

May, 2016

**To:** All Massachusetts Youth Soccer Association Member Organizations (Towns, Clubs, Leagues)

**From:** Massachusetts Youth Soccer Association Board of Directors

**Re:** Mass Youth Soccer's Adoption of Recognize To Recover Program and Policies

As you are aware, a resolution was recently reached in concussion litigation filed in August of 2014 against US Soccer Federation, US Club Soccer, US Youth Soccer, AYSO, and California Youth Soccer Association North. In brief, US Soccer and the member defendants agreed to work towards initiatives designed to improve concussion awareness and education among youth coaches, referees, parents and players.

US Soccer Representatives recently identified its Concussion Guidelines as Best Practices. These Best Practices came about through extensive research by US Soccer's Medical Advisory Group, which includes experts in the field of concussion diagnosis and management, as well as from its technical advisors.

As a result of the research, in December 2015, US Soccer introduced a comprehensive player health and safety program known as 'Recognize to Recover' (R2R). Virtually all aspects of US Soccer's Recognize to Recover (R2R) initiatives are mandatory for the four parties to the original litigation. These initiatives are not mandatory for all organization members under the four. US Soccer has relayed that their R2R program will continue to expand and evolve. US Soccer encourages its member organizations to carefully review and consider the R2R information, presented to-date, and in the future.

US Youth Soccer must implement all guidelines for US Youth Soccer programs (Kohls Cup, National Championships, President's Cup, Regional and National Leagues and Olympic Development Programs). US Youth Soccer recommends state associations and their member organizations adopt and implement all US Soccer recommendations.

**Massachusetts Youth Soccer's Board of Directors has voted to accept and implement the Recognize to Recover (R2R) Program recommendations as noted below.**

Should you have questions regarding on US Soccer's Recognize to Recover (R2R) program or on US Soccer's initiatives in the area of player safety, we encourage you to contact US Soccer at [medical@ussoccer.org](mailto:medical@ussoccer.org).

## **EDUCATION**

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*Mass Youth Soccer will include the following links and information on our websites and requires all member organizations to do the same or provide a link to the Mass Youth Soccer web site page.*

U.S. Soccer's Sports Medicine web page: <http://www.ussoccer.com/academy/resource-center/sports-medicine>.

As noted the R2R program is evolving as supporting materials are developed. This web site will include

- a) A concussion overview video
- b) Links to the various Centers for Disease Control and Prevention ("CDC") resources
- c) Link to the SCAT3 and Child SCAT3 cards
- d) A link to the Sports Neuropsychology Society available on the U.S. Soccer Website (<http://www.sportsneuropsychology.com/find-a-doctor/>)
- e) Updated concussion diagnosis and management information

***Note: All references to the "concussion video" refer to a new educational video currently in production. When made available an announcement with further instructions will be provided.***

### **Coaching Education**

On an annual basis, all coaches licensed through the U.S. Soccer system will be required to review the concussion video as well as concussion information/protocols which will be made part of course materials.

Members organizations who utilize coaches not licensed through the U.S. Soccer system will require that such coaches, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

### ***Referee Education***

On an annual basis, all referees licensed through the U.S. Soccer system will be required to review the concussion video as well as concussion information/protocols which will be made part of course materials.

Member organizations who utilize referees not licensed through the U.S. Soccer system will require that such referees, on an annual basis, confirm that they have reviewed the concussion video as well as concussion information/protocols available on the U.S. Soccer sports medicine page.

### ***Parent and Legal Guardian Education***

Mass Youth Soccer and all Members Organizations will encourage parents and/or legal guardians of youth players to acknowledge annually that they have reviewed and understand the concussion video and parent information on concussion symptoms, diagnosis and management and that they have discussed these issues and the need to be candid with coaches and referees about any injury they may sustain with their players.

### ***Player Education***

Mass Youth Soccer and all Members Organizations will encourage all youth players to become informed on the issue of concussion symptoms, diagnosis and management.

Mass Youth Soccer and all Members Organizations will encourage all youth players to be candid with their parents and/or legal guardians, coaches and referees about any injury they may sustain.

Mass Youth Soccer and all Members Organizations will require youth players over the age of 13 to acknowledge annually that they have reviewed and understand the concussion video and player information on concussion symptoms, diagnosis and management and that they understand the need to be candid with parents and/or legal guardians, coaches and referees about any injury they may sustain.

