

ARTICLE 41

SPORTS MEDICINE

41.1 DRUGS, ALCOHOL, TOBACCO

41.1.1 AIA POSITION STATEMENT – SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

The Arizona Interscholastic Association (AIA) views sports, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti-Doping Agency's Prohibited List (www.wada-ama.org).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco (e-cigarettes) in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of Victory with Honor, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet practice sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.

41.1.2 At least annually, each member school shall communicate to its students participating in interscholastic activities the AIA Position Statement on the use of supplement, drugs and performance enhancing substances. (See Form 14.13)

41.1.3 Any coach or competitor using tobacco, alcoholic beverages or misusing drugs while participating in interscholastic competition shall be disqualified from the contest or tournament.

41.2 CONCUSSION EDUCATION – All student athletes shall complete the Brainbook online concussion education course. Student athletes participating in sports as of the 2011-12 school year shall complete the course. All student-athletes shall complete the course prior to participation in practice or competition.

NOTE: The Brainbook online concussion education course must be completed by a student-athlete only once.

41.3 CONCUSSION POLICY

41.3.1 Education

41.3.1.1 All AIA Participating schools must have a concussion policy on file: The policy must address the following:

- Concussion Education
- Removal from Play
- Return to Play

41.3.1.2 Parents and athletes must sign a form acknowledging education regarding concussion.

41.3.2 Mechanics and Criteria for Removal from Play

41.3.2.1 An athlete, coach, licensed athletic trainer, team physician, official or parent can remove an athlete from play.

41.3.2.2 Only an appropriate health care professional can refute the diagnosis of a concussion.

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41.3.3 Return to Play Criteria

- 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 appropriate health-care professional that day.
- Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
- After medical clearance, return to play shall follow a step-wise protocol with provisions for delayed return to play based as directed by an appropriate health-care professional.
- Return to play should only occur after an athlete has returned to full school attendance without academic accommodations.

41.3.4 Appropriate Health-Care Professionals for Return to Play

An appropriate health-care professional is defined as the following:

- Licensed Athletic Trainer
- Physician (MD/DO)
- Licensed Nurse Practitioner
- Physician's Assistant

41.3.5 Return to Academics

- Cognitive rest should be recommended for symptomatic athletes. This may include limiting activities such as reading, texting and computer usage.
- In some instances, this may also involve school absences and/or the use of academic adjustments or accommodations as prescribed by the appropriate healthcare professional and school academic team (school nurse, school counselor, administration, etc.).
- Returning an athlete to the classroom following a concussion should follow a return to learn progression.

41.3.6 Other

41.3.6.1 At the beginning of a game, the coach must certify to the official that the equipment is in compliance with safety regulations and properly fitted.

41.3.6.2 If a helmet comes off or becomes dislodged during play, must remain out for one play or call a time out to have the equipment reassessed.

41.4 **HEAT ACCLIMATIZATION & EXERTIONAL HEAT ILLNESS MANAGEMENT POLICY**

41.4.1 It is the position of the AIA that prevention is the best way to avoid exertional heat stroke. Prevention includes educating athletes and coaches about:

- Recognition and management of exertional heat illness;
- The risks associated with exercising in hot, humid environmental conditions;
- The need for gradual acclimatization over a 14 day period;
- Guidelines for proper hydrations;
- Implementing practice / competition modifications according to local temperature and relative humidity readings.

41.4.2 **Definitions**

Exertional heat illness includes the following conditions, ordered from the least to the most dangerous:

- a) Exercise associated muscle cramps: an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately 1-3 minutes.
- b) Heat syncope: also known as orthostatic dizziness, it refers to a fainting episode that can occur in high environmental temperatures, usually during the initial days of heat exposure.
- c) Exercise (heat) exhaustion: the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse.
- d) Exertional heat stroke: a severe condition characterized by core body temperature >40°C (104°F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments.

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Heat Acclimatization Protocol**(A team may not choose to train in a less severe climate)****Days 1-5:**

- Days 1 through 5 of the heat-acclimatization period consist of the first 5 days of formal practice. During this time, athletes may not participate in more than 1 practice per day.
- If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe. Total practice time should not exceed 3 hours in any 1 day. In addition to practice, a 1-hour maximum walk-through is permitted during days 1-5 of the heat acclimatization period. However, a 3-hour recovery period should be inserted between the practice and walk-through (or vice versa). (Note: a walk-through is defined as no contact with other individuals, dummies, sleds or shields).
- During days 1-3 of the heat-acclimatization period, in sports requiring helmets or shoulder pads, a helmet is the only protective equipment permitted. The use of shields and dummies during this time is permissible as a non-contact teaching tool.
- During days 4-6, only helmets and shoulder pads may be worn.
- Football only: on days 4-6, contact with blocking sleds and tackling dummies may be initiated.

Days 6-14:

- Beginning no earlier than day 6 and continuing through day 14, double-practice days must be followed by a single-practice day.
- On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
- On a double-practice day, neither practice should exceed 3 hours in duration, nor should student-athletes participate in more than 5 total hours of practice. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of practice time. The two practices should be separated by at least 3 continuous hours in a cool environment.
- Beginning on day 7, all protective equipment may be worn and full contact may begin.
- Full-contact sports may begin 100% live contact drills no earlier than day 7.
- Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practices.

41.4.3 Hydration Strategies

- Sufficient, sanitary and appropriate fluid should be readily accessible and consumed at regular intervals before, during and after all sports participation and other physical activities to offset sweat loss and maintain adequate hydration while avoiding overdrinking.
- Generally, 100 to 250 mL (approximately 3-8oz) up to 1.0 to 1.5 L (approximately 34-50oz) per hour for adolescent boys and girls is enough to sufficiently minimize sweating-induced body-water deficits during exercise and other physical activity as long as their pre-activity hydration status is good.
- Pre-activity to post-activity body-weight changes can provide more specific insight to a person's hydration status and rehydration needs. Athletes should be well hydrated before commencing all activities.
- The following guidelines are suggested:

Condition	% Body Weight Change
Well Hydrated	+1 to -1
Minimal dehydration	-1 to -3
Significant dehydration	-3 to -5
Serious dehydration	>-5

% Body weight change = [(pre-exercise body weight – post-exercise body weight) / pre-exercise body weight] x 100

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41.4.4 **Return to Play Following Exertional Heat Stroke**

The following is the protocol for return to play following heat stroke:

- Refrain from exercise for at least 7 days following the acute event.
- Follow up in about 1 week for physical exam by licensed physician (MD,DO)
- When cleared for activity by a licensed physician, begin exercise in a cool environment and gradually increase the duration, intensity, and heat exposure for 2 weeks to acclimatize and demonstrate heat tolerance under the direction of a licensed healthcare professional.
- If return to activity is difficult, consider a laboratory exercise-heat tolerance test about one month post incident.
- Athlete may be cleared for full competition if heat tolerance exists after 2-4 weeks of training.

The AIA also recommends that any athlete suspected of having suffered exertional heat exhaustion be referred to a licensed physician for follow-up medical examination and clearance.

41.5 **STUDENT INSURANCE**

It is recommended that each student athlete have on file with the principal or his/her designee proof of insurance coverage or a waiver prior to practice.

41.6 **POST SEASON EVENT PROTOCOL**

41.6.1 Applies for the following AIA Post Season Events:

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| • Football | • Basketball | • Softball |
| • Volleyball | • Wrestling | • Spiritline |
| • Soccer | • Baseball | |

41.6.2 An Emergency Action Plan (EAP) must be filed with AIA in order to host a post season tournament.

41.6.3 Qualified Medical Profession (QMP)/EMT Coverage.

41.6.3.1 All ATC/QMP/EMT services at AIA Post Season Events will be paid or reimbursed by the AIA.
(Note: "Region" events are not AIA events – ATC/QMP/EMT is not paid by AIA)

41.6.4 AIA State Tournaments at High Seed Sites:

41.6.4.1 Member schools must engage a qualified medical professional (QMP) or Emergency Medical Technician (EMT). One of the following three protocol options must be followed or payment may not be issued:

41.6.4.2 If there is no QMP or EMT at the game, the game shall not be played.

41.6.4.2.1 QMP as defined by Arizona Revised Statute §15-341:

- ATC – Certified Athletic Trainer
- MD – Medical Doctor
- DO – Doctor of Osteopathic Medicine
- NP – Licensed Nurse Practitioner
- PA – Licensed Physician's Assistant

41.6.4.2.2 If a school does not have a QMP or EMT and the opposing school does, in order for the game to proceed, the QMP or EMT agrees to cover the opposing school as well as their own school.

41.6.4.3 If ONLY an EMT is at the game, any player removed due to suspected head injury or concussion will not be allowed to enter or re-enter the game based on an EMT evaluation. Return to play can only be based on evaluation by a QMP.

41.6.5 AIA State Tournaments at Neutral Sites:

- AIA Staff will secure QMPs that will be contracted through the AIA or a third party vendor.
- If the QMP is a Certified Athletic Trainer, **the ATC must provide the AIA with a certificate of professional liability insurance** and be familiar with the AIA/ATC protocol.

41.7 TRANSGENDER POLICY

GENER IDENTITY PARTICIPATION – all students should have the opportunity to participate in Arizona Interscholastic Association (AIA) activities in a manner that is consistent with their gender identity, irrespective of the sex listed on a student's eligibility for participation in interscholastic athletics in a gender that does not match the sex assigned to him or her at birth, via the following procedure below. Once the student has been granted eligibility to participate in interscholastic athletics consistent with his/her gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sport season or school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make a specific request.

- 41.7.1 **NOTICE TO THE SCHOOL:** the student and/or parents shall contact the school administrator or athletic director indicating that the student has a consistent gender identity different than the sex listed on the student's school registration records, and that the student desires to participate in activities in a manner consistent with his/her gender identity.
- 41.7.2 **NOTICE TO THE AIA:** The school administrator shall contact the AIA office, which will assign a facilitator who will assist the school and student in preparation and completion of the AIA Gender Identity eligibility appeal process.
- 41.7.3 **FIRST LEVEL OF REVIEW** – the appeal student should provide the AIA with the following documentation and information:
- a) A letter from the student requesting to participate on an athletic team that differs from their birth sex:
 - The letter should state their intent to participate on an athletic team of their affirmed gender;
 - The reasons why they are making this request;
 - At what point they feel they first identified in their full time gender role;
 - If they have participated in sports previously and if so, where they allowed to participate in their affirmed gender and what that experience was like;
 - Steps he/she has taken to assume his/her affirmed gender;
 - Any additional information the student feels is important.
 - b) Documentation of student's consistent gender identification affirmed by the student's parent or guardian.
 - c) A letter of support from a school administrator
 - d) A letter of support from a qualified health care provided
 - The AIA shall schedule a meeting with the Gender Identity Eligibility Committee, a subcommittee of the AIA Sports Medicine Advisory Committee as expeditiously as possible after receipt of all required documentation. The committee may request an in person meeting with the student and parents and/or guardian. The Gender Identity Eligibility Committee shall provide a recommendation to the AIA Executive Board.
- 41.7.4 **SECOND LEVEL OF APPEAL** – Per AIA Bylaws 15.13.2 in all other cases, a member school may appeal on behalf of a student his/her ineligibility by notifying the Executive Board of the appeal in writing, setting out fully and completely the basis for the appeal. The Executive Board, utilizing the authority under AIA Bylaw 7.2.3.7, shall respond in writing within a reasonable time.