HIGH COST OF SAFE SPORTS
BY GARRY BOULARD

Last fall, the small town of Rush Springs in south-central Oklahoma was shocked when Justin Barney, a 14-year-old high school freshman, died from a head injury after a collision in a football game.

Barney’s death prompted many in a region where Friday night football is king to confront a painful reality. “As much as we love football around here, it was thought that we really could make it safer for those who play it,” says Joe Dorman, an Oklahoma representative whose district includes Rush Springs.

Dorman noted there were no doctors or certified athletic trainers on site when Barney was injured. And even more troubling, it took 20 minutes before an ambulance arrived to take Barney to the University of Oklahoma Medical Center, where more than a week later he died from a broken blood vessel in his brain.

Dorman launched a study that found a statewide problem: Only 34 of 342 high schools with football programs in Oklahoma had a certified athletic trainer on staff, and even fewer had access during a game to either a doctor or an ambulance.

A certified athletic trainer at Barney’s game could have at least prevented the boy from returning to play after his initial injury, although it is uncertain whether even that would have saved his life.

Like Dorman, legislators in other states also are concerned about having proper medical care available quickly when student athletes are hurt or become ill on the field. But they also are reluctant to impose on schools the financial burden that requiring trainers would bring. Some are exploring other options, such as heart defibrillators or sharing trainers.

THE BEST OPTION

Having a certified athletic trainer on hand “is very important in situations like this, not only because they have the training and background to diagnose whether someone has a problem on the field,” says Dr. Frederick Mueller, “but they have the knowledge to determine, perhaps most important, whether or not an individual should be put back into the game after an injury has taken place.”

Mueller, the director of the National Center for Catastrophic Sport Injury Research at the University of North Carolina, points out serious injuries can occur in any kind of sport—soccer, basketball, lacrosse and even cheerleading—not just football.

But high schools rarely have someone in place to provide professional care in the event of a problem. “Usually there is no certified athletic trainer or physician on site, not to mention immediate access to an ambulance,” Mueller says.

Surveying 100 high schools on a weekly basis, the Center for Injury Research and Policy at the Nationwide Children’s Hospital in Columbus has determined that there are annually some 1.4 million sports injuries at the high school level.

“Half of all those injuries are just sprains and strains,” says Ellen Yard, a research associate at the center. “But others are more severe. We estimate at least 6 percent of all injuries result in surgery, and about 15 percent of injuries cause the athlete to miss at least three weeks of play.”

Making the problem worse is the year-round nature of sports among today’s high school students. “There is an overall increase in participation in school-age athletics from middle though high school and more opportunities for them to participate in a variety of sports,” says Marjorie Albohm, the president of the National Athletic Trainers’ Association. “And with that comes an increased chance of injury.”

Such nonstop activity, says Yard, also increases the odds that “a lot of these kids are probably over-training, which in itself could be contributing to more injuries. It can really cause problems when the kids don’t let their injuries fully heal before they return to play. Roughly 10 percent of all injuries are actually a recurrence of a previous injury.”

COSTS AND OPTIONS

North Carolina Senator William Purcell, a pediatrician who also has served as a team doctor, says the number of recurring injuries is a key reason why having a certified athletic

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trainer available, not just during a game but also as a high school staffer, could be critical.

“This would be a person who would know who has been injured because they are treating the students on a regular basis,” says Purcell. “And they would also know if a student who has been injured in one sport can play in another.”

The problem with hiring trainers for many schools is the cost. In Oklahoma, educators told Dorman that adding certified athletic trainers to the staffs of the state’s schools would cost more than $20 million. “And with the situation that the economy is in right now, that’s a tough thing,” Dorman says.

“Having a mandate to provide certified athletic trainers at the secondary school level is something we would certainly look favorably upon,” remarks NATA’s Albohm. “But we also know the challenges of financing something like that.”

“If someone is looking at their school system and thinking that perhaps they might need 50 trainers on staff, the costs could be staggering,” says Albohm. “That is something that we recognize and want to come to terms with in order to make it possible to bring in more trainers.”

DEFIBRILLATORS AN OPTION

Far less financially challenging is the use of automated external defibrillators, which through electrical impulse can re-start a stopped heart. This year Illinois Representative Daniel Burke successfully sponsored a bill calling for defibrillators, otherwise known as AEDs, to be available at all practice fields in the state.

Burke says he came to the issue after 22-year-old Rashidi Wheeler died of cardiac arrest after collapsing during a workout with his Northwestern University football team.

“Maybe he could have been saved if an AED had been available and used on him,” Burke says of Wheeler, who suffered from bronchial asthma. “My goal is to see AEDs as commonly placed as fire extinguishers in both our schools and society.”

Purcell is hoping to see similar legislation requiring the school use of AEDs in North Carolina, where three high school football players died this year.

“If someone has cardiac arrest, you can perform CPR and save them 5 percent of the time or so,” says Purcell. “But if you perform CPR plus use a defibrillator, 50 to 55 percent of the time they can be saved. That’s a significant difference.”

Noting that one AED costs less than $1,000, Burke says the same economic
obstacle preventing schools from hiring certified trainers would not apply. “The price on them has come down a tremendous amount in the last few years to the point where they are quite reasonable today,” he says. “Some private foundations even are willing to offer them for free, just so a given school will have at least one on site.”

Bob Colgate, the assistant director of the National Federation of State High School Associations, agrees the cost of defibrillators is not an issue for most schools, but trainers are.

“But when you talk about smaller schools, often in rural areas with limited budgets, hiring a certified athletic trainer is a big thing,” he says. “For that reason, some schools have initiated CPR training for staff members and have done pretty well with that.”

Other schools have moved to absorb the cost of hiring a certified athletic trainer by either making the position part-time or requiring the trainer to also teach.

“That’s something we have seen in several states,” says Mueller. “But you have to wonder if that’s putting these trainers to the best use. It may mean that they end up working all kinds of hours. And if there is only one trainer per school and that school has four or five teams practicing at the same time, it’s probably going to be too much for one trainer to handle.”

Much better, thinks Albohm, would be for school systems across the country to recognize the danger of not having such trainers on staff and fund appropriately.

“These have to be hard decisions for any school system,” she says. “But when you look at the financial return of what a certified athletic trainer may bring to your school in terms of health-care savings for the families and injury prevention for the student athletes, in my opinion, that should offset the additional expense of hiring a new staff person.”

INCENTIVE PROGRAM
Increasingly, some school district officials have wondered if state legislatures may finally force them to hire such trainers.

“It would be a very easy thing for the lawmakers to do,” says Mueller. “But are they also going to attach funding to those mandates? If they don’t, a lot of schools are going to be put in a very difficult position.”

That is a prospect Dorman does not relish. “We have to work with the schools, and not pass laws and demand they do what we say.”

In that vein, Dorman says he is looking at “some kind of an incentive program, using the carrot rather than the stick, where we might be able to create a tax credit for a doctor who has volunteered his or her service to the school for a certain number of sporting events.”

“It will hurt the state budget by doing it that way,” says Dorman, “but I think it would be worth it.”

Purcell agrees: “There aren’t that many athletes who die on athletic fields, but it is always a tragedy when it does happen. If we, as legislators, can come up with different ideas and approaches to prevent that from happening, don’t we owe it to these kids to at least try?”

CHECK OUT a Q&A with Dr. Frederick Mueller, director of the National Center for Catastrophic Sports Injury Research, at www.ncsl.org/magazine.