

**Testimony of  
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**Before the House Committee  
On  
The Judiciary**

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**“Legal Issues Relating to Football Head Injuries, Part II”**

**Margherio Family Conference Center  
Wayne State University  
Detroit, Michigan**

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**National Federation of State High School Associations  
P.O. Box 690  
Indianapolis, Indiana 46206**

## **Introduction**

Thank you Chairman Conyers and distinguished Members of the Judiciary Committee for the opportunity to testify today on this very important issue.

My name is Bob Colgate. I am an Assistant Director of the National Federation of State High School Associations (NFHS). Prior to my position at the NFHS I served in a similar capacity for the Nebraska School Activities Association. In my work for the NFHS, I serve as the editor and national rules interpreter for the sports of football and wrestling and staff liaison for the NFHS Sports Medicine Advisory Committee.

Before further discussing head injuries, let me provide some context on the role of the NFHS within the high school community.

The NFHS, based in Indianapolis, Indiana, is the national leadership organization for high school athletics and performing arts programs in speech, debate, theater and music. Since 1920, the NFHS has worked with its member state associations on the development of education-based interscholastic sports and fine arts activities. We believe these activities are an essential part of the high school experience and go a long way to improving academic performance and making better citizens. The NFHS sets direction for the future by building awareness and support, improving the participation, establishing consistent standards and rules for competition, and helping those who oversee high school sports and activities.

The NFHS writes voluntary playing rules for 17 sports for boys and girls at the high school level. Through our 51 member state associations, the NFHS reaches more than 19,000 high schools and 11 million participants in high school activity programs,

including more than 7.5 million in high school sports. The NFHS conducts national meetings, sanctions interstate events; produces publications for high school coaches, officials and athletic directors; sponsors professional organizations for high school coaches, officials, spirit coaches, speech and debate coaches and music adjudicators; and serves as a central national information resource for interscholastic athletics and activities. One of our critical functions is to obtain and disseminate health and safety-related information. The Sports Medicine Advisory Committee (SMAC) is one facet of the Federation that addresses the medical issues relevant to interscholastic athletics, including concussions and concussion management.

The membership of the Sports Medicine Advisory Committee includes a number of highly respected physicians and other health care providers from around the county. The SMAC makes recommendations to the staff and membership about programs and services of the NFHS. The goals of the SMAC include:

- Working with our rules-writing committees to address sports medicine issues as they impact high school rules and the health and risk management of high school athletes.
- Maintaining contact with other key medical and paramedical organizations, including the CDC, that provide essential information on sports medicine issues.
- Recommending that NFHS or the NFHS Foundation fund sports medicine research projects.
- Developing position statements and guidelines that will help the NFHS leadership and membership in making informed decisions that contribute to minimizing risk for participants.

- Supporting a national high school sports injury surveillance system. The SMAC analyzes and interprets the scientific injury data that is obtained from various sources. This information helps the SMAC to initiate and support recommendations to the NFHS community intended to reduce risk through possible changes in rules and/or equipment.
- Providing the NFHS leadership and membership with current information on sports medicine issues through the NFHS Sports Medicine Handbook, the Sports Medicine section of the NFHS website and other NFHS publications.

The SMAC regularly reviews the latest medical evidence regarding sports-related concussions in high school athletes. The past decade has witnessed significant changes in the management of sports-related concussions as new research findings have been published. As a result the SMAC has worked with the CDC to disseminate concussion management information from the CDC to the nation's high schools, has updated the Concussion section of our Sports Medicine Handbook and has issued a new NFHS brochure on "Suggested Guidelines for Management of Concussions in Sports". A copy was provided to the Committee in early December.

The NFHS has made concussion management a point of emphasis in rule books in recent years. For example, in all rule books for the coming academic year, the NFHS provides that: Any 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 until cleared by an appropriate health care professional. We included suggested guidelines for the Management of Concussions. We define a concussion as a traumatic

brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion. Further we list common symptoms as headache, foggiess, difficulty concentrating, easily confused, slowed though processes, difficulty with memory, nausea, lack of energy, tiredness, dizziness, poor balance, blurred vision, sensitive to light and sound and mood changes, irritability or anxious. Our suggestions with respect to concussion management include;

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

I mentioned earlier that part of the SMAC activities is to use the information from the National High School Sports-Related Injury Surveillance Study that has been conducted for the last four years by Ohio State University. The NFHS assists in funding the study. The initial study was of athletes participating in nine sports, including football, soccer, basketball, wrestling, baseball, volleyball and softball. The data compiled over this four year study now represents the largest data-set of all time-loss sports injuries from a national sample of US high school athletes.

The study has now been expanded to include nine more sports, boys' lacrosse, ice hockey, swimming and diving and track & field and girls' field hockey, gymnastics, lacrosse and swimming and diving and track & field. The survey is funded by the NFHS, the National Operating Committee on Standards for Athletic Equipment (NOCSAE) and a research grant from CDC's National Center for Injury Prevention and Control. The data is collected by Dr. Dawn Comstock at Ohio State University.

Information from the SMAC, from the CDC and from Ohio State and the University of North Carolina, as valuable as it has been, is only part of the effort that the NFHS has put into injury minimization in the sport of football. The NFHS football rules committee has a subcommittee that is specifically charged with examining the sport from an injury minimization standpoint. As a consequence of the subcommittee's work, the NFHS was the first rule maker to outlaw blocks below the waist, and was also the first to outlaw the running of kickoffs out of the end-zone. Both changes appear to have achieved their purpose of reducing the incidence of head and neck injuries.

In summary, with more than 7 ½ million participants in high school sports, minimizing the risk of injury has been and remains one of the chief tasks of our rules committees. The NFHS Sports Medicine Handbook has a six-page section on dealing with concussions. The third edition of this Handbook was distributed to virtually every high school in the country during the 2008 -2009 school year. The SMAC was also involved with producing the brochure I mentioned entitled "Suggested Guidelines for Management of Concussion in Sports."

The issue of concussions is a serious one, and our various medical and sport professionals and experts have been reviewing the subject for a number of years and will

continue to monitor developments. While we cannot mandate the adoption of specific treatment protocols at the local level, we continue to provide up-to-date resources to assist NFHS member state associations and high schools in developing policies that are in the best interests of the participants.

Minimizing the risk of injury for high school student athletes has been a foremost priority of the NFHS rules-writing process, and we will continue to champion that task in the years to come.

As you know, last month our Executive Director, Robert Kanaby wrote Chairman Conyers with answers to questions about our work in concussion management. At that time we also provided the Committee with a number of supporting documents about our work in this area.

We would be happy to continue our assistance to the Chairman and members of the Committee on this issue, and I look forward to answering any questions and providing any additional information that you require.