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West Orange-Stark players take a moment to remember star quarterback Reggie Garrett, who died suddenly in a 2010 regular season game. Heart issues like Garrett's, along with concussions and heat-related illnesses, have risen to the forefront of Texas' consciousness. Photo by Jay Stevens

HOW TEXAS IS STRIVING TO MAKE FOOTBALL SAFER

By David Barron
Houston Chronicle

On the legislative front, concussions took center stage. The Texas House of Representatives in May passed **HOUSE BILL 2038**, sponsored by Rep. Walter "Four" Price, R-Amarillo, which will **REQUIRE SCHOOL DISTRICTS** to follow procedures to treat students who have received concussions, with a **BAN ON RETURNING** to play on the same day, and the establishment by each district of a **CONCUSSION MANAGEMENT** committee that would allow student-athletes to return to play based on the decision of medical professionals — **NOT COACHES**.

In some corners of the Texas football universe, this offseason has been as much about heat, hearts and heads as about recruiting, realignment and rebuilding — the normal obsessions of most fans, coaches, administrators and athletes from Christmas through Week Zero.

As the Texas Legislature struggled with this year's funding shortfalls, it also devoted considerable energy to concussion management, the latest issue du jour of sports medicine and TV magazine shows.

And as much of Texas struggled through the worst drought since the 1950s spell that brought us, among other things, the tale of Paul "Bear" Bryant and his Texas A&M Junction Boys, minds certainly fast-forwarded to extrapolate what the above-average temperatures of April and May would forecast for the dog days of summer and August two-a-days.

"They're all really scary issues," said Dr. David Lintner, an orthopedic surgeon and chief of Methodist Hospital's Center for Sports Medicine in Houston. "Before the season, we focus more on the heart. Then, as the season gets nearer, we worry about heat. Then, during the season, we worry about concussions.

"If you look at them in order of how common (problems arise), it's heat first — and, thankfully, that isn't severe most of the time — followed by concussions and heart issues."

All three are issues for increased scrutiny during the off-season and, in some areas, steps are being taken to reduce the risk to young athletes. In May, more than 3,000 high school and middle school athletes filed into Reliant Stadium in Houston for their University Interscholastic League-mandated pre-participation physical exams, provided by 45 doctors plus dozens of volunteer technicians.

For \$15 each, students could consult with cardiologists, orthopedists, neurologists and other specialists, which reflects both the wealth of medical knowledge at the disposal of the state's coaches and trainers and, unfortunately, the range of ways in which things can go wrong when teenagers line up to play a collision sport.

On the legislative front, concussions took center stage. The Texas House of Representatives in May passed House Bill 2038, sponsored by Rep. Walter "Four" Price, R-Amarillo, which will require school districts to follow procedures to treat students who have received concussions, with a ban on returning to play on the same day, and the establishment by each district of a concussion management committee that would allow student-athletes to return to play based on the decision of medical professionals — not coaches.



Photo by Stephen McClung

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Photo by Gary Scuderi

Bottom Left Photo: Southlake Carroll and Texas-ex Tre Newton was forced to give up football in 2010 over repeated concussions. Newton was one of the Texas high school ranks' brightest stars during his time with the Dragons.

Small Photo to left: TCU's Ryan Christian takes a savage helmet-to-helmet blow against SMU in 2009. Such hits are breeding grounds for dangerous concussions.

"This is a pro-sports bill," Price said. "We're not trying to regulate sports. We're trying to make them stronger and healthier and trying to encourage everyone to participate in a safe way."

"Under the old rules, you had to be held from returning to play only if you were unconscious, and in 90 percent of concussions the patient does not lose consciousness. So there was a gap there. We have crafted a model that not only educates the kids, parents, coaches and trainers, but it has standards that will help kids recover and avoid long-term side effects."

"They can see their physician of choice, and it is not burdensome or costly to the school districts," Price continued. "I think that what we have done can be a model for other states."

Even before HB 2038 was introduced, the UIL had been at work with its medical advisory committee on several fronts, said Mark Cousins, the agency's new executive director.

The UIL in March adopted, with approval of the State Board of Education, the National Federation of State High School Associations' regulations for concussion management. Those guidelines stated that a student-athlete who suffered a concussion would not be allowed to return to play on the same day; existing rules allowed an athlete to return if he was symptom-free after 15 minutes of evaluation and testing.

Critics, however, have long lobbied for stricter standards. Former Mesquite High School trainer Bucky Taylor last year told *The Dallas Morning News* that he believed more than half of UIL schools failed to follow the more lenient concussions protocol and that the guidelines didn't have "any teeth to it."

Spanky Stephens, the former University of Texas athletic trainer who is now executive director of the Texas State Athletic Trainers' Association, said the task force that wrote House Bill 2038 took those complaints to heart.

"We wanted to have mandates, not guidelines," Stephens said.

In an effort to prevent heat issues, the UIL in recent years has mandated rest periods between practices. On the cardiac front, Cousins said the UIL has considered

mandatory cardiac screenings but has not elected to do so.

The most recent high-profile athlete to die in Texas from cardiac issues, West Orange-Stark quarterback Reggie Garrett, was found to have suffered from a condition called arrhythmogenic right ventricular cardiomyopathy, which causes the right side of the heart to begin beating abnormally, leading to heart failure and sudden death, according to a report from Texas Children's Hospital in Houston.

Mike Carroll, the athletic trainer at Stephenville and a state representative with the Dallas-based National Athletic Trainers' Association, said the UIL's medical history form has been rewritten to include questions that will send up red flags for potential cardiac issues, but he also stopped short of advocating mandatory screens.

"One reason is cost, and another is that they're not foolproof," he said. "They don't always reveal potential problems."

Heat issues are more cut and dried. Many schools, Carroll said, now weigh players before and after practice to monitor fluid loss and, thus, susceptibility to heat issues. Players who lose more than 3 percent of their body weight will have their participation curtailed until they rehydrate.

"You've got to be smart and not go in full pads every day," he said. "Maybe you go in shorts and shoulder pads and helmets one day and maybe only helmets another day."

Increased attention to medical issues has brought increased scrutiny to the position of athletic trainer; the profession, by the way, prefers the full two-word description to avoid confusion with personal fitness trainers.

Carroll estimated that every 5A and 4A school and about 60 percent of 3A schools have access to staff athletic trainers. That number drops drastically in smaller schools, most of whom have access to volunteers only on game days.

He said the budget crunch has caused some schools to reduce their training staff but knows of none that have cut trainers from their budgets.

"If you can afford to play football, you'd better be able to afford an athletic

Photo by Stephen Galt
Even spring-time scrimmages can be dangerous. Coaches have to be discerning in their offseason workloads.



Photo by Gary F. Aikensberry
"Spearing" has been largely eliminated from the game, but head-first tackles should be next in line."



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trainer," Carroll said. "With all the concussion issues and the heat issues, schools need to have a trainer on staff."

Other sources, however, are less optimistic about staffing levels. Carroll's national association estimates that 53 percent of Texas public schools and 92 percent of private schools lack a full-time certified trainer, and most private schools and one-third of public schools, mostly in Class 2A and 1A, lack weekly access to a certified athletic trainer, according to data supplied by *The Dallas Morning News* last summer.

Rep. Price, however, believes the concussion management bill offered to the Legislature this spring will work at all levels of Texas football, including the sparsely populated counties in his own Panhandle district.

"Every community will have a physician available to some degree," he said. "I think our proposal will accommodate schools from the most rural to urban settings."

In some cases, though, strict return-to-play guidelines and increased vigilance by coaches and athletic trainers isn't enough. Such was the case with Tre Newton, the former Southlake Carroll and University of Texas running back.

Newton, who was the Longhorns' leading rusher in 2009 with 552 yards, suffered a concussion against Kansas State last November and decided a week later to give up football. He also suffered a concussion in 2009 and believes he suffered at least two or three at Carroll.

He said he received proper care at Carroll and also benefited from his father's knowledge about the subject from his years in the NFL. Still, he's at a loss to suggest how others can avoid his plight.

"I've played football most of my life," he said. "You know of the dangers going in. It's a fun, physical sport, and that's not going to change. I don't know if you can change it. Injuries just happen."

Newton will remain in school to finish work on a degree in corporate communications and expects to graduate in December and then attend graduate school. He was among those who testi-

fied before a House committee that eventually approved the concussion management bill.

"A lot of players aren't as blessed to have had a dad who played football or people who can lay down all the facts for you," he said. "I just told (the committee) my story and that how if people are more educated, they will have an easier time making a decision."

"Our coaches and trainers gave me the facts on what could happen and what damage could result, and they left it up to me. I've been around football all my life, and I'm still passionate about the game. But this is the best thing for my future."

The UIL, the Legislature and, to a degree, the Texas High School Coaches Association will continue to be driving forces in health issues. D.W. Rutledge, executive director of the coaches group, said a free sports medicine seminar on the Sunday of the association's coaching school is drawing larger numbers of coaches, particularly from smaller schools.

Increasingly, however, the NFL and the larger hospital groups are cooperating in research and regulations. Among the representatives that worked with the Texas State Athletic Trainers' Association to draft legislation were Dr. Summer Ott and Dr. Howard Derman of the

Methodist Concussion Center in Houston, the only facility of its kind associated directly with an NFL team, the Houston Texans.

Stevens said doctors and trainers are trying to adopt the NFL strategy of concussion management to a point that it can be replicated in smaller school districts that can't afford full-time trainers and where physicians are few and far between.

Dr. Ott, a neuropsychologist, has worked on baseline assessments for student-athletes that can lead to more effective treatment if and when concussions occur. The Texas program, she said, will mimic the NFL's revised prac-

tics and eliminate "guidelines where there is room for interpretation."
"We were very mindful of small schools and making sure (we know) that districts don't have access to a neuropsychologist or an athletic trainer," she said. "There's so much education that has to take place. I'll see athletes with concussions who kept playing because they thought their headache was due to dehydration."

A specific plan to return players to practice and to games, when possible, takes the guesswork out of a complicated issue for coaches and trainers. In fact, Dr. Ott said, some players can return more quickly than coaches or trainers would have anticipated.

"We've had kids who have gone through our program that coaches thought would be out for a month be able to come back after two weeks, and that's exciting," she said. "It removes the guesswork for them."
The goal, after all, is player safety, and concussion management guidelines are part of a process that has made the game safer.

"Talking about making football safer without changing the nature of the game can represent a conflict," said Dr. Lintner. "But look back at the game 15 years ago, when the leagues passed

"There's so much education that has to take place. I'll see athletes with concussions who kept playing because they thought their headache was due to dehydration." —Dr. Summer Ott

rules to outlaw spearing. Cervical spinal injuries decreased dramatically without the nature of the game being compromised.

"We see more concussions now because tackling techniques of leading with the head have not been discouraged. A rules change can diminish those things. The NFL did it. James Harrison (of the Pittsburgh Steelers) can complain, but the nature of the game has not changed. And there is room for more improvement, especially at younger levels, by changing the rules and coaches emphasizing adherence to the rules."

Methodist Concussion Center in Houston, the only facility of its kind associated directly with an NFL team, the Houston Texans.

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