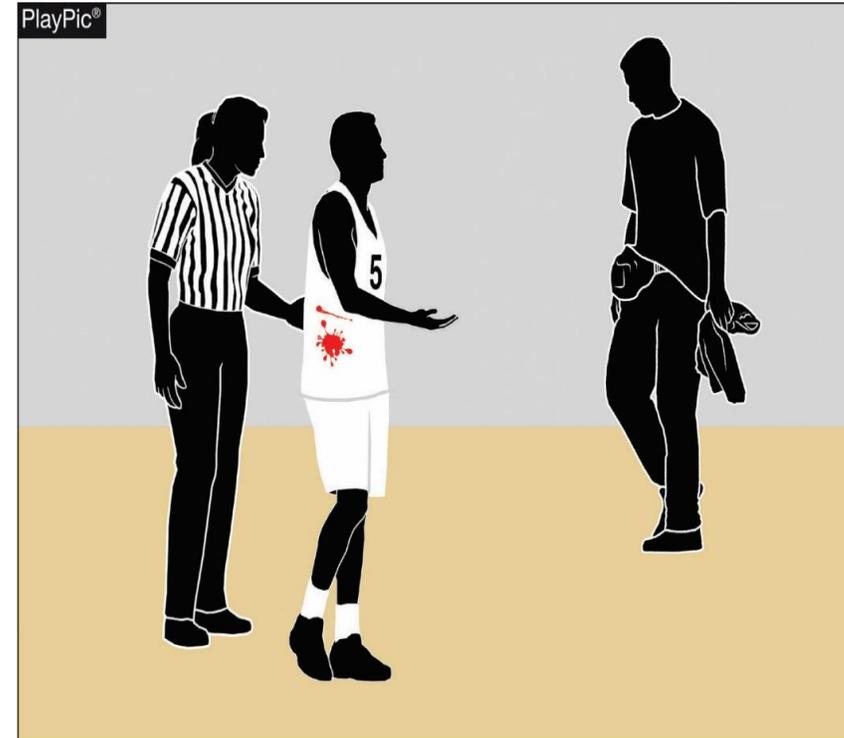
GENERAL GUIDELINES FOR UNIVERSAL PRECAUTIONS

- Anyone cleaning a uniform or playing surface must wear gloves and use Universal Precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition.
- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.



SPORTS MEDICINE: PROPER MANAGEMENT OF BLOOD ISSUES

Rule 3-3-7 specifically details that a player who is bleeding, has an open wound, has any amount of blood on his/her uniform or has blood on his/her person shall be directed to leave the game until the bleeding is stopped, the wound is covered or the uniform is properly cleaned or changed.





THANKS FOR VIEWING THIS PRESENTATION