## **MEDICAL PERSONNEL AT MAJOR YOUTH TOURNAMENTS**

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Mass Youth Soccer requires that an adequate number of health care providers (HCP) be present for all “major youth tournaments” and accessible to coaches, referees and athletes as needed during play.

- a) For this purpose, a “major youth tournament” is intended to mean
  - (1) a tournament played over multiple days,
  - (2) where age-group-based champions will be determined, and
  - (3) in which 64 or more teams (excluding teams U10 and younger) are entered and playing at one site/complex.

A “major youth tournament” does not include regular league play or non-league matches.

- b) For the purposes of having “an adequate number of health care providers (HCP) be present” all major youth tournament hosts are encouraged to work with a sports medicine professional on making sure adequate coverage is provided.
- c) The HCP should be a licensed health care professional such as an athletic trainer certified (ATC), EMT, or a physician (MD/DO), with a skill set in emergency care and sports medicine injuries and with knowledge and experience related to concussion evaluation and management.
- d) Each “major youth tournament” hosting entity should collaborate and communicate with an HCP, if available, on an overall emergency action plan and discuss the management of environmental injuries, injury prevention, head injury management and return to play matters.

## **CONCUSSION MANAGEMENT**

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### ***Baseline Testing***

Mass Youth Soccer informs all Members Organizations that:

- a) Baseline testing is another tool that is available for concussion diagnosis and management.
- b) The use of neuropsychological baseline testing such as ImPact (<https://www.impacttest.com>) or comparable testing systems utilized by local HCPs may be used.
- c) All members are encouraged to seek out local sports medicine programs that offer accessible and cost effective neurocognitive testing for both baseline and post injury evaluations.
- d) The results should be interpreted and used only as an additional tool for the management and return to play. These tools should be used by HCPs who have knowledge and expertise in concussion management.

## **Assessment of Players**

### Mass Youth Soccer and all Member Organizations – ***Games Where an HCP is Present***

- a) Mass Youth Soccer requires all Member Organizations where an HCP is present at games, that any player who (1) sustains a significant blow to the head or body, (2) complains about or is exhibiting symptoms consistent with having suffered a concussion, or (3) is otherwise suspected of having sustained a concussion, must be evaluated on the sideline by the on-site HCP.
- b) The on-site HCP will perform SCAT3 or Child SCAT 3, as applicable and modified BESS to evaluate players on the field/sideline.
- c) Unless the on-site HCP determines that the player has not suffered a concussion, the player will not be permitted to return to play until the player has successfully completed the graduated Return To Play (“RTP”) protocol described below and has been cleared to RTP by a physician.
  - (1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an on-site HCP.
  - (2) If a coach seeks to allow a player who has been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP to re-enter the game, the referee shall allow the player to return to the field but shall:
    - i. immediately stop play,
    - ii. direct the player to leave the field of play and
    - iii. direct the coach to remove the player and select a substitute.
  - (3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment and who has not been cleared to RTP by the on-site HCP, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.

### Mass Youth Soccer and all Member Organizations – ***Activities (practices, games, clinics, etc.) where NO HCP is Present***

- a) Mass Youth Soccer requires all Member Organizations where no HCP is present at a soccer activity (practice, game, clinic, etc.) that any player who (1) sustains a significant blow to the head or body, (2) complains about or is exhibiting symptoms consistent with having suffered a concussion or (3) is otherwise suspected of having sustained a concussion, must be evaluated by an HCP before the player will be allowed to return to practice or play.
  - (1) No coach shall permit a player who has been removed from a game for a concussion assessment to RTP until cleared to do so by an HCP.
  - (2) If a coach seeks to allow a player who been removed from a game for a concussion assessment to re-enter the game, the referee shall allow the player to return to the field but shall:
    - i. immediately stop play,
    - ii. direct the player to leave the field of play and
    - iii. direct the coach to remove the player and select a substitute.
  - (3) If a coach seeks to allow a player to re-enter the game who been removed from a game for a concussion assessment, the referee shall issue a warning to the coach. If a coach persists in seeking to allow such player to re-enter the game after having been issued a warning, the referee shall be entitled to take such other disciplinary measures as are permitted.
- b) Unless an HCP determines that the player has not suffered a concussion and clears the player to RTP, the player will not be permitted to return to practice or play until the player has successfully completed the graduated RTP protocol described below and has been cleared to RTP by a physician.

### ***Return To Play (RTP) Protocol***

Mass Youth Soccer and all Member Organizations will follow the following graduated RTP protocol (not including steps b. (4)-(5) unless the player has a baseline test and access to a neuropsychologist).

- a) For any player removed from a practice or play who has been diagnosed as having suffered a concussion, the player will not be permitted to return to practice or play until the player has successfully completed a graduated RTP protocol under the guidance of an HCP.
- b) The graduated RTP protocol will consist of at least the following steps:
  - (1) the player must be symptom free at rest for 24 hours before commencing the protocol;
  - (2) the player must be symptom free after moderate activity for 24 hours;
  - (3) the player must be symptom free after heavy activity for 24 hours;
  - (4) player will retake baseline tests (SCAT3, BESS, and/or imPACT);
  - (5) neuropsychologists must review and interpret impact test versus baseline; and
  - (6) HCP must confirm that the player has completed the RTP process and a physician must make the final RTP decision.

### **SUBSTITUTION RULES**

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For Mass Youth Soccer and all Member Organizations that ***do not allow*** unlimited substitutions in connection with any games or tournaments you must follow the new Development Academy substitution rules set below.

- a) If a player suffers a significant blow to the head, is suspected of having suffered a concussion or has an apparent head injury during the course of a game, the club must remove the player from the game for a medical evaluation by a HCP knowledgeable in the diagnosis and management of concussions.
- b) A substitution for the evaluation of the concussion/head injury will not count against the team's total number of allowed substitutions and substitution moments in the game.
- c) If the player with the suspected head injury has received clearance from the HCP to return to the game, the player may re-enter at any stoppage of play.
- d) The evaluated player must replace the original substitute; this medical concussion substitution will NOT count as a substitution or a substitution moment.
- e) The player that was temporarily substituted into the game for the player with the suspected head injury will be considered an available substitute and permitted to re-enter the game as a standard substitute per the competition rules.
- f) Note that any cautions assessed to the substituted player will carry with that player throughout the remainder of the game, any red card to the substitute would apply to the team and the team would be required to utilize a substitution (if available) for the player with the suspected head injury to replace a different player.

### **HEADING (APPROVED PRIOR)**

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For all Mass Youth Soccer and all Member Organizations the following will be adhered to.

#### ***Heading Not Permissible***

- a) Players by Age
  - (1) All players age 10 years old and younger, regardless of what age group program they are playing in, shall not engage in heading either in practice or in games
- b) Programs by Age Group
  - (1) All players in single year age groups of U11 programs and younger shall not engage in heading either in practice or in games.
  - (2) All players in dual year age groups which incorporate a U11 program (e.g. U11/12) shall not engage in heading in games. Training is permissible for player age 11 and 12 per limitations noted below.

#### ***Limited Heading in Practice, No Limit in Games***

- a) Players by Age
  - (1) For all players between the ages of 11 and 13 heading training will be limited to a maximum of 30 minutes per week with no more that 15-20 headers per player, per week. No limit of heading in games.

#### ***Heading Training***

Mass Youth Soccer and all Member Organizations are to inform all coaches to teach and emphasize the importance of proper techniques for heading the ball.

### ***Heading Infraction***

For those players designated as not being permitted to head a ball in games as identified in the above section Heading Not Permissible the following modified law 12 will apply.

An indirect free kick is also awarded to the opposing team if a player, in the opinion of the referee:

- Deliberately heads or attempts to head the ball.

If, in the opinion of the referee, a deliberate header or attempt to head occurs within the goal area, the indirect free kick will be taken on the goal area line parallel to the goal line at the point nearest to where the infringement occurred. If, in the opinion of the referee, a player does not deliberately head or attempt to head the ball, then play should continue.

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Should you have questions regarding US Soccer's Recognize to Recover (R2R) program or US Soccer's initiatives in the area of player safety, we encourage you to contact US Soccer at [medical@ussoccer.org](mailto:medical@ussoccer.org).