

*Office of  
Athletics and Co-Curricular Activities*

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**MEMORANDUM**

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TO: Personnel/Athletics and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Trainer Justification

DATE: May 28, 2008

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This is an excerpt from Section IV of the PIAA Handbook which discusses Sports Medicine.

**GUIDELINES FOR MEDICAL COVERAGE FOR ATHLETIC EVENTS**

The Governor's Council on Physical Fitness and Sports recommends the following guidelines for medical coverage for student-athletic events:

Equipment: Ice – O2; Scalpel; Epinephrine; Benadryl; Airway; Endotracheal Tube;  
Soft Collar; Spine Board; H.Slats, Kelly, Tourniquet; Chest Tube;  
18 Gauge Needles; Tape; Air Splint, Cellular Phone

Collision (opponents may displace opponents) Sports:

Contest: Football, Ice Hockey (male), Lacrosse (male), Wrestling  
Physician and at least one of the following: **Certified Athletic Trainer or Physician Assistant or Nurse Practitioner specifically trained in sports medicine.** Access within 2 to 5 minutes of phone line activation of emergency system (i.e. – ambulance – EMT + physician notification).

Practice: **Certified Athletic Trainer or Physician Assistant or Nurse Practitioner specifically trained in sports medicine.** Access within 2 to 5 minutes of phone line activation of emergency system (i.e. – ambulance – EMT + physician notification).

Contact (opponents may not displace opponents) Sports: Baseball, Basketball, Competitive Cheerleading, Cross Country, Field Hockey, Ice Hockey (female), Gymnastics, Lacrosse (female), Soccer, Softball, Swimming and Diving, Track and Field, Volleyball, Water Polo

Contest & Practice: **Certified Athletic Trainer or Physician Assistant or Nurse Practitioner specifically trained in sports medicine.** Access within 2 to 5 minutes of phone line activation of emergency system (i.e. – ambulance – EMT + physician notification).

Non-Contact Sports: Bowling, Golf, Rifle, Tennis Contest & Practice: Coach Certified in CPR, first aid, and basic care of suspected injuries. Access within 2 to 5 minutes of phone line activation of emergency system (i.e. – ambulance – EMT + physician notification).

Pennsylvania Department of Health • Governor's Council on Physical Fitness and Sports  
January 2002/Revised June 2002 32

JNW/wn

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**MEMORANDUM**

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TO: Personnel/Athletic and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Justification of Contracted Certified Athletic Trainer Services - A

DATE: May 1, 2008

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Please allow me to state that in my opinion, the services of a Certified Athletic Trainer (ATC) are absolutely essential to our athletic program. Some of the services they provide to our student-athletes are:

- Consultation / Advice
  - WCSD Accident Report Form
  - Care of Injured Player item in our Athletic Employees' Handbook
  - Development and Implementation of an Emergency Action Plan at each of our Secondary Schools
  - Formulate a revised procedure for dealing with HIPAA Option B student-athletes
  - MRSA education and prevention
  - Herpes education and prevention
  - TBI in-service
- Administer ImPACT Baseline and Post Concussion tests
- ImPACT consultation with UPMC
- Herpes evaluation
- StaphASeptic application
- NWCA weight control evaluator
- Injury
  - Prevention
  - Treatment
  - Referral
  - Rehabilitation
- Make medically based return-to-play decision without conflict of interest
- Easy access to expert medical care
- Immediate assessment and treatment thus reducing severity and rehabilitation time
- Students can remain in school rather than travel to a rehab clinic at our hospital
- Injury and illness prevention education
- Assist in administration of Athletic Physicals

It is true that our coaches are responsible to treat injured athletes in many instances. Our trainers do provide some in-service training to our coaches. And our trainers are on call and occasionally are available to respond to or at least consult on an injured athlete. However, our coaches are not required to have even basic first aid training. Some have had Red Cross certification in the past but very few are currently certified.

Our coaches do contact emergency personnel when serious injuries occur. I do not have average response time to our various athletic venues. However consider that outside the City of Warren emergency service is provided by volunteer ambulance services. Even with the most fortuitous circumstances, it takes over 15 minutes to respond to an emergency. It could take significantly longer. When tending to an injured student-athlete that can seem very long.

One additional thought: Consider the difficulty explaining to a parent whose child has been seriously injured why we no longer provide the services of a Certified Athletic Trainer. We had found their services important enough to double our ATC coverage in August of 2007, but now we have decided that we no longer need their expertise. There are many frightening scenarios we could all imagine that our coaches are simply not trained to handle. Waiting for emergency personnel to arrive while a student-athlete lies on the ground or court can be excruciating. Please consider extending our contract with Warren General Hospital for our current Certified Athletic Trainer services. Thank you.

JW/wn

*Office of  
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**MEMORANDUM**

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TO: Personnel/Athletic and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Justification of Contracted Certified Athletic Trainer Services - B

DATE: May 1, 2008

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Please allow me to relate two extreme cases of emergency care administered to an injured athlete I have witnessed.

- In an incident witnessed during my coaching tenure with the WCSD I observed a coach tending to an injured football player. The player had sustained a blow to the head and was complaining of head and neck pain. The coach broke an ammonia capsule (These have since been removed from all of our medical equipment kits.) and held it under the player's nose. The boy was startled, shook his head violently and eventually sat up and walked off the field. The boy was fine but I cannot imagine the damage that would have been done had he had a neck injury.
- In another incident at the other end of the spectrum, a student-athlete was injured in an athletic contest. In this case a helicopter was actually flown to one of our schools and transported the player to an emergency room. The student was in school the next day. While I certainly did not criticize the decision to call for emergency help; perhaps air transport was more extreme than necessary.

The services of a licensed certified Athletic Trainer would help avoid circumstances such as these. Even if they are not present at all events, they are at half of our facilities at almost any given time and are always available for immediate consultation.

JW/wn

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**MEMORANDUM**

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TO: Personnel/Athletic and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Justification of Contracted Certified Athletic Trainer Services - C

DATE: May 1, 2008

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Please see below key statements from documents in support of maintaining Certified Athletic Trainer positions in all scholastic athletic programs. The associated links will take you the document in which the statements are found.

- National Athletic Trainers Association -

...The recognition and treatment of injuries to student athletes must be immediate. ... Therefore, it is the position of the National Athletic Trainers' Association that all secondary schools should provide the services of a full-time, on-site, certified athletic trainer (ATC) to student athletes.

- <http://www.nata.org/statements/official/secondaryschool.pdf>

- American Medical Association -

The AMA believes that: ( 1) the Board of Education and the Department of Health of the individual states should encourage that an adequate Athletic Medicine Unit be established in every school that mounts a sports program; (2) the Athletic Medicine Unit should be composed of an allopathic or osteopathic physician director with unlimited license to practice medicine, an athletic health coordinator (preferably a NATABOC certified athletic trainer), and other necessary personnel; (3) the duties of the Athletic Medicine Unit should be prevention of injury, the provision of medical care with the cooperation of the family's physician and others of the health care team of the community, and the rehabilitation of the injured; ...

- [http://www.nata.org/employers/ss/ama\\_recommendation.pdf](http://www.nata.org/employers/ss/ama_recommendation.pdf)

- American Academy of Family Physicians -

... "The AAFP encourages high schools to have, whenever possible, a BOC certified or registered/licensed athletic trainer as an integral part of the high school athletic program." ...

- <http://www.aafp.org/online/en/home/policy/policies/s/athletictrainhsathletes.html>

- Consensus Statement from members of: American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, American Physical Therapy Association, American Public Health Association, Emergency Medical Services, International Academy for Sports Dentistry, National Association of School Nurses, National Association of Secondary School Principals, National Athletic Trainers' Association, National Federation of State High School Associations, National Interscholastic Athletic Administrators' Association, National Safety Council, The President's Council on Physical Fitness and Sports, -

The athletic health care team may be comprised of appropriate health care professionals in consultation with administrators, coaches, parents and participants. Appropriate health care professionals could be: certified athletic trainers\*, team physicians\*\*, consulting physicians, school nurses, physical therapists, emergency medical services (EMS) personnel, dentists and other allied health care professionals. ...

- [http://www.nata.org/statements/consensus/Consensus%20Statement\\_Fin al%20Version\\_Sept02.pdf](http://www.nata.org/statements/consensus/Consensus%20Statement_Fin al%20Version_Sept02.pdf)

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RE: Trainer Justification

DATE: May 28, 2008

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Please find below area schools and the Athletic Trainer who provides ATC services to their student-athletes.

School	Trainer	School	Trainer
Cambridge Springs	Heather Wheeler	Linesville	Paul Van Dusen
Cathedral Prep	Keith Grubbs	McDowell	Paul Endres
Cochranion	Mike Carr	Maplewood	Heather Johnson
Commodore Perry		Meadville	Brad Schnauber
Conneaut Lake	Mary Beth Jacobs	Mercer	Sue Mehallick
Conneaut Valley	Mike Burns	Mercyhurst Prep	Beth Nichols
Corry	Mike Fedyshir	North East	Erin Terry
East	Lynn Chrisman	Northwestern	Amy Smith
Farrell	Rocky Morris	Oil City	Mel Wemmoth
Eisenhower	Kari Morales	Reynolds	Steve Waleff
Central	David Marks	Saegertown	Chris Greco
Fairview	Nicole Parker	Seneca	Lisa Locke
Ft. LeBoeuf	Bob Barton	Sharon	Ryan Fagley
Franklin	Becky Barnes	Sharpville	Tom Martin
General McLane	Rob Kennerknecht	Slippery Rock	Jennifer Toy
George Junior	Cindi Hall	Strong Vincent	Josh Hoffman
Girard	Michele Desser	Titusville	Becky Hasbrouck
Greenville		Union City	Stacey Quirk
Grove City	Trish Caton	Villa Maria	Kristen Tome
Harbor Creek	Derek Chew	Vision Quest	
Hickory	Tammy Thomas	Warren	Andrea Shene
Iroquois	Bob Dixon	West Middlesex	Mark Zaccone
Jamestown		Wilmingtgn	Brandy Sanford
Kennedy	Rotates SRMC	Youngsville	Kari Morales
Sharon	Rotates SRMC		
Lakeview	Dan Braatz		



# *Office of Athletics and Co-Curricular Activities*

## **MEMORANDUM**

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TO: Personnel/Athletics and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Trainer Justification

DATE: May 15, 2008

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The following testimonials were found on the National Athletic Trainers Association web site as cited at the end of the document.

## **Testimonials from employers and friends**

### **Legislators and Regulators**

*As a state legislator concerned with health policy, affordable and accessible health care for all people is my primary concern. We must look for innovative solutions to providing health care because of the increasing shortages of nurses and other health care workers. One of the best ways to deliver health care services in the community is to better utilize certified athletic trainers. Athletic trainers are multi-skilled allied health care professionals who provide a unique combination of injury and illness treatment and rehabilitation with a substantial dose of injury prevention and general wellness.*

- Representative Jerry Krummel Oregon House of Representatives, District

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### **Physicians, Hospitals and Clinics**

*"I am a Pediatrician who specializes in Pediatric Emergency Medicine and have a personal interest in Sports Medicine. I have had the opportunity to work closely with Athletic Trainers as the mother of three teenage athletes. I have relied on them to provide the guidance for rehabbing injuries, for taping joints and providing guidance to prevent re-injury. I have also witnessed Athletic Trainers on the sidelines/court side making quick assessments of severity of injury and initiating therapy to prevent further injury."*

*"Professionally I have had the honor of working with an experienced Athletic Trainer as part of our comprehensive Sports Medicine program. This athletic trainer is a vital part of the*

*assessment, therapeutic and educational team. Not only does she teach the patients/parents about the injury and rehab program but she plays a crucial part in the education of medical students, residents and fellows. Education of pediatric residents in the area of Sports Medicine is fundamentally important as more and more young children are becoming year-round athletes. Our Athletic Trainer provides the expertise we need when dealing with these young athletes."*

-- Leslie Mihalov, MD, Chief of Pediatric Emergency Medicine, Associate Director, Pediatric Residency Program, Children's Hospital, Columbus, OH

*"I am a primary care sports medicine specialist and I work in the high school, college and clinic settings in sports medicine. I have worked closely with athletic trainers for 18 years. Athletic trainers play an indispensable role in the care of athletes in all of those settings. In the high school setting, the athletic trainers are frequently the main point person in initially evaluating and treating sports injuries. Athletic trainers have to be well-versed in treating problems from blisters to life-threatening problems such as heat illness and cardiac arrest. The key component is preparation for the worst problems that can occur."*

*"Athletic trainers need to disseminate information in an understandable way for parents, athletes and coaches. They play an essential role in patient information in the world of sports medicine. They also oversee rehabilitation, appropriate strength conditioning and nutritional programs."*

*"In summary, athletic trainers are an essential part of the health care team in sports medicine. They play a central role both by their actions and their preparation."*

-- Joe Congeni, M.D. Medical Director of Sports Medicine, Akron Children's Hospital, Akron, OH

*"The educational background of a certified athletic trainer is the perfect preparation for assisting an orthopaedic surgeon. The knowledge of musculoskeletal anatomy, function and clinical experience in the diagnosis and treatment of musculoskeletal disorders is virtually unmatched, even amongst medical students. I believe that ATCs are the best physician extenders, and I use them in that role daily."*

-- Ron Clark, MD, Valparaiso (IN) Orthopaedic Clinic

*"I realized early on in my career that ATCs are the only health care professionals who devote their entire education and professional lives to taking care of active people. My patients experience excellent outcomes as a result of therapy provided by ATCs. My patients love working with them. ATCs are a value added service to my practice. I could not do without them."*

- Thomas D. Kohl, MD, Family Practice Physician; Director, Sports Medicine, Comprehensive Athletic Treatment Center, Wyomissing, PA

<http://www.nata.org/consumer/testimonials.htm>

JW/wn

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**MEMORANDUM**

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TO: Personnel/Athletics and Co-Curricular Activities Committee

FROM: John N. Werner  
Supervisor of District-Wide Athletics and Co-Curricular Activities

RE: Trainer Statistics

DATE: May 7, 2008

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Please see below statistics showing the activity of our Certified Athletic Trainers through the past calendar year.

**Trainer A**

**# of Evaluations      Injury**

**Fall Season**

School 1:	24	ankle injuries requiring HEP; 3 referrals for xray/Dr.
	33	lower leg injuries(shin splints, foot/toe); 2 referrals xray/Dr.
	29	knee injuries requiring HEP; 6 referrals for Dr./MRI
	18	stains to quad/hamstring/hip flexor/IT band
	18	shoulder injuries requiring HEP; 3 referrals ER/Dr.
	27	UE injuries requiring HEP; 4 referrals xray/Dr.
	7	Misc.(heat illness, skin disorders, asthma); 3 referrals to Dr.
	16	Concussion/neck/facial injuries; 10 IMPACT tests
	15	LBP, torso injuries; 3 referrals to ER/Dr.

School 2:	4	ankle injuries requiring HEP; 1 referral to ER
	3	lower leg injuries
	6	knee injuries requiring HEP; 3 referrals to Dr.
	1	strain to quad/hamstring/hip flexor/IT band
	1	shoulder injury requiring HEP
	11	UE injuries requiring HEP; 3 referrals to ER/Dr.
	1	Misc.
	4	Concussion/neck/facial injuries; 1 IMPACT
	5	LBP, torso injuries

**Winter Season**

School 1:	8	ankle injuries; 2 referrals
	7	knee injuries; 3 referrals
	6	lower leg injuries
	5	strain to quad/hamstring/hip flexor/IT band
	3	shoulder injuries; 2 referrals
	7	UE injuries; 3 referrals

	2	Misc.; 1 referral
	5	Concussion/neck/facial injuries; 1 IMPACT
	3	LBP, torso injuries; 1 referral

School 2:	4	knee injuries; 1 referral
	1	strain to quad/hamstring/hip flexor/IT band
	2	shoulder injuries
	2	UE injuries
	3	Concussion/neck/facial injuries
	1	LBP, torso injury

### Spring Season

School 1:	4	knee injuries
	8	lower leg injuries; 1 referral
	7	strain to quad/hamstring/hip flexor/IT band; 2 referral
	4	shoulder injuries; 1 referral
	3	UE injuries
	1	Concussion/neck/facial injury
	1	LBP, torso injury

School 2:	3	ankle injuries
	1	knee injury
	2	lower leg injuries
	3	strains to quad/hamstring/hip flexor/IT band
	1	UE injury

Total taping techniques: 264 [not necessarily an evaluation]

Total ice bags given: 293 (not necessarily an evaluation)

HEP: 252

**Total Evaluations: 566**

LBP	Lower Back Pain
IT	Iliotibial band
UE	Upper Extremity
HEP	Home Exercise Program
ER	Emergency Room
ImPACT	Concussion management program

### Trainer B

#### Spring Season

<u># of Evaluations</u>	<u>Injury</u>
School 3: 2	groin injury requiring home exercise program
3	shoulder injury requiring referral; possible rehab
1	Trap strain
5	quad injury requiring referral and home exercise program
12	<u>LB pain requiring referral and formal rehab</u>
15	SI joint injury requiring home exercise program and use of brace
2	finger—possible dislocation w/ relocation
6	quad strains requiring home exercise program
4	knee injury requiring home exercise program
School 4: 10	SI joint injuries requiring home exercise programs

- 1 foot injury
- 3 head injury requiring IMPACT testing
- 15 shoulder—tendonitis requiring home exercise program
- 2 finger laceration requiring stitches
- 8 anterior lower leg strains requiring home exercise programs and education; one needing orthotics
- 1 knee injury requiring home exercise program

#### **Winter Season**

- School 3:
- 9 concussions requiring IMPACT testing
  - 10 ACL tear
  - 17 non-athletic injury
  - 22 shoulder injury w/ home exercise program and alteration in practice; required brace for practice and events
  - 8 meniscal injury
  - 3 finger injury requiring ER referral
  - 24 ankle sprains requiring home exercise programs
  - 5 shoulder injury requiring referral
  - 6 skin infections requiring referrals

- School 4:
- 3 quad strain
  - 1 sternal injury
  - 19 ankle sprains requiring rehab/home exercise programs
  - 5 shoulder/elbow injury
  - 3 meniscal injury requiring surgery (from fall season)
  - 7 AC joint injury
  - 5 rib injuries

#### **Fall Season**

- School 3:
- 5 concussion requiring IMPACT testing
  - 3 hamstring strain requiring referral and formal rehab
  - 6 quad injuries requiring specialized protection
  - 22 thumb injury requiring referral to specialist; HEP given at later date
  - 8 shoulder injury requiring referral and formal rehab
  - 9 ankle sprains requiring HEP
  - 4 knee injury requiring referral
  - 6 major contusions requiring specialized protection
  - 10 LB strains requiring HEP
  - 3 ankle injury requiring X-Rays
  - 15 ankle sprain requiring referral and formal rehab
  - 2 lower leg injury requiring ER referral and casting
  - 4 shoulder injury requiring home exercise program

- School 4:
- 2 calf contusion requiring specialized padding
  - 6 concussion requiring IMPACT testing
  - 12 ankle sprains w/ home exercise programs
  - 4 LB injury requiring home exercise program
  - 6 shoulder injury requiring referral and formal rehab
  - 2 elbow injury requiring referral for x-rays
  - 6 hamstring injury requiring referral and home exercise programs

4	LB injury requiring referral
4	lower leg injuries requiring ER referral and casting
10	skin infections needing referral

Total taping techniques performed:	211 (not necessarily an evaluation)
Total Ice bags given:	206 (not necessarily an evaluation)
Whirlpool Treatments:	17 [not necessarily an evaluation]
Home Exercise Programs:	78 (including those not requiring evaluations)
<b>Total Evaluations:</b>	<b>417</b>

LB	Lower Back
SI	Sacroiliac joint Injury in the lower back area
AC	Acromioclavicular joint in the shoulder
HEP	Home Exercise Program
ACL	Anterior Cruciate Ligament
ER	Emergency Room
ImPACT	Concussion management program

### **Grand Total**

Taping techniques:	475 [not necessarily an evaluation]
Ice bags treatments:	499 [not necessarily an evaluation]
HEP:	330
Whirlpool Treatments	17 [not necessarily an evaluation]
<b>Total Evaluations:</b>	<b>983</b>

JW/wn

Mark Evans  
640 Liberty Street  
Warren Pa. 16365  
May 9, 2008

To the Members of the Board of the Warren County School District:

I am the Head Coach of the Warren Boys Soccer Team and have coached in this position for the last 12 years. I am alarmed to hear that the board is considering the elimination of the school athletic trainer. I have found the access to and attendance of an athletic trainer at matches to be invaluable. I would have preferred to have to have spoken in person but I am abroad on holiday.

Soccer is a contact sport, a sport in which players must contest for the ball all the time, a sport in which the players will run at least five miles in a game while battling to win the ball and to keep it.

Our players practice very hard between matches. There will always be injuries in the course of a season during matches and at practice sessions. How these injuries are managed contributes significantly to the success of our program, and of any sports program.

There are many ways in which to judge an athletic program. Please consider this part of what I deem to be highly important and a success for the student athletes involved.

We have played a grueling 20-match season with two additional scrimmage games followed by play-off matches for the past 12 years that I have been the team's Head Coach. It is highly important to me, and I see this as significant achievement, that we have suffered over this long time frame, very few injuries that require further treatment away from the playing field. This has, I believe, been due directly to the quick and thorough diagnosis of any injuries that have been sustained. It is due to the correct treatment and then to the excellent follow up care provided by our trainers particularly Andrea Sheen. The care and prevention of injuries and keeping them minimal, is an important part of the way I evaluate the quality of this program.

There will always be injuries. Injuries will be picked-up during practices and during matches. Injuries will be sustained by our players and by visiting players. These injuries and the potential for injuries require the attention of a qualified professional trainer. I believe in order to have a successful, safe, and healthy program with injuries kept to an acceptable minimum, a trainer is needed.

Over the course of these last 12 years, in addition to the trainer attention noted, at my request, our teams have had the benefit of having the trainer address the various teams I have coached about numerous topics. These topics include: proper nutrition, the use of performance enhancing drugs, overall peak conditioning, and the dangers of heat stroke and how to avoid this condition. I have also had Andrea recommend proper stretching techniques, when needed.

The expertise I bring to this program does not nearly cover all of the professional expertise required to create and maintain a safe and successful program. All of my players and I, and I'm sure their parents, are comforted by knowing a trainer is in attendance and on call.

I ask that you continue to provide a trainer for our program and for all of the other programs covered. The continued well-being and safety of our student athletes should be of the highest importance. The presence and availability of a trainer helps to assure that.

Thank you.

Sincerely,

Mark Evans  
Warren Area High School Boys Soccer Head Coach