

# REDUCING HEAD AND NECK INJURIES IN FOOTBALL

1. **Preparticipation medical examinations**, including a health history, are mandatory as per Iowa Code 281—36.14(10). If the health-care provider or coach has any questions about the athlete's readiness to participate, the athlete should not be allowed to play until further examination takes place.
2. All personnel involved with training football athletes should **emphasize proper, gradual, and sport-specific physical conditioning**.
3. **EMERGENCY MEASURES MUST BE IN PLACE** for all games and practice sessions. Whenever possible certified athletic trainers should be present for all football practices and games. Physicians should be onsite or accessible for all practices and onsite for all games. **Emergency action plans should be reviewed and rehearsed annually.** Automated external defibrillators (AED) should be available for emergency situations (within three minutes).
4. **Athletes must be given proper conditioning exercises which will strengthen their necks** so that participants will be able to hold their head firmly erect when making contact. Strong neck muscles may help prevent neck injuries.
5. Coaches should continue to **teach and emphasize the proper fundamentals of blocking and tackling** to help reduce brain and neck fatalities. **KEEP THE HEAD OUT OF FOOTBALL.**
6. **There should be strict enforcement of game rules, and administrative regulations should be enforced** to protect the health of the athlete. Coaches and school officials must support the game officials in their conduct of the athletic contests.
7. **Coaches and officials should discourage the players from using their heads as battering rams** when blocking and tackling. The **RULES PROHIBITING SPEARING MUST BE ENFORCED IN PRACTICE AND IN GAMES.** Players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
8. **Coaches, physicians, and athletic trainers should take special care to see that the player's equipment is properly fitted, particularly the helmet.**
9. **ANY PLAYER EXHIBITING SIGNS, SYMPTOMS OR BEHAVIORS OF A CONCUSSION OR BRAIN INJURY** (*loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss*) **SHOULD RECEIVE IMMEDIATE MEDICAL ATTENTION** and shall not be allowed to return to practice or competition without written permission from the proper medical authorities as per Iowa Code 280.13c.
10. **PLAYERS SHOULD BE MADE AWARE OF THE SIGNS OF CONCUSSION** (*loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss*). Players should be encouraged to inform the team physician, athletic trainer, or coach if they, or a team mate, are experiencing any of the above-mentioned signs of brain trauma.

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, 2019

Adapted from: *The Annual Survey of Football Injury Research, 1931-2018* by National Center for Catastrophic Sport Injury Research.