



## American College of Sports Medicine National Youth Sports Health & Safety Institute Youth Sports Policy Agenda

For young athletes, regular participation in youth sports can provide myriad health and fitness benefits, as well as an opportunity to learn about discipline, commitment, setting and achieving goals, teamwork, and fair play. The advantages can extend even to enhanced academic achievement.

Unfortunately, for youth, when playing sports long enough, hard enough, and often enough, sustaining an injury is a reality of the game. Playing by the rules, using the right equipment and protective gear, and learning proper technique all contribute to minimizing injury risk. In addition, adequate sleep, nutrition, and hydration contribute to peak performance and athlete safety. Every youth athlete, no matter the level of ability, should be able to enjoy any sport in a safe environment.

A poll conducted showed 91% of Americans feel sports participation is important for children and adolescents, yet 94% feel more needs to be done to ensure the health and safety of youth athletes. These concerns are fueled by reports of heat illness, concussion, undiagnosed heart conditions and other issues affecting athletes of all ages.

To provide a safe environment for all youth athletes, ACSM believes that each state should take measures to protect athletes as they participate in sports. Below are issues with core principles that should be considered in any policy or legislation.

### **Pre-participation Evaluation (PPE)**

The overall goal of the pre-participation evaluation (PPE) is to help maintain the health and safety of athletes by screening for injuries, illnesses, or other factors that increase an athlete's risk for injury or illness. Its purpose is not to exclude athletes from participation but to promote safe participation. If not medically eligible for chosen activity, most athletes can be rehabilitated or redirected to another sport. Policies and legislation should include the following principles:

- 1) A complete PPE should be performed before the athlete enters a new level of participation and when changes in status may warrant a new exam.
- 2) A licensed physician (doctor of medicine or doctor of osteopathy) is the most appropriate person to perform the PPE.
- 3) A sample PPE recommended by the "Preparticipation Physical Evaluation Monograph (5<sup>th</sup> Edition) (make this a link) currently meets the requirements of a PPE and is encouraged to be used at all levels of sport.

## **Heat Acclimatization**

Training in hot, humid conditions can be very challenging for any athlete. Heat illness is more likely to occur, and performance can often be affected, in high intensity and longer duration sports. It is important to allow an athlete to adapt to the heat and humidity by slowly increasing the length and intensity of workouts in these conditions. Heat acclimatization plays a large part in the body's physical responses and overall ability to cope with heat exposure. Policies and legislation should include the following principles:

- 1) Educate players, coaches, parents, and school leadership as to the signs and dangers of heat-related illnesses.
- 2) Mandate heat acclimatization standards based on the latest evidence-based science.

## **Concussion**

Participation in any sport or recreational activity poses a risk of concussion. Each year, U.S. emergency departments treat an estimated 135,000 sports and recreation-related traumatic brain injuries, including concussions, among children ages 5 to 18. Of the 1,300 athletes who experience concussion-like symptoms, 41 percent return to competition too soon. Policies and legislation should include the following principles:

- 1) Emphasis on the education of athletes, coaches, and parents as to the danger of concussions; and
- 2) Proper identification of the concussion and an athlete's immediate removal from play; and
- 3) Standardized guidelines for concussion management includes an individualized return to activity plan in the event of a concussion, followed by a written evaluation and "clearance" by a licensed health care professional.

## **Performance Enhancing Drugs (PEDs)**

Over recent years, there has been a spike in anabolic steroid and PED use among adolescent athletes. The use of PEDs in sports or in recreational settings by individuals to improve their athletic performance and/or appearance has been observed for hundreds of years. ACSM has a decades-long history of strong opposition to the use of anabolic steroids and other classes of PEDs in competitive and recreational sports. Policies and legislation should include the following principles:

- 1) Education of athletes, coaches, and parents as to the potential dangers of PEDs;
- 2) Immediate, definitive, and lasting action to prevent the use of anabolic steroids and steroid precursors.
- 3) Appropriate penalties for those involved in the medically inappropriate production, prescription, distribution and use of these agents.

## **Youth protections from abuse**

Abuse in the sports environment can include physical abuse, neglect, sexual abuse or emotional/psychological abuse by a coach or other adult as well harassment or abuse by peers.

Education and awareness are the most critical components to creating safe and respectful sporting environments free of abuse and harassment. Policies and legislation should include the following principles:

- 1) Develop education and training to prevent abuse, including emotional, physical, and sexual abuse, of any amateur athlete. At a minimum, organizations must offer and give consistent training related to the prevention of child abuse to: (1) adult members who are in regular contact with minor athletes and (2) subject to parental consent, to members who are minors.
- 2) Organizations must implement reasonable procedures to limit one-on-one interactions between a minor athlete and an adult (who is not the minor's legal guardian)
- 3) Mandatory reporting to at least one administrative level above the perpetrator
- 4) Education to recognize grooming behavior

## **Coach education**

Youth sport coaches should receive foundational learning experiences prior to entering coaching. These learning experiences should align with industry supported standards to assist youth sport coaches in creating quality youth sport experiences that will support athlete development. Policies and legislation should include the following principles:

- 1) Require all coaches to be trained in First Aid, CPR, AED, and concussion awareness and renew training on a regular basis.
- 2) Require coaches to be trained in coaching techniques and to participate in ongoing education. There is a need for age appropriate knowledge about HOW to coach each age group and WHAT to coach for the age and stage of the individual's development. It should be the sport organization's responsibility to provide this support
- 3) Require coaches to go through awareness education for coaching athletes with chronic conditions such as: diabetes, juvenile arthritis, allergies (epinephrine pen use), and asthma.

## **Injury Management**

Policies and legislation should include the following principles:

- 1) Require that all schools have a comprehensive athletic health care administrative program and an athletic health care team to prevent and immediately manage injuries and illnesses. The team should consist of a physician, athletic trainer, school nurse or other health care professional and the athletic director.
- 2) Require that all schools provide a permanent, appropriately equipped area in which injured athletes may be evaluated and treated by health care professionals, because early assessment and intervention encourages proper healing and decreases the risk of re-injury. Having a designated area is critical in the management of life- or limb-threatening conditions.
- 3) Require that all schools have an emergency action plan for all athletic practices, training activities, and competitions held on their property.