The Illinois Advisory Council on Player Safety met at the IHSA office in Bloomington, Illinois on Thursday, March 31, 2016, beginning at 10:00 a.m. Council members present were Tregg Duerson, Dustin Fink, Sara Flanigan, Allison Hieb, Tory Lindley, and Cole Steward. Also in attendance were Associate Executive Director Kurt Gibson; Assistant Executive Director Matt Troha; and guests from King-Devick: Samantha Figueroa, TJ Gaynor, and Mark Hane. Not present were members Senator Napoleon Harris and Dennis Piron.

ITEMS OF GENERAL DISCUSSION:

1. The council reviewed the minutes of their October 9, 2015 meeting.

2. The council reviewed the minutes of the December 3, 2015 Sports Medicine Advisory Committee meeting.

3. The council shared their concerns regarding the proposed recommendation to Football Policy 13 that was not acted upon at the IHSA Board of Directors meeting in February. While the council appreciates the need for data collection, they expressed surprise that the change in policy wasn’t approved given what the data indicated. The council discussed ways that, going forward, they can provide their collective view to other constituent groups in advance of future recommendations they may advance.

4. The council reviewed reports from game officials and athletic trainers regarding possible head injuries/concussions that have been reported thus far this year. Through March 22nd, contest officials had submitted 336 special reports on athletes removed from contests with possible head injuries, and 288, or 86% of those student-athletes did not return to the contest from which they were removed.

5. The council heard an update from IHSA staff concerning the concussion education program being developed by IHSA/IESA for athletic coaches, marching band directors, and licensed officials to meet the requirements of the Youth Sports Concussion Safety Act. It is expected the program will be available in the IHSA Schools and Officials Center within the next week.

6. Council member Sara Flanigan shared information with the council on a few topics:
   a. The first concerned mental health considerations for student-athletes. The council agreed to begin increasing awareness on the topic by linking the NATA Consensus Statement regarding mental health to the PSPH website. A link to the executive summary of the consensus statement can be found here: NATA Guideline. Additionally, the council asked that this topic be added to the up-coming IHSA SMAC meeting agenda.
   b. The second topic focused on having the IHSA SMAC review skin procedures and NFHS guidelines for addressing skin conditions in wrestling and other sports.

7. The council heard a report on the King-Devick Test by Samantha Figueroa, TJ Gaynor, and Mark Hane of King-Devick. King-Devick is a remove-from-play sideline concussion screening
The test objectively detects impairments of eye movements, attention, speech, concentration, and other correlates of neurological impairment. Through a variety of partnerships with other state-wide associations, counties, or even at a local school district level, King-Devick provides supplemental information to school personnel in situations where students may or may not have displayed signs or symptoms of a possible head injury. In the presentation, King-Devick representatives provided an overview on their sideline test and how it works, as well as a description of the partnership King-Devick has with the Michigan High School Athletic Association.

8. Council member Tory Lindley shared information with the council on a few topics:
   a. The first was an overview of the recently-held college football safety summit and some of the discussion points made at that meeting. Among those included the new contact restrictions to be used at Ivy League schools, the amount of live contact and thud college teams can have per week, and the possibility of eliminating two a day practices at the collegiate level.
   b. He also shared information on some work at the college level by Big 10 and Ivy League consortiums regarding concussion biomarkers. Brain pulse markers and hearing tests are two such biomarkers that are showing the possibility of having some scientific value through some early studies.

9. Council member Fink shared information to the council on a variety of topics:
   a. The first concerned C3 Logix, which is an integrated concussion management system. Council member Fink shared the possibilities of the system and potential benefits for adopters.
   b. The second topic centered on the recently-held Female Concussion Summit he attended. At the summit, the following discussion items occurred:
      i. female concussions are different injuries than concussions sustained by males and should be treated differently;
      ii. additionally, data appears to show that females respond better and recover more quickly from concussions than their male counterparts if they are in a social setting; and,
      iii. some studies are also showing that recovery time from concussions for females can be linked to the timing of a head injury in the athlete’s menstrual cycle.
   a. Thirdly, Mr. Fink shared information on recent studies on playing surfaces and concussion rates. The surface layer (underlay) under synthetic fields may be increasing concussion rates in student-athletes. Continued monitoring of this development will be necessary going forward.
   b. Finally, he also suggested giving consideration to creating a “Good Will” tour for members of the council to have an opportunity to share with coaches, administrators, parents, and fans some of the initiatives taken on by the council so far.

10. The council discussed the current NFHS rule regarding injury time, and the challenges faced by athletes, coaches, officials, athletic trainers, and physicians by the limited time offered in the current rule to determine if an athlete has possibly suffered a concussion. The council desires the
IHSA SMAC discuss this topic at their up-coming meeting later this month and consider recommending a change to the current rule.

11. The council discussed looking at penalty workouts/conditioning for discipline and considering the formation of a statement expressing the need to eliminate these type of activities. This will be a part of the council’s September agenda.

12. The council discussed generating information and data to support the concept that schools wishing to offer football to its students must also provide some kind of health care (i.e., athletic trainer, physician, or some other type of provider) for participants. The council will continue this as an agenda item at up-coming meetings to monitor any national developments